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Guiding Connections: The Role of Therapist Interventions in Facilitating Couples' Vulnerability and Responsiveness in Enactments

Ofra Kula¹, Reut Machluf Ruttner¹, Ben Shahar², David A. Sbarra³, and Eran Bar-Kalifa¹

¹ Department of Psychology, Ben Gurion University of the Negev

² The Paul Baerwald School of Social Work and Social Welfare, The Hebrew University of Jerusalem

³ Department of Psychology, University of Arizona

The primary proposed change process in emotion-focused therapy models for couples involves partners accessing and revealing vulnerable emotions and responding to such disclosures with empathy and compassion. Therapists often use enactments (guiding partners to communicate with each other directly) to facilitate this process. However, many therapists report lacking confidence and clarity in how best to facilitate enactments, and it remains understudied which therapist interventions within enactment episodes contribute to vulnerability sharing and responsiveness expression. This preregistered study examined the role of three interventions used during enactments—systemic meaning-making (narrating), emotional engagement (experiencing), and interaction guiding (choreographing) in promoting these processes. One hundred forty enactment events from 21 treatment couples were coded and analyzed. Trained raters coded therapists' interventions and partners' behaviors. In contrast to our hypothesis, systemic meaning-making and interaction guiding were not associated, and emotional engagement was only marginally associated with greater vulnerability expression. Interaction guiding was positively associated with responsiveness. However, systemic meaning-making was negatively associated with responsiveness, and emotional engagement was not associated with responsiveness. Vulnerability expression did not predict partner responsiveness. These findings highlight the importance of tailoring therapist interventions in enactments according to their distinct contributions to facilitating vulnerability and responsiveness.

Clinical Impact Statement

Question: In emotion-focused therapy couple sessions, which therapist interventions during enactments best help couples share vulnerability and be responsive? **Findings:** Across 140 enactments, interaction guiding facilitated partner responsiveness, whereas systemic meaning-making reduced it. Vulnerability alone did not promote responsiveness. **Meaning:** Clinicians should actively structure the dialogue, instead of assuming vulnerable disclosure will naturally promote responsiveness. **Next Steps:** Experimentally test intervention sequences with more diverse couples and track whether in-session responsiveness translates to everyday closeness.


Keywords: emotion-focused therapy for couples, enactment, vulnerability, responsiveness, therapist interventions


Supplemental materials: <https://doi.org/10.1037/pst0000615.supp>

Emotion-focused therapy for couples (EFT-C; Greenberg & Goldman, 2008; Greenberg & Johnson, 1988) is an evidence-based approach that integrates systemic, humanistic, and experiential principles. EFT-C was first developed by Greenberg and Johnson


(1988) and has since been developed into two related models: one by Johnson (2019), which places greater emphasis on attachment-related emotions and needs (emotionally focused couples therapy; EFCT), and another by Greenberg and Goldman (2008), highlighting


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Ofra Kula  <https://orcid.org/0000-0002-5584-8768>

Reut Machluf Ruttner  <https://orcid.org/0000-0002-7018-7910>

Ben Shahar  <https://orcid.org/0000-0003-3913-2863>

David A. Sbarra  <https://orcid.org/0000-0001-6727-6552>

Eran Bar-Kalifa  <https://orcid.org/0000-0003-3579-3015>

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Correspondence concerning this article should be addressed to Eran Bar-Kalifa, Department of Psychology, Ben Gurion University of the Negev, David Ben-Gurion Boulevard, Beer-Sheva 8410501, Israel. Email: eranbk@bgu.ac.il

the dyadic regulation of emotions and affect transformation. Importantly, both models view relational distress as resulting from repeated maladaptive, emotionally laden interactional cycles (Woldarsky Meneses, 2017). Such cycles are triggered when partners' basic emotional needs (e.g., for closeness, validation) are not met, thus eliciting vulnerable emotions, such as fear of being abandoned or shame of being rejected. Expecting nonempathic or protective reactions, distressed partners often avoid revealing their vulnerabilities but rather express their more reactive, secondary emotions to their vulnerabilities (e.g., rejecting anger, despair); distressed partners are also likely to engage in protective behaviors in an attempt to downregulate their emotional pain (e.g., withdrawing from their partners). Regrettably, such protective behaviors (also known as attempted solutions; Fisch et al., 1982; Greenberg & Goldman, 2008; Watzlawick et al., 1974; Weakland et al., 1974) are likely to trigger the vulnerability of the other partners. For example, withdrawing behaviors are likely to amplify the fear of being alone, and angry criticism is likely to activate feelings of shame and inadequacy. These repeated maladaptive interactional cycles are perpetuated, rendering partners' needs thwarted (Greenberg & Goldman, 2008).

In both models, the primary goal was to restructure partners' habitual interactional patterns through two core therapy processes: cycle de-escalation and vulnerability disclosure (Greenberg & Goldman, 2008; Johnson, 2019). Cycle de-escalation (Stage 1 in EFCT, Stage 2 in EFT-C) involves the therapist helping the couple track and identify their maladaptive interaction cycles. Each partner is guided to recognize, acknowledge, and ultimately accept their own emotions and behaviors, both vulnerable and secondary, as well as those of their partner. They also explore what triggers these emotions. Over time, the couple comes to "externalize" their negative cycle ("the problem is not either of us, but the way we interact") and finds ways to interrupt and unite against it when it gets activated. This often leads to a de-escalation and alleviation of relational distress.

Therapists can then focus on the process of cycle transformation (Stage 2 in EFCT, Stage 4 in EFT-C). Specifically, therapists help partners restructure their maladaptive cycle by assisting them in accessing their underlying vulnerable emotions and related attachment and identity needs (e.g., closeness and validation), as well as encouraging both partners to take the emotional risk of revealing their vulnerabilities (Greenberg & Johnson, 1988). Unlike secondary emotions, which often trigger protective reactions, vulnerability disclosure is more likely to evoke a responsiveness characterized by empathy, understanding, validation, and care. This, in turn, helps partners to restore their ability to regulate their emotions together and feel secure and valued in each other's presence (Greenberg & Goldman, 2008; Johnson & Greenman, 2006).

Both models of EFT-C have garnered empirical support for their effectiveness in reducing relationship distress (Bradley & Furrow, 2004, 2007; Dalgleish et al., 2015; Moser et al., 2016; Rathgeber et al., 2019). Several studies provide evidence in support of the theorized process of change in EFT-C. Specifically, in-session events of vulnerability expression by one partner and responsiveness to such disclosure by the other partner predict various favorable session and treatment outcomes, including higher levels of trust, closeness, and overall relationship satisfaction (Bradley & Furrow, 2004, 2007; Dalgleish et al., 2015; Johnson & Greenberg, 1985; Moser et al., 2016).

The primary intervention EFT-C therapists utilize to facilitate vulnerability-responsiveness events is enactment—guiding partners to communicate directly with each other about their experiences (Greenberg & Goldman, 2008; Johnson & Greenman, 2006).

Enactments were first described in structural family therapy as an intervention to assess and reshape maladaptive family structures (Minuchin & Fishman, 1981). Enactments enable therapists to intervene in interactions by providing guidance, intensifying exchanges, and suggesting alternative patterns (Allen-Eckert et al., 2001; Davis & Butler, 2004). Gardner and Butler (2009) framed enactments as a common factor across various models of couple and family therapy, but note that despite their significance, many therapists lack a clear conceptual and practical understanding of how to apply them, thus limiting their practical use (Butler & Gardner, 2003; Butler et al., 2008).

In EFT-C, enactments are mainly implemented to foster vulnerability disclosure and responsiveness. The process begins by helping partners identify and acknowledge their vulnerabilities (e.g., shame, fear of abandonment) and deepen their connection to these emotions. The "revealing" partner is then encouraged to directly reveal this vulnerability to the "responding" partner, fostering a face-to-face connection. The therapist supports the responding partner in accessing and expressing their immediate, bodily felt responses to the vulnerability, often involving empathy and care (Bradley & Furrow, 2004). Ultimately, therapists facilitate the processing of each partner's emotional experiences, thereby opening new possibilities for secure, connected, and regulated interactions.

Despite their central role in fostering change, enactments present significant challenges for therapists. Facilitating vulnerability disclosures involves substantial emotional risk; based on their past experiences, partners often expect to receive rejection, criticism, defensiveness, or misunderstanding. Such responses can intensify feelings of shame and isolation for the revealing partner, creating emotional distance rather than connection. These challenges may explain why therapists may avoid applying enactments in EFT-C, even though they are critical to promoting relational change (Greenman & Johnson, 2013; Sandberg et al., 2015; Woolley et al., 2012).

To help mitigate this gap and help equip therapists with knowledge concerning effective interventions to facilitate vulnerability enactments, Kula et al. (2024) identified three key therapist interventions: (a) systemic meaning-making (narrating), (b) emotional engagement (experiencing), and (c) interaction guiding (choreographing). The systemic meaning-making (narrating) intervention helps partners make sense of their vulnerability and needs by connecting them to their attachment and identity needs and the couple's narrative of their cycle. It provides meaning to the emotions being shared, allowing partners to better understand and integrate their experiences within the relationship's patterns. This intervention could metaphorically be described as *aiming for the head*—helping partners make sense of their emotional experience in context (e.g., "So, it is when he withdraws that you feel so small and unseen?" or "So, inside you feel unloved and so alone, and on the outside, you find yourself angry at him for not showing up?").

The emotional engagement (experiencing) intervention promotes the revealing partner's emotional engagement using empathy-based interventions such as evocation, conjectures, focusing, and validation (Elliott et al., 2004). The therapist slows down the process, repeating key emotional themes and lingering in primary emotions to ensure the partner remains immersed in their experience. This can be seen as *aiming for the heart*—helping clients fully feel and stay with their core emotional pain (e.g., "What is this fear like in your body right now? Tell me about this heavy pain you feel?").

The third intervention, interaction guiding (choreographing), involves directing and structuring the partners' interaction. The therapist helps partners disclose their experience while staying focused on what is poignant to express. This intervention can be described as *aiming for the eyes*—supporting direct emotional communication between partners (e.g., “Can you look into her eyes and tell her how scared you feel?”; “Can you share with her now only the part of how alone you feel?”). This intervention ensures that the emotional expression remains direct and clear.

To examine the effect of these therapist interventions on facilitating vulnerability sharing during enactments, Kula et al. (2024) analyzed 105 enactment events drawn from videotaped EFT-C sessions of couples working through a significant emotional injury. They found that all three therapist interventions were positively associated with vulnerability expression. When all three interventions were considered simultaneously in the same model, they found that systemic meaning-making and interaction guiding were significantly linked to higher levels of expressed vulnerability. However, their analysis focused on expressing vulnerability and did not address how these interventions might affect the responding partner's responsiveness.

Indeed, focusing exclusively on the revealing partner captures only one side of the systemic process. Enactments are inherently dyadic and coconstructed; their value in transforming the couple's relationship depends not only on one partner's ability to take emotional risks and share vulnerability but also on the other partner's capacity to perceive and respond to what was shared responsively. Therefore, without examining the responsiveness of the responding partner, an essential dimension of the enactment is overlooked. Hence, understanding which therapists' interventions can facilitate such responsiveness is also critical.

The Present Study

The current work seeks to replicate and extend the findings of Kula et al. (2024) by examining whether the same three interventions also shape the responding partners' expressions of responsiveness. Specifically, our study examines the role of therapist interventions in facilitating vulnerability and responsiveness expression in EFT-C enactments. The following preregistered hypotheses (https://osf.io/65sx4/?view_only=b8bfbb70cf2f454c8b1384a40b348467) are examined:

Hypothesis 1 (interventions vulnerability): Implementing the three key interventions—systemic meaning-making (narrating), emotional engagement (experiencing), and interaction guiding (choreographing)—with the revealing partner before vulnerability disclosure predicts higher levels of vulnerability expression.

Hypothesis 2 (vulnerability responsiveness): Greater vulnerability expression by the revealing partner leads to higher levels of responsiveness expression by the responding partner.

Hypothesis 3 (interventions responsiveness): Beyond the effects of vulnerability expression, implementing the three interventions with the responding partner following the disclosure predicts greater responsiveness expression. To test these hypotheses, we used data from an ongoing open-trial study of EFT-C with 21 distressed couples and identified 140 segments of vulnerability-responsiveness enactments.

Method

Participants

The data for this study were drawn from a larger open-trial research project (see Biran Talmor et al., 2025) on EFT-C (Greenberg & Goldman, 2008; Greenberg & Johnson, 1988; Johnson, 2019). Couples participating in this project received 12–13 sessions of EFT-C. The present study focuses on a subset of the first 21 couples from this project. These couples received an average of 11.9 sessions ($SD = 1.89$). The couples were recruited into the study through advertisements posted in community forums and on social media. Couples were eligible to participate if they (a) reported relationship satisfaction within the clinical range on the 16-item Couple Satisfaction Inventory (Funk & Rogge, 2007; a score below 51.5) and (b) were actively seeking couples therapy for relationship distress. Exclusion criteria included a history of physical or sexual abuse within the current relationship, substance abuse, or severe mental health conditions (e.g., psychosis, bipolar disorder, suicidality). In addition, because autonomic physiological measures were collected in this project (not relevant to the present study), the following exclusion criteria were also applied: medical conditions affecting the cardiovascular system (e.g., coronary artery disease) and the use of medications linked to cardiovascular disease or those that impact cardiovascular functioning.

All couples were in committed relationships, defined as being either married or common-law partners who had lived together for at least a year. All participants self-identified as being in heterosexual relationships. The age of this subsample ranged from 19 to 56 years ($M = 37.22$, $SD = 8.29$), and the duration of their romantic relationships varied from 4 to 49 years ($M = 12.90$, $SD = 7.99$). On average, couples had three children ($M = 3.02$, $SD = 3.40$).

Therapists

Four therapists treated the couples in our data, working with between one and seven couples. They were licensed psychologists, marriage and family therapists, or advanced doctoral students in clinical psychology. The therapists' group included two women and two men, all of whom received extensive training in EFT-C. To ensure adherence to the EFT-C model, therapists participated in weekly supervision sessions that included video reviews of their sessions.

Procedure

A team of six undergraduate research assistants observed all 253 sessions obtained from the 21 couples to identify and mark occurrences of enactment events. An enactment event was marked when the therapist explicitly asked one of the partners to share vulnerable content that had just been discussed with the therapist. One hundred forty enactment events were identified. The number of enactment events per couple ranged from 3 to 12 ($M = 6.66$, $SD = 2.15$).

Once all the enactment events were marked and transcribed, a second team of seven raters segmented the enactment events into the following phases. The first, preparatory phase, was operationalized as the 7 min preceding the enactment marker (i.e., the invitation to share). The second phase involved the direct sharing of vulnerable content by the revealing partner with the responding partner. The third phase involved the response of the responding partner and lasted no more than 7 min after the response began.

A third team of seven raters coded therapists' interventions with the revealing partner (during the first phase) and with the responding partner (during the third phase). A fourth team of six raters coded the level of vulnerability shared during the second phase, using the vulnerability scale (R. D. McKinnon & Greenberg, 2010). A fifth team of six raters coded the level of responsiveness shared during the third phase, using a scale adapted from Maisel et al. (2008). Vulnerability and responsiveness were coded globally (i.e., once for each enactment event).

The training for each team involved weekly meetings during the coding period. Initially, they were familiarized with the theory of EFT-C and the specific component they were coding. They then watched examples of enactment events and therapists' interventions from videotaped sessions not included in the study. Following this, they practiced coding and received feedback in their weekly meetings. The project was approved by Ben-Gurion University of the Negev's Institutional Review Board.

Measures

Therapist Enactment Interventions

The therapist enactment intervention scheme was used to code therapists' interventions. It is based on a previous study (Kula et al., 2024) wherein similar codes were used. The codes in the scale are (a) systemic meaning-making (narrating), in which the therapist focuses on linking the discussed vulnerability content to the couples' systemic context and cycle; (b) emotional engagement (experiencing), in which the therapist deepens the revealing partner's experience (e.g., using empathy, validation, conjectures, and heightening) to intensify vulnerability experience; and (c) interaction guiding (choreographing), in which the therapist guides and choreographs the partners to interact directly with each other. The complete coding scheme can be found in the Supplemental Material.

A team of seven raters used a 5-point scale to indicate the presence of the specific intervention (0 = *not present*, 1 = *slightly present*, 2 = *moderately present*, 3 = *highly present*, 4 = *very highly present*). To assess reliability, 38 events (~25%) were rated by the full team of seven raters. Interrater reliability across partners was excellent, with intraclass correlation coefficient (ICC [1, k]) values of 0.95 for systemic meaning-making, 0.93 for emotional engagement, and 0.94 for interaction guiding. The remaining events were each coded by two raters (with an ICC[1, k] = 0.81–0.87), and their scores were averaged to produce final ratings.

Expressed Vulnerability. The partners' expressed vulnerability was assessed using the Couples Vulnerability Scale-Revised (J. M. McKinnon & Greenberg, 2017). A team of six raters coded the extent to which the revealing partner shared vulnerability, based on six vulnerability criteria (e.g., evidence of emotional arousal in the partner's voice or body language, the expression has a revealing/disclosing quality, and the expression is "soft"). Coders used a 4-point scale to indicate the presence of vulnerability (0 = *not vulnerable*, 1 = *slightly vulnerable*, 2 = *mildly vulnerable*, 3 = *highly vulnerable*). Twenty-five percent of the events ($N = 35$) were independently coded by all six raters, showing high reliability (ICC[1, k] = 0.860). The remaining events were coded by two raters each (with an ICC[1, k] = 0.690), and their scores were averaged to produce the final ratings.

Expressed Responsiveness. The Couples Responsiveness Scale (adapted from Maisel et al., 2008) was used to code the partner's

responsiveness. The adapted scale comprises two codes: understanding (cognitive empathy, i.e., the ability of the responding partner to listen, gather information, and accurately convey facts about the event or goal) and caring (emotional empathy, i.e., the emotional aspect of the interaction, including the communication of feelings of affection and concern for one's partner). A team of six raters coded the extent to which the responding partner expressed understanding and caring using a 5-point scale (0 = *not responsive*, 1 = *slightly responsive*, 2 = *mildly responsive*, 3 = *highly responsive*, 4 = *very highly responsive*). The final responsiveness score for each event was calculated as the average of these two ratings. To assess reliability, 42 of the events (~30%) were coded by the whole team of raters. Interrater reliability was found to be excellent, with an ICC(1, k) = 0.91. The remaining events were coded by two raters each (with an ICC[1, k] = 0.74), and the average of their ratings was computed to generate final scores.

Analysis Strategy

Because the data had a multilevel structure (e.g., enactment segments nested within couples), we used multilevel regression models. We followed Bolger and Laurenceau's (2013) recommendations to treat repeated-measure data from distinguishable dyads as involving two levels while taking into account their nonindependence by estimating separate random intercepts for men and women and allowing them to covary. Similarly, separate Level 1 residuals were estimated for men and women. We used the deviance test of model fit to examine whether to estimate random effects for the predictor (i.e., therapists' interventions). Data were analyzed with R (R Core Team, 2020) using the nlme package (Pinheiro et al., 2018). The analysis codes were preregistered (<https://doi.org/10.17605/OSF.IO/65SX4>). The data used in this study can be found on the Open Science Framework at <https://osf.io/8hz2x> (Bar-Kalifa, 2025).

Statistical Power and Sample Size Justification

The sample size (140 events from 21 couples) was determined according to time and budgetary constraints. However, we ran a power sensitivity analysis using the estimates obtained in previous work with similar designs and methods (Kula et al., 2024). Using the R package mixedpower (Kumle et al., 2021) with 1,000 simulations, we found that our data set is sufficiently powered ($1 - \beta = .838$) to detect an effect as small as $\beta = .223$. Note that this effect size was ~20% smaller than the smallest effect found to be significant in Kula et al.'s (2024) study.

Results

Descriptive Statistics

The means, standard deviations, and bivariate correlations of the variables are presented in Table 1. As shown, vulnerability expression was associated with the emotional engagement (experiencing) intervention. Responsiveness was positively associated with vulnerability expression. Responsiveness was also associated with the systemic meaning-making (narrating) intervention and with interaction guiding (choreographing). With the revealing partner, the systemic meaning-making (narrating) intervention was negatively associated with the emotional engagement (experiencing) intervention. With the responding partner, the emotional engagement (experiencing) intervention was

positively associated with the interaction guiding (choreographing) interventions. Interestingly, some associations were found between therapists' interventions with the revealing and responding partners. For example, the systemic meaning-making intervention with the revealing partners was positively associated with the systemic meaning-making and interaction guiding interventions with the responding partner.

Main Results

Hypothesis 1: Predicting Vulnerability Expression

To examine Hypothesis 1, we ran a multilevel model, in which the revealing partner's level of vulnerability was the outcome and the three therapists' interventions (during the 7 min before) were the Level 1 predictors. The model estimating the predictors as random effects did not improve model fit, $\chi^2(3) = 0.86, p = .835$. Therefore, only the intercept was modeled as random at Level 2. As shown in Table 2, in contrast to our prediction, the systemic meaning-making (narrating) and interaction guiding (choreographing) were not associated with revealing the partner's vulnerability expression. Emotional engagement (experiencing) intervention was only marginally associated with greater vulnerability expression.

Hypothesis 2: The Association Between Vulnerability and Responsiveness

To examine Hypothesis 2, we ran a multilevel model in which the responding partner's level of responsiveness was the outcome and the revealing partner's level of vulnerability was the Level 1 predictor. The models estimating the predictor as a random effect did not improve model fit, $\chi^2(1) = 0.00, p = .999$. Therefore, only the intercept was modeled as random at Level 2. The model indicated no significant association between vulnerability sharing and responsiveness (estimate = 0.12, $SE = 0.09, p = .165$).

Hypothesis 3: Predicting Responsiveness Expression

To examine Hypothesis 3, we ran a multilevel model in which the responding partner's level of responsiveness was the outcome and the three therapists' interventions (occurring after the vulnerability expression) were the Level 1 predictors. We also included the revealing partner's vulnerability as a covariate. The model estimating the predictors as random effects did not improve model fit,

$\chi^2(3) = 0.00, p = .999$. Therefore, only the intercept was modeled as random at Level 2.

As shown in Table 2, in line with our hypothesis, the interaction guiding (choreographing) intervention was associated with greater responsiveness. However, in contrast to our prediction, the systemic meaning-making (narrating) intervention was negatively associated with responsiveness, and the emotional engagement (experiencing) intervention was not associated with responsiveness.

Discussion

Enactments play a central role in the practice of EFT-C, helping partners engage in meaningful emotional exchanges that are supposed to transform their interactional patterns (Greenberg & Goldman, 2008; Greenberg & Johnson, 1988). However, there is limited understanding of how specific therapist interventions support both participants in the enactment, specifically how they facilitate the revealing partner's vulnerability expression and the responding partner's responsiveness. Building on the work of Kula et al. (2024), who examined interventions that foster vulnerability, the present study aimed to identify therapist interventions that predict both the expression of vulnerability and responsiveness.

Our findings diverged from those of Kula et al. (2024). While their study showed that systemic meaning-making (narrating) and interaction guiding (choreographing) predicted vulnerability expression, these interventions failed to predict vulnerability in our sample. In addition, emotional engagement (experiencing) showed only a marginal association with vulnerability expression. One possible explanation for this discrepancy lies in the nature of the samples. Kula et al.'s couples were addressing acute emotional injuries, such as infidelity, where heightened emotional stakes may make partners in a greater need for structured therapist interventions that offer clarity. By contrast, the couples in our study experienced more generalized relational distress, without a single focal injury. In such cases, therapists' efforts to guide or structure interactions may feel less critical, and partners may require deeper emotional engagement to elicit vulnerability. Future research should examine how the effectiveness of specific interventions varies according to the severity and structure of couples' presenting issues.

Another finding relevant to facilitating vulnerability is the observed negative association between systemic meaning-making (narrating) and emotional engagement (experiencing) interventions directed toward the revealing partner. This may reflect the differing

Table 1

Correlations Between Therapists' Enactment Interventions and Expressed Vulnerability and Expressed Responsiveness

Study variable	1	2	3	4	5	6	7	8
Revealing partner								
1. Vulnerability	1.46 (0.71)	$r = .091$	$r = .173^*$	$r = .151$	$r = .210^*$	$r = .073$	$r = .202^*$	$r = .189^*$
2. Systemic meaning-making (narrating)		2.64 (0.95)	$r = -.224^{**}$	$r = .091$	$r = .043$	$r = .255^{**}$	$r = -.174^*$	$r = .210^*$
3. Emotional engagement (experiencing)			2.17 (1.07)	$r = .184^*$	$r = .102$	$r = -.001$	$r = .251^{**}$	$r = -.043$
4. Interaction guiding (choreographing)				1.98 (0.67)	$r = .102$	$r = .177^*$	$r = .233^{**}$	$r = .220^{**}$
Responding partner								
5. Responsiveness					1.42 (0.81)	$r = -.364^{***}$	$r = .063$	$r = .227^{***}$
6. Systemic meaning-making (narrating)						1.19 (1.13)	$r = .028$	$r = .070$
7. Emotional engagement (experiencing)							1.27 (0.93)	$r = .244^{***}$
8. Interaction guiding (choreographing)								1.89 (0.83)

Note. Values on the diagonal denote means (and standard deviations); values above the diagonal denote bivariate correlations.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 2
Results of the Multilevel Model Analysis

Multilevel model	Estimate (SE)	p
Hypothesis 1 model—outcome: Vulnerability of revealing partner		
Intercept	0.89 (0.273)	.001
Systemic meaning-making (narrating)	0.081 (0.064)	.215
Emotional engagement (experiencing)	0.101 (0.056)	.073
Interaction guiding (choreographing)	0.083 (0.085)	.327
Hypothesis 2 model—outcome: Responsiveness		
Intercept	1.226 (0.172)	<.0001
Vulnerability	0.119 (0.085)	.164
Hypothesis 3 model—outcome: Responsiveness		
Intercept	1.171 (0.192)	<.0001
Vulnerability	0.110 (0.076)	.150
Systemic meaning-making (narrating)	−0.271 (0.046)	<.0001
Emotional engagement (experiencing)	0.009 (0.059)	.876
Interaction guiding (choreographing)	0.201 (0.065)	.002

Note. Significant values are presented in bold. SE = standard error.

aims of these interventions in the process of fostering vulnerability. While meaning-making invites cognitive restructuring and reflection, emotional engagement focuses on accessing immediate emotional experience. Engaging with one may interfere with the other, particularly when they are applied in close succession. Therefore, therapists may need to be mindful when engaging in these interventions to best match the intervention to the processes they wish to facilitate (e.g., increasing emotional arousal).

Our study further explored the association between vulnerability sharing and partner responsiveness, which is theoretically expected to be positively linked based on EFT-C's model of emotional intimacy (Greenberg & Goldman, 2008; Greenberg & Johnson, 1988). Research with nondistressed couples shows that emotional disclosure (e.g., expressions of vulnerability) tends to elicit partner responsiveness (Laurenceau et al., 1998). However, this process may be disrupted in distressed couples, where emotional signals can become misinterpreted or met with more protective responses. Consistent with this possibility, and contrary to our expectations, our findings revealed no significant relationship between expressed vulnerability and responsiveness. This suggests that with distressed couples, it may be insufficient to facilitate vulnerability in the revealing partner alone; therapists may also need to actively support the responding partners in accessing and expressing responsiveness rather than defaulting to secondary, self-protective strategies (e.g., withdrawing, blaming). This complexity is further highlighted by findings from Wiesel et al.'s (2021) study, who demonstrated that distressed partners' perceptions of each other's vulnerability are often biased, meaning that even well-intended disclosures may not be received in ways that support emotional engagement or relational closeness.

Indeed, these findings underscore the importance of implementing interventions that enable a partner to respond with attunement and support. Specifically, we found that the interaction-guiding (choreographing) intervention was significantly associated with greater responsiveness, suggesting that actively structuring the responding partner's contributions can enhance their engagement and supportiveness. In contrast to our expectations, however, the systemic

meaning-making (narrating) intervention was negatively associated with responsiveness, indicating that an emphasis on systemic reframing may inadvertently inhibit the partner's immediate responsiveness. One possible explanation is that systemic meaning-making promotes cognitive reflection processing over emotional immediacy, which may disrupt spontaneous heartfelt responsiveness.

Additionally, our findings indicate that the emotional engagement (experiencing) intervention directed at the responding partners was not significantly associated with their responsiveness. This suggests that emotional deepening alone may be insufficient to elicit a responsive reaction in the context of enactments. Kula et al. (2022) similarly found that therapists' attempts to access primary vulnerable emotions in male offending partners were associated with lower relational injury resolution. While their study focused on partners' global postsession experiences rather than in-session processes, the implication remains relevant: Interventions aimed at deepening the emotional experience of the responding partner may not immediately translate into improvement in relational outcomes.

These findings suggest that responsiveness may depend less on the responders' emotional intensity and more on their capacity to remain regulated and attuned in the moment, thereby responding empathetically. In the context of enactments, the therapeutic task is inherently interpersonal: One partner's vulnerability must be met with the other's engagement. At this stage of the process, the essential intervention may not be to deepen the internal experience further (i.e., aiming for the heart) but to structure emotional exchange between partners (i.e., aiming for the eyes). In other words, the therapist may need to shift toward actively shaping the interaction to enable responsiveness to emerge through the unfolding relational process.

One clinical implication of this study concerns the lack of a significant association between vulnerability sharing and responsiveness, which challenges the assumption that emotional disclosure naturally leads to partner engagement. Therapists should not assume that vulnerability will spontaneously elicit responsiveness. Deepening and sharing emotional experiences do not guarantee responsiveness in the other unless the therapist actively aims to shape the conditions that enable a supportive, empathic, and attuned response. From a systems perspective (Minuchin, 1974), change, while desired, can threaten the system's balance. When one partner shows vulnerability, the other may retreat or react defensively to restore homeostasis, as we see in couples' cycles. It is precisely in these moments that the therapist's role becomes essential to facilitate deeper access to emotion and support the responding partner in tolerating and reacting differently to this new input.

In this light, the association between interaction-guiding interventions and increased partner responsiveness underscores the value of a more directive therapeutic stance during these moments. Therapists often view structuring the interaction through guidance, focus, and redirection as potentially intrusive or inauthentic, yet our findings suggest otherwise. When skillfully applied, active guidance appears to help partners remain emotionally engaged and better able to respond in attuned and supportive ways, which can assist in achieving the desired relational change.

The results of this study should be understood in terms of its limitations. First, the sample was small and homogeneous, consisting of distressed men–women relationships with limited cultural diversity. Future studies should include more extensive and diverse samples to enable generalization and reflect a broader range of relational and cultural contexts. Second, while we employed temporal sequence

coding (e.g., coding therapists' interventions with the revealing partners in the moments before we coded their level of vulnerability) and used separate coding teams, the findings remain correlational rather than experimental. Future research could benefit from analog therapy designs (see Nardone et al., 2025), which enable the experimental manipulation of therapist interventions and provide access to participants' in-the-moment subjective experiences.

A further limitation concerns the broad categorization of therapist interventions. To test our hypotheses, we grouped many different therapist behaviors into three large categories. While this approach allows for systematic, quantitative analysis, it may obscure more nuanced therapist interventions that support change during the enactment. In this sense, our mixed findings may reflect measuring the process too broadly, before sufficient exploratory work has identified the most active ingredients within each intervention family. Important distinctions may therefore be lost in the aggregation process. This highlights the need for complementary, discovery-oriented research, such as early-phase task analyses (Greenberg, 2007), to map more granular therapist interventions before testing them in confirmatory models.

Additionally, our study focused on immediate in-session processes—specifically, the expression of vulnerability and partner responsiveness. These relational processes have been consistently linked to treatment outcomes (Greenberg & Johnson, 1988; Greenberg & Pascual-Leone, 2006; Woldarsky Meneses & Greenberg, 2014). As Greenberg and Pinsof (1986; see also Doss, 2004) suggested, once such productive therapeutic processes are established, they may be considered as “session outcomes” and can be used to facilitate the identification of therapists' interventions that predict these immediate in-session outcomes. Therefore, understanding how therapists promote in-the-moment vulnerability and responsiveness is essential for advancing process research. However, focusing on these short-term outcomes may not fully capture the broader impact of therapy on couples' relational functioning. Future research should evaluate whether therapist interventions contribute to sustained improvements in partners' everyday dynamics, such as emotional closeness, trust, and conflict resolution. This calls for applying outcome measures that extend beyond the therapy room and reflect partners' lived experiences after sessions and over time, as captured, for example, through experience sampling methods, which allow researchers to assess relational processes in real-life settings (Bar-Kalifa et al., 2024; Bolger et al., 2003).

Summary

The transformational process proposed by EFT-C centers on one partner revealing vulnerability and the other responding with empathy and emotional engagement, often facilitated through enactments. This study examined how specific therapist interventions used during those enactments relate to two core in-session processes: vulnerability expression and partner responsiveness. Findings highlight that different interventions serve distinct functions, underscoring the need for therapists to be precise in guiding emotionally charged moments that foster connection and change. We hope this work will enhance therapists' confidence and clarity in guiding partners through the emotionally charged moments of enactments that hold the potential to strengthen connections and deepen relational change.

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