Carolina Center for EFT

CORE SKILLS TRAINING

Session Three: Steps 5, 6, and 7 of EFT: Withdrawer Re-engagement

Working with Emotion, RISSSC, Enactments

Process Topics

Step 5

1. When and how to focus on, evoke, expand and deepen emotion.
2. How to maintain/promote safety in the sessions

Step 6

3. How to promote acceptance
4. How to deal with a non-accepting response

Step 7

5. How to facilitate a withdrawer to express attachment needs and wants

Core Skills

- Empathic Reflections
- Validation
- RISSSC Manner
- Evocative Responding - in a flow of reflections and questions
- Empathic Conjecture, simple and complex, focusing on defensive strategies, attachment longings/fears/fantasies
- Heightening (heighten the emotional responses to make them more alive and present; also heighten the relational position, making the experience more vivid and capture the attachment significance)
- Seeding Attachment
- Restructuring Interventions
    - tracking, process replays
    - reframing, catching bullets
    - using enactments

NOTE: Chapters most relevant to Core Skills Workshop Three: Chapter 6, "Working with emotion to shape the withdrawer re-engagement change event (Steps 5–7), in Brubacher (2018) *Stepping into Emotionally Focused Couple Therapy: Key Ingredients of Change.*

Chapters 8 and 9 in Johnson (2019). *The Practice of Emotionally Focused Couple Therapy: Creating Connection*.

Chapters 6 and 7 in *Becoming an Emotionally Focused Therapist: The Workbook.* (2005).

LINK for Externship Articles and Chapters: carolinaeft.com/articles-and-chapters-for-externship.html

Contents

Learning Objectives page 3

Markers of Readiness for Stage Two page 4

The Roadmap for Stage Two, Steps 5, 6, and 7 of EFT page 4

Steps 5, 6 and 7 for Withdrawer Re-engagement page 5

Step 5: Initial Phase: Deepen- Distill- Disclose page 6

Step 6: Concurrent Work with Partner – Accept and Acknowledge page 7

Step 7: Second Phase – Taking a Stand Towards. page 9

Themes and Tasks of Steps 5, 6 & 7 Withdrawer Re-engagement page 10

Working with Emotion

Review Process of Emotion page 11

How do you access emotion? page 13

How do you know when client is experiencing emotion? page 14

Heightening emotion page 15

Primary emotions in Steps 5 and 7 page 17

Interventions used in Steps 5, 6 and 7

RISSSC manner page 20

Evocative Responding page 20

Heightening page 21

Empathic Conjecture page 22

Seeding Attachment page 24

Enactments page 24

© Lorrie Brubacher MEd, LMFT (NC #1245), RMFT (89116), with thanks to A. Lee
Carolina Center for Emotionally Focused Therapy (CCEFT)

Learning Objectives

1. To recognize markers of de-escalation and readiness for Stage Two.

2. To recognize, evoke and deepen awareness of common withdrawer behaviors, perceptions, emotions, fears and needs.

3. To increase knowledge base of EFT Stage Two with Withdrawer Re-engagement as the first round of Steps 5, 6 and 7.

4. To define the basic aim and process flow of the Withdrawer Re-engagement change event. (Withdrawer expands engagement with own unformulated or disowned attachment emotions – and steps assertively towards partner by disclosing fears and needs.)

5. To use EFT Interventions: (especially RISSSC & Enactments) to help withdrawer deepen, distill and disclose fears and needs.

7. To facilitate and promote acceptance in the "observing" pursuing partner.

8. To use enactments to choreograph the Withdrawer Re-engagement change event.

© Lorrie Brubacher MEd, LMFT (NC #1245), RMFT (89116), with thanks to A. Lee

Markers of Readiness for Stage Two

Partners:

- Can identify their reactive positions of pursuit or withdrawal in the cycle.
- Can link this reactive position to their own softer emotions underlying the automatic protective position.
    - e.g. Withdrawer owns and talks about his/her paralysis, sadness, hurt, exhaustion at trying to please or fear of rejection instead of going numb.
    - e.g. Pursuer owns and talks about his/her desperateness, sadness, loneliness and fears of abandonment and not mattering instead of reacting automatically.
- Can link their partner's reactive behavior to their own reactive position and behaviour.
- Can link their own reactive behavior to their partner's reactivity and attachment emotions.
- Are beginning to have a new view of other: beginning to see the other more as fearful than as dangerous or uncaring.
- Can identify the presence of the cycle in the present moment.
- Can interrupt the cycle in a way that allows them to fight the cycle together.
- May access longings for safety/connection, still angry and mistrusting, but not as hostile.

A new kind of dialogue is emerging: instead of rapid reactivity, partners are beginning to be emotionally engaged with each other.
Conflicts are calmer and feel closer. There is relative safety.
The blamer's reactive anger is somewhat softened and the withdrawer is aware of their protective stance of shut-down, stonewall, or retreat and may be slightly more engaged.
Partners have a coherent story of the negative interactive cycle as their common enemy.
The therapist is confident of the therapeutic alliance, confident that both clients will trust her ability to understand them, and to maintain safety in the sessions.

The Roadmap for Stage Two: Steps 5, 6, & 7 of EFT

In stage two the therapist is working on the task of deepening trust and building a secure bond between the partners. First, one partner engages intensely in his or her primary emotions (Step 5), then the partners is supported to acknowledge and accept this "new" spouse (Step 6) and finally the engaging partner risks taking a new congruent position to disclose attachment needs and wants (Step 7). These steps,

© Lorrie Brubacher MEd, LMFT (NC #1245), RMFT (89116), with thanks to A. Lee

taken twice – first for Withdrawer Re-engagement and again for Blamer Softening, create two change events that are crucial for the couple to restructure their relationship into a safe and secure bond. You cannot do a blamer softening change event until the withdrawer has re-engaged.

Steps 5, 6, and 7 of EFT for Withdrawer Re-engagement

Definition of Withdrawer Re-engagement: the formerly withdrawn partner shares attachment fears and needs and from an engaged relational and assertive position, asks for what he or she needs to remain engaged and to have a safe and secure connection with the partner.

Withdrawer reengagement starts first with *engagement with self* which leads to *engagement with the other.*

Withdrawer becomes first aware of their primary emotions. (Step 5) “I feel so useless and inept with you, --- end up feeling all I do is get it wrong and miss the mark with you – like I am just a failure”. Heightening and expanding the fear of failing/not being enough will lead into accessing the attachment need for reassurance, and acceptance and to the request to have this attachment need met. (Step 7) “I need you to see that I am trying here - I love you and do want to be with you - but I am so afraid of your judgement and disappointment -- I need your help. I need your reassurance.”

Overview of steps 5, 6 & 7

Step 5: Promote and deepen the withdrawer’s identification with disowned attachment emotions, needs and aspects of the self, and integrate these into the relationship.

Step 6: Promote acceptance in the observing partner of partner’s emerging experience.

Step 7: Support the withdrawer to express the attachment needs and wants that arise out of the emotional pain of the primary emotions and to ask from an engaged position for what he or she needs in the relationship to feel more worthy, wanted, safe, hopeful and open with his or her partner. The **goal at the end of Step 7 is for the withdrawer** to have reengaged in the relationship and to have actively stated the terms of this re-engagement.

© Lorrie Brubacher MEd, LMFT (NC #1245), RMFT (89116), with thanks to A. Lee
Carolina Center for Emotionally Focused Therapy (CCEFT)

Step 5: Initial phase of withdrawer reengagement - Deepen, Distil, Disclose

- "The withdrawer goes ahead a few steps on the dance floor". The therapist focuses first on encouraging the more withdrawn partner to share.
- Interventions are directed more towards one partner than the other.
- It is a mistake to ask the more blaming partner to take the considerable emotional risk of asking the other for attachment needs to be met, if the other is not likely to be accessible and responsive.
- If both partners are withdrawn, work with the more accessible partner.
- Deepening active engagement with key emotions. With withdrawers this looks like an expansion of emotion. Withdrawers need help in accessing emotion, naming emotion and expanding the experience of emotion.
- Primary emotions that are common with withdrawers are: fear and pain (especially of feeling unworthy or inadequate), helplessness, despair, shame, and exhaustion.
- Partners are encouraged to explore, expand, understand and own their attachment needs and fears.
- If necessary, the therapist will actively block the non-experiencing partner, in order to promote safety for the client who is vulnerable.
- The experiencing client is asked to share his/her experience with partner.

How to facilitate engagement:

- Create safety and provide attachment/relational meaning and context for the emotional experience.
- Provide language for the naming of the emotion.
- Use images, metaphors, stories.
- Access bodily sensations.
- Use empathic reflections to encourage immersion in the experience.
- Use conjectures offered with tentativeness.
- Utilize the stimuli/presence of the partner to evoke emotion.
- Give meaning to the experience through utilizing the attachment frame.
- Utilize attachment history to deepen experience.
- Step 5 is complete with the disclosure of the emotional experience through enactment with the partner.

© Lorrie Brubacher MEd, LMFT (NC #1245), RMFT (89116), with thanks to A. Lee

Step 6: Concurrent work with partner -- Accept and Acknowledge

Process with the listening partner either acceptance or their resistance to the partner's experience, aspects of self and new ways of interacting. Therapist helps the other partner to begin to hear and accept the vulnerable underlying experience of the other. Frequently the observing partner has difficulty accepting the new and more vulnerable side of their partner. (Why would she after all these painful years of seeing him in a totally different light?) The therapist then throws her weight behind the change. Empathy for non-acceptance is key.

- Support the observing partner.
- Contain initial discounting of other and/or self.
- Process the non-acceptance – validates it - Links the difficulty accepting and disbelief etc. to the cycle and to this partner's own attachment fears and needs.
- Support observing partner in her confusion as she encounters this "new" spouse.
- Explore the blocks to acceptance, which are usually confusion, fear, or anger.
- Process the non-acceptance with the experiencing partner, helping him to understand the spouse's non-acceptance.

How do you promote acceptance and acknowledgement in Step 6?

If the witnessing partner is ***able*** to hear and accept the more withdrawn partner's new (that is newly-accessed, newly-shared) emotions then the therapist will validate this. The witnessing partner is getting new information. The therapist helps this partner to see, hear, feel and respond to their partner's disclosure of attachment feelings (fears, hurts etc.).

- Acceptance means "letting in" and acknowledging the experience of the other.
- Acceptance means a shift in perception – "seeing the other in a different light."
- Acceptance means empathically allowing oneself to "be moved" by the other's experience.

Then therapist will then explore the implications for what one partner has just revealed and the other has just heard:

- What does she hear her partner saying?
- What happens for her as she hears this?
- How does she understand this?
- How does she feel about this?

© Lorrie Brubacher MEd, LMFT (NC #1245), RMFT (89116), with thanks to A. Lee Carolina Center for Emotionally Focused Therapy (CCEFT)

- Can she see how it linked it to the old cycle?
- What is it like to get this different perspective?
- How does she feel right now?
- Can she share this (i.e., the acceptance) with her partner?

Having the partner enact this acceptance is a powerfully reinforcing event for the experiencing partner.

If (as often happens) the other partner is ***not able*** to hear and accept, the therapist will still validate the witnessing partner's position. The therapist will meet this partner where he/she is at and validate this place, helping her/him to unfold her/his experience. Acceptance could be blocked by the following:

- Confusion
- Disorientation
- Anger
- Fear

The therapist will try to help the couple to understand the nature of the block, and help them to encounter each other around this present reality. The therapist will always be taking a positive, hopeful stand. Therefore, she will help the couple to see that right *now* the partner is not able to hear and accept the newly accessed aspect of the partner. Or the therapist might help the more blaming partner to acknowledge that one part of her hears and sees the spouse, but another part of her is feeling blocked by anger/fear/ confusion etc.

- Therapist validates the observing partner's present experience and difficulty accepting.
- Therapist reflects back and repeats the disclosures of "new" emotional experience.
- Therapist maintains the focus on the "new view" of the experiencing partner.
- Therapist heightens and unfolds the observing partner's experience of this "new material."
- Therapist ties the non-accepting response to the cycle, and to attachment experiences.
- Therapist gently challenges old models of other and of the relationship.
- Therapist creates an interaction for the observing partner to either enact and own the non-acceptance (or reluctance) *or* to enact and highlight newly accepted experience.

© Lorrie Brubacher MEd, LMFT (NC #1245), RMFT (89116), with thanks to A. Lee

Step 7: Second phase of withdrawer reengagement: Taking a Stand Towards

The experiencing partner asserts a newly discovered desire for a safe and secure connection and takes a stand from a position of increased efficacy, accessibility, and emotional responsiveness rather than the previous distant, inaccessible and reactive one.

Statements made in Step 5, such as, "I feel small and inept and live in fear everyday of you leaving me, so I go numb, defend and withdraw," evolve in Step 7 into, "I am exhausted from all this defending and numbing out. I want to feel special to you. I want you to hold off on the criticism and quit threatening to leave. I am not going to leave and I don't want to feel small in this relationship anymore." (*The Workbook*, p.193).

- Expression of attachment needs and wants arise out of the emotional pain of the primary emotions and the withdrawer is able to ask for what they need in the relationship to feel more worthy, wanted, safe, hopeful, and open with their partner

Therapist facilitates this process by:

- Expanding attachment affect (fears and needs).
- Intensifying/heightening/ immediate experience – bringing attachment fears and needs "to a boil," then validating the fear/risk of sharing with partner what this is like, then inviting to share it.
- Evoking embedded/implied needs – This puts client in contact with what is longed for. Then, "Would you be able to turn to her/him and share what it is like to feel this way?"
- Support the risk to ask for needs to be met. Validate the risk, support the sharing. E.g. "It's hard to share this with you … I am afraid you will not understand and will get mad……...I need you to stop attacking me so quickly and loudly. I am going to try my best here and I want you to work with me and try your best too." (The Workbook, p.212).
- Process the risk and response between partners.

- The compelling piece of this work is that it is not blame, but an engaged communication from a genuinely emotionally felt place.

Concurrent work with partner: Therapist actively blocks negative reactions, validates non-acceptance and facilitates acceptance and acknowledgement of the new engagement so that Step 7 becomes possible.

© Lorrie Brubacher MEd, LMFT (NC #1245), RMFT (89116), with thanks to A. Lee
Carolina Center for Emotionally Focused Therapy (CCEFT)

Themes and Tasks of Steps 5-7, Withdrawer Engagement

1. Expand Attachment-Related Affect.
   (Deepen engagement with attachment emotions identified in step 3.)
2. Access fears of rejection/failure
   (Deepen and distil emotions, model of self and other in attachment frame.)
3. Access sense of entitlement.
   (Deepen engagement, clarify emotional pain, "bring to a boil", new meanings and needs emerge.)
4. Access need for acceptance.
   (Deepen engagement, prime the pump, heighten attachment fears, wants and needs, explored in Step 5 to risk taking a new position with attachment needs.) E.g.: "I am afraid to look in her eyes. I am afraid she will judge me."
5. Share attachment fears and ask for needs to be met.
   (Facilitate disclosure of newly emerging experience of fears and needs to partner.) E.g.: "Can you help me? Can you reassure me it is safe to reach for you and hold you when you look so sad?"
6. Process attachment-related affect and needs with partner.
   (Track and block negative responses and facilitate acceptance and acknowledgement of partner's emerging experience.)

© Lorrie Brubacher MEd, LMFT (NC #1245), RMFT (89116), with thanks to A. Lee

Working with Emotion

Review the process of emotion

Arnold (1960) describes emotion in terms of information processing that unfolds in a series of steps, following a cue:

1. Environmental Cue – external signal received through sensory channels
2. Initial Perception – rapid assessment of safety or danger
3. Bodily Arousal – preparing to respond.
4. Meaning Creation – attachment meaning.
5. Action Tendency – behavioural response.

Let's track the underlying processing of emotion through these scenarios:

1. As Donna weeps Martin stays silent, and leaves the room. Donna stops crying, flushes red, picks up a cup and throws it on the floor where it smashes.

What is the apparent (secondary) emotion she is showing? ___________________

Identify the process

1. Cue:_______________________________
2. Initial Perception:____________________
3. Bodily Arousal:______________________
4. Meaning Creation:__________________
5. Action Tendency: ____________________

What might be the primary emotion she may have felt for only a nano second or may be experiencing on the edge of awareness (hint: limbic appraisal)? ___________________

2. Later that evening, Martin kisses Donna goodnight, hoping she will respond and they will be close again. Donna turns her face away and closes her eyes. Martin sighs heavily and stomps out of the room.

What is the apparent (secondary) emotion Donna is showing? ___________________
What is the apparent (secondary) emotion Martin is showing? ___________________
Identify

1. Cue for Donna:______________________________ for Martin: _______________
2. Initial Perception: for Donna:_______________ for Martin:________________
3. Bodily Arousal: for Donna:_________________ for Martin:________________
4. Meaning Creation: for Donna:_____________ for Martin:________________
5. Action Tendency: for Donna:_______________ for Martin:________________

© Lorrie Brubacher MEd, LMFT (NC #1245), RMFT (89116), with thanks to A. Lee

Primary emotion each may have felt for only a nano second or may be experiencing on the edge of awareness (hint: limbic appraisal)? Donna:__________Martin:_________

As the therapist works with the emerging edge of an experience she may **focus on and develop the different elements of the emotion**, using reflections, evocative responding, small, specific, brief interruptions and possibly a few conjectures.

Focus on cue:
"So when is it that you get that feeling – when is it the hardest?"

Focus on the initial perception:
"So when he kissed you / when she turned her face away – was that almost like an alarm bell ringing? – Danger___?"
"Do you feel that _____ moment right now?"

Focus on bodily felt sense:
"So how do you feel as you say this right now? Where do you feel it in your body?"
"When you remember that moment of her turning her face away, what comes up in your body?"

Focus on the meaning creation (how client makes sense of it):
"So what do you tell yourself when you feel this way?"
"What did / does that alarm bell say?"

Focus on the action tendency:
"So what do you do when this happens, when you feel this way?"
"What do you feel like doing?"

Focus on the consequence/context: Link secondary and primary emotions to the action tendency:
"So is that the time when you get so angry hoping that he will understand how painful it is for you?"
"You go away to hide all the shame and sadness you feel when you hear that you are somehow failing her?" *

Link the attachment meanings and primary emotion:
"What I get is you feel so unimportant, so alone…"

See "Extravagant Emotion" a chapter by S. Johnson (2009) on your Externship cd for a transcript illustrating how to use the knowledge of the elements of emotion (Arnold 1960) to unpack the client's emotional world and to access primary emotion, with reflections, evocative questions and brief, focused interruptions. (pp 268-270)

© Lorrie Brubacher MEd, LMFT (NC #1245), RMFT (89116), with thanks to A. Lee

How do you access emotion?

1. Empathic Reflections

Therapist mirrors back client's emotional experience.

Example:

"As you say that, I notice the big sigh you give – it sounds so heavy, so sad".

"I notice a tear in your eyes right now – this feels sad?"

Exercise: Formulate your own empathic reflection to Donna as she has a catch in her voice when she says: "It – it feels like I just don't matter – what I need isn't important".

2. Validation

The therapist lets the client know his/her feelings are completely valid and legitimate.

Examples

"Yes, I understand that. When you feel shut out, you begin to worry that he shuts you out only because you are not precious enough to be let in – that makes perfect sense to me. I get it".

"Well when feel like you can never get it right, I can understand you feel discouraged"

Exercise: Formulate a statement to validate Donna when she says: "I feel so alone in this relationship".

3. Evocative Questions

The therapist focuses on the emotion, helping the client to experience it, tolerate it.

Examples:

"How do you feel as you tell me how alone you feel in this relationship?"

"What happens to you as you hear her say, I feel alone…so alone?"

Exercise: Formulate an evocative question for Martin as he says: "I guess I always feel that I can't get it right with her…"

© Lorrie Brubacher MEd, LMFT (NC #1245), RMFT (89116), with thanks to A. Lee

4. Empathic Conjecture

Examples:
"As you say, 'I try so hard to meet her expectations – and often just freeze and give up trying,' you sound exhausted and very sad under that frozenness – am I close?" [A conjecture at primary emotion underneath his numbness. Tentative and checking for empathic accuracy]

"In all that tiredness and sadness, I hear almost a longing to reach the place where she can see you are good enough for her – is that right?" [A conjecture at his attachment need / longing, embedded in his tiredness and sadness.]

Exercise: Formulate a conjecture for Martin to access underlying primary emotion: "I don't take chances in our relationship to get closer to her – just so ingrained in me that things are going to go away – that all I can count on is myself."

How do you know when your client is experiencing emotion?

The EFT therapist becomes extremely skilled at identifying signs of emotion in clients! In addition, the therapist learns to know how each different client will show emotion.

Examples:

- Jokes and smiles but the eyes brim with tears
- Reddened eyelids
- Red patches on the neck
- Swallowing
- Biting/compressing the lips
- Clenches fist, stands up, sighs
- Client is silent, affect is flat, looks out of the window.

Reflect the bodily signs of the emotion to the client.
Example: Therapist: I know you are making a bit of a joke about this, Martin, but your eyes are brimming with tears. (Reflect) There's a lot of sadness? (Conjecture with tentativeness)

Affect is also often conspicuous by it's absence.

Example:

Donna puts her head in her hands and sobs. Martin sits quietly.

© Lorrie Brubacher MEd, LMFT (NC #1245), RMFT (89116), with thanks to A. Lee Carolina Center for Emotionally Focused Therapy (CCEFT)

Therapist:	So what happens for you, Martin, as you see Donna's tears?
Martin:	Nothing
Therapist:	You feel nothing as you see her sadness?
Martin:	(shrugs his shoulders; long pause) She's always crying.
Therapist:	She's always crying, and what's that like for you?
Martin:	(shrugs again) What can I do?
Therapist;	You see her tears and you don't know what to do?
Martin:	(Shifts uncomfortably) Uhmmmm…no.
Therapist:	It looks uncomfortable for you – to not know what to do…
Martin:	(Clears his throat) Yes, I feel…I feel kinda stuck
Therapist	Stuck and uncomfortable, it's hard not knowing what to do?
Martin:	Well I don't know what she'll say – how she'll respond.
Therapist:	Mmm, it could sort of go either way – a bit dangerous?
Martin:	Hell yes! She can be terrifying.
Therapist:	So as you see her tears here, it's like, you're feeling a bit anxious – scared of how she might react to what you say?

Question – what emotion is he accessing?

Heightening Emotion

How do you know *when* to heighten emotion? As the therapy process moves into Step 5, the therapist continues to track and understand the clients' current status. She intervenes to focus on and work with the primary emotion when the following markers occur:

1. Primary emotion is referred to as the couple discuss incidents that have occurred between sessions.
2. Primary emotion, accessed in step 3, arises during the session.
3. The client does engage in describing/exploring his/her primary emotion but exits from this process. You will notice the exit, perhaps, as a digression, a lapse into abstract cognitions; alternatively the exit may result from interference from the partner.

***How* do you heighten emotion?** Using the RISSSC manner, focus in on poignant images. Stay on the leading edge of the experience – use conjecture or interpretation to go one step ahead of the client.

Go over and over an experience to taste it, to feel it, to sense it, to engage it fully, to bring the "emotion online," to make it vivid and alive. Example:

Therapist:	So, Martin, do you feel that anxious, scared feeling right now?
Martin:	Yes.

© Lorrie Brubacher MEd, LMFT (NC #1245), RMFT (89116), with thanks to A.
Lee Carolina Center for Emotionally Focused Therapy (CCEFT)

Therapist: Can I ask you to stay with that feeling? Where do you feel it?
Martin: It's like a band of tightness across my chest.
Therapist: A band of tightness, constricting?
Martin: Yes – like I can barely breathe.

How do you know if you have heightened it enough? How do you know your client is becoming fully engaged in emotion? The experiencing partner becomes more and more open to and immersed in his/her emotional experience. The emotion is expressed congruently. Nonverbal signs indicate it is felt bodily.

Therapist: Tight and hard to breathe.
Martin: Yes, and my heart is hammering. Like when I was a kid and my parents were going at it. Dad was yelling so loud and Mom would collapse at the kitchen table and cry and cry and cry…
Therapist: So little and so scared…...
Martin: Yes, I'd freeze and keep still as a mouse.

As the client connects with and becomes immersed in the emotion, it becomes more differentiated. In other words as you watch you can get a sense of what it is like to experience it, what shape it has, how it feels – how it tastes – it seems to become tangible, so that the client and the therapist can grasp it and label it in a way that makes sense to the client.

Therapist: (RISSSC Manner) Still as a little mouse…frozen – be careful here…don't move…it's dangerous…
Martin: (Puts his head in his hands and weeps) Geeze, yes, it was awful. I just didn't know what to do. I felt so – helpless. Yet I also felt like it was my fault, you know… I know that sounds crazy.
Therapist: Helpless and to blame…
Martin: In fact – yes – I never knew if Dad would turn on me next.

As the experience crystallizes you will see/hear the cognitive model of self (particularly as unlovable/unworthy) and of other (e.g., as unsafe, threatening, or unreliable). As these core definitions of the self and of the other become available, they are then open to modification.

<u>Exercise</u>*:* – Can you guess at his model of other? Of self?

Therapist: So, if I'm getting this right, when you see Donna crying like this, it almost feels like you're back there again, the little boy, frozen, is that it? Not daring to move, feeling kinda helpless and guilty?
Martin: Uhuh, yes, that's exactly where I go.

© Lorrie Brubacher MEd, LMFT (NC #1245), RMFT (89116), with thanks to A. Lee

Exercise*:* How could the therapist then link this into the cycle, once again validating its impact on Donna, and then her habitual reaction?

How do you know if you have sufficiently *distilled* the emotion? The end state is when the client is able to clearly tie this experience to his/her habitual responses (action tendencies) to the partner. The therapist then asks the experiencing client to share this synthesis with the other partner. The experiencing partner is able to do this in an engaged way with focus on the self, not the other.

- What also becomes clear is *the link* between these key attachment emotions and the key moves that the partner does in the cycle.
- The client is encouraged to state some of the experience (attachment-related fears) to the partner (enactment; discussed later).

What worries or scares you about heightening emotion? Some of the examples below may resonate with you:

- Will you harm the client, the relationship or the partner by fully accessing primary emotions?
- How will you know you have accessed the right emotion?
- What harm could occur?
- Will you personally be able to stay with strong emotion?
- Will you say or do the wrong thing?
- How will you know what is the right thing to say or do?
- Will the couple drop out of therapy if you heighten emotion?
- What do you do if the other partner denies, blocks or resists the experiencing partner?

Primary Emotions in Steps 5 and 7

The goal of accessing primary emotions is to help couples to engage each other at a deeper and more vulnerable level and to enable clients to understand and ask for what they need in order to feel safe in their relationship. In Stage 2 the therapist works very hard to keep her client (i.e., the couple relationship) safe.

The typical primary emotions to emerge in Step 5, and to be further expanded in Step 7 are sadness, fear, anger, and shame.

Anger may frequently underlie the position of a withdrawn partner. However, this is not the destination emotion, but it needs to be voiced. Underlying newly-accessed or newly-expressed anger is likely another emotion – perhaps sadness, longing, or

© Lorrie Brubacher MEd, LMFT (NC #1245), RMFT (89116), with thanks to A. Lee

fear. The partner needs to be able to give voice to the anger in a clear way. (For example, "There never seems to be any room for what I want – It all becomes about you so quickly!") The partner may never have felt safe enough to voice anger to the spouse (or to any significant attachment figure), for fear of conflict, or for fear of damaging or even losing the relationship. Thus, voicing anger and assertively stating unmet needs and longings in the session could certainly be a high-risk behaviour for the client. It is the therapist's job to understand the risk for the client and process it.

Fear or **shame** also may be accessed at this stage. Again the risk may well be very high from the perspective of the experiencing partner as revealing fear/shame might incur scorn, or decrease the love of their partner.

The therapist is careful to ensure that the client is not further shamed, naming the action tendency of wanting to hide, and to be sure that angry feelings are validated, processed and understood.

The therapist **needs to stay empathically engaged with each partner** and also with the process of what is happening for and between each client. The therapist needs to take little steps, and to check in to understand how each client is experiencing the session.

The therapist is very vigilant when working with emotion. The therapist's goals at this point are:

- To maintain/promote safety in the session
- To help the experiencing client to access his/her underlying unmet needs

Using careful tracking and **empathic attunement to both partners as well as to the unfolding process**, the therapist is ready to protect the experiencing partner and if necessary the observing partner.

1. If the therapist senses that the observing partner will reject or attack the experiencing partner, the therapist will block the observing partner (catching the bullet for example).
2. If the therapist senses that the client may feel overwhelmed - too shamed or unsafe, the therapist will titrate the degree of vulnerability of the experiencing partner.
3. As well as being mindful of the perils that may befall the experiencing partner, the therapist ALSO keeps in mind that the therapy process is a little unbalanced at this point. The therapist is busy supporting the experiencing partner; while the witnessing partner may be hearing things that leave her/him with a fair bit of dissonance. Thus the therapist must pay close attention to her alliance with both partners.

© Lorrie Brubacher MEd, LMFT (NC #1245), RMFT (89116), with thanks to A. Lee

Again this underscores the need for empathic attunement as this process unfolds.

4. The therapist will process the risks taken in a session and explore the clients' experience around the risks, including whether they fear that "damage" had been done to the partner, the relationship and to the self in the eyes of the other.

© Lorrie Brubacher MEd, LMFT (NC #1245), RMFT (89116), with thanks to A. Lee
Carolina Center for Emotionally Focused Therapy (CCEFT)

Interventions used in Steps 5, 6 and 7

In Stage Two continue to use interventions discussed in Stage 1 such as reflection and tracking, validation, process replays, reframing, and catching bullets as well as the other interventions described below. Remember to use “parts language” and “first person language” in various interventions. E.g.: “I see the tears in your eyes ….as though a part of you is saying, ‘I want this to be better …… I am tired of being alone, trying so hard not to blow it!’ Is that close?”

R**ISSSC Manner**

The therapist can hold the client in the present with her voice. By maintaining the empathic and collaborative stance, making eye contact and using RISSSC manner the therapist can support the client enabling the client to deepen his/her experiencing and risk-taking.

Repeat - therapist repeats key words or phrases.

Images - therapist uses client’s images. Images capture and hold emotion better than words.

Simple - Keep words and phrases simple and concise.

Slow - Slow pace enables emotional experience to unfold.

Soft - A soft voice soothes and encourages deeper experiencing and risk taking.

Client’s words – The therapist notes and adopts the client’s words and images in a collaborative and validating way.

Evocative responding

Invitation to the clients to explore and reprocess their experience.

1. Evocare – to call. Go past the content – call to the emotions of the client

2. Focus on the tentative, unclear or emerging aspects of the partner’s experience and encourage exploration and engagement.

3. Focus on how cues are perceived or processed.
Example: Therapist: So what happens for you when she says…

© Lorrie Brubacher MEd, LMFT (NC #1245), RMFT (89116), with thanks to A. Lee

4. Focus on the most poignant elements of an emotional – or – bodily – response.

Example: Therapist: When you say that I can hear a catch in your voice, like it's so painful for you to even say, "Sometimes I feel I'm not good enough for her."

5. Guide the client to the leading edge of his/her experience.
Client: Yes, it's hard to say.
Therapist: Stay with this, please. Can you talk about that feeling?

6. Sometimes the therapist may evoke one part of a person:

Example: Therapist: So one part of you is saying, "don't do it. Don't take the risk – you've been hurt so much already. But then another part of you feels so sad and so lonely…this part is saying: "try it – reach for what you long for" – is that it?

Example: Therapist: So that's when you hear your mother's voice…don't trust, never ever trust anyone".

Heightening

The therapist's language can mean the difference between eliciting a cognitive response and helping a client to stay with and engage in emotion.

1. Language should be simple, clear and vivid, using images and action words.

2. Repeat a phrase to heighten its impact:
Client : I said to myself, never again.
Therapist: Never again, never again will I take the risk…

3. Intensify the experience – by *how* you say it:

Heightening a soft, vulnerable response: Lean forward, lower and slow your voice
Client: I just creep into my shell and hide.
Therapist: Into my shell where it's safe. --- Hiding.

Heightening an assertive response: Raise the voice when heightening an assertive response.
Client: I – I guess I want to…to say listen to me.
Therapist: *Listen to me – it's important!*

4. Use clear poignant images and metaphors that crystallize the experience.

Client says: That's when I go behind my shield... but I'm ready to protect myself.

© Lorrie Brubacher MEd, LMFT (NC #1245), RMFT (89116), with thanks to A. Lee Carolina Center for Emotionally Focused Therapy (CCEFT)

Therapist: Right. You're behind the shield, keeping safe but vigilant, vigilant for
danger, for the attack to come.

5. Maintain a specific and relentless focus. Block exits.
Therapist: Your eyes are brimming with tears – the sadness is back?
Client: A little.
Therapist: You feel a little sad when she says she feels you don't care?
Client: If you want to see sadness, you should see me when I go to Dieppe.
Therapist: And it comes up now too, when she says she feels you don't care.

Empathic Conjecture

The therapist makes an inference– in other words, the therapist makes an educated guess that promotes a more intense emotional experience, informed by attachment theory and drawing from following

- Experience of the couple
- Knowledge of couple history
- Understanding of their cycle
- Knowledge of attachment in couple relationships and of each partner's attachment history
- PLUS the therapist's own empathic immersion in the relationship

The goal is to promote a more intense awareness and experience of emotion. Empathic conjecture can be used to draw attention to defensive strategies that a client may be using. Empathic conjectures are offered in a tentative manner: e.g. "I know that you'll correct me if I'm getting this wrong, but I'm wondering if…"

Simple Empathic Conjecture

- About experience on the leading edge of the client's awareness. (Would you please take one more step)
  Example:
  Therapist: As I listen to you say how angry you are at him about how he is never there for you, I am wondering if you aren't also feeling sad about this? Does this seem to fit?

- About experience that the client does not yet own.

© Lorrie Brubacher MEd, LMFT (NC #1245), RMFT (89116), with thanks to A. Lee

Example:
Therapist: So what's that like, Martin to hear that she's angry with you because what she really wants is to feel close to you?
Martin: I don't know – hard to say.
Therapist: Perhaps there is a part of you that wants to be close but another part doesn't want to engage in the angry attacking? Does that fit?

Complex Empathic Conjecture

More complex empathic conjectures are drawn from the following:

- Therapist's engagement with the couple's interaction pattern
- Therapist's engagement with each client's individual experience
- Assumptions from attachment theory and couple bonds.

These conjectures will focus on:

1. Defensive strategies (action tendencies) and underlying attachment longings

Example to a withdrawer:
Therapist: So it's like you hear her words, Martin, and they say to you that you are a failure. That there is something wrong with you and you will never measure up. That is – this is about you not being worthy, not loveable. So you pull away more and more. Yet at the same time it's like there's this part of you that says: "I don't deserve all this rejection. I don't have to prove myself to you. Like that is not all of who I am. Is that it?

Example to a pursuer:
Therapist: Yes, Donna, I hear you saying that it's lonely and the loneliness is overwhelming like a complete rejection and you respond with an attack because it hurts you. And I hear that it hurts – but a part of me is also wondering if the hurt isn't also about a desire to connect – to connect with him m m to be held to be comforted. So it's not only about the loneliness but also about that part of you longing to make that connection, to really be with him. Does that fit for you Donna?

© Lorrie Brubacher MEd, LMFT (NC #1245), RMFT (89116), with thanks to A. Lee
Carolina Center for Emotionally Focused Therapy (CCEFT)

2. Attachment fears and fantasies.

Example with a pursuer struggling to accept withdrawer's disclosure
Therapist: So here you are, with Martin saying he is here for you now. I mean he says now he wants to be with you. And you find yourself angry. So, I might be wrong, but it seems like part of you says – yes I want that – I want to be with him. But another part of you – and I'm not sure if this fits for you – but it seems like another part of you says no! Don't trust it. He won't be there. Like if you reach out for him – maybe you can't trust this. He might pull away because you don't really matter to him.

Seeding Attachment

This intervention is a form of empathic conjecture. It heightens attachment fears and primes attachment longings. It is frequently a prelude to Tango move 3.

Example
Therapist: So you could never turn to her and say: "I will be there for you. I want this relationship to work for you – but also for me. I need you in my life.

Enactments

Why do you do Enactments? For any of the following reasons:

- To turn intra psychic experience into interpersonal experiences. ("Can you look at her, look at her now and tell her about the sadness you feel?").
- To heighten emotion – people experience their emotion at a different level of intensity when they look and speak directly to their partner.
- To re-structure interaction.
- To increase awareness of and acceptance of each other.
- To promote contact.
- To promote support and comfort of the other.
- To facilitate direct expression of needs.
- To create a bonding event.

When do you use enactments in Stage 2? EFT therapists use enactments in Stage 2 (steps 5 – 7). In Step 5, when a partner has finished processing (synthesized/distilled) a primary emotion, the therapist will ask the client to enact the synthesis to the partner. The goal is to deepen partners' understanding of the other, to begin to help the couple connect with each other at the level of primary

© Lorrie Brubacher MEd, LMFT (NC #1245), RMFT (89116), with thanks to A. Lee

emotions and to help the partners voice their needs to the other. In steps 6 and 7 they are used to create bonding events.

How do you do Enactments?

1. Set Stage

- Ensure expressing partner is engaged with primary emotion. Use a soft voice and a slow pace in order to soften and heighten the emotion. Use simple and poignant language in order to distil the emotion down to an attachment longing or need: "When I hear this, I hear your sadness, and how much you are missing having her close, yes? *(Client nods)* Can I get you to share that sadness and missing her right now?
- Therapist uses a **soft voice and a slow pace** in order to soften and heighten the emotion.
- Ensure there is sufficient safety. You may **invite a direct buy-in** from listening partner E.g. "Would it be o.k. with you to hear him tell you directly about this?" This will ensure that the listening partner is listening and also to be sure that the experiencing partner is safe.
- Have partners anticipate contact. "Can you imagine turning to her and telling her that you really miss her and long for her when you shut her out?"

2. Direct enactment/dialogue

- Ask the client to turn and face the partner and say, in his/her own words what has just been processed. "Can I ask you now to turn to Sally and let her know, then, in your own words, what it's like for you to feel so alone?"
- You can **sandwich direction of an enactment with heightened affect**: E.g.: "Would you please turn and share that with him now? How a part of you says, 'How could he possibly want me,' and fear really sets on. It's really scary for you. Would you please turn to him now and share this with him in your own words?
- Block detours, maintain focus. Bring clients back to the task which you have begun. Maintain focus and continue to take charge of the process. If one partner takes an exit away from the emotion, bring his/her back.
- Catch bullets – validate in attachment frame reframe. E.g. "It is so difficult to share the shame that comes up when you want to get close, that it is a whole lot safer to disappear into complaints about her weight. The risk of

© Lorrie Brubacher MEd, LMFT (NC #1245), RMFT (89116), with thanks to A.
Lee Carolina Center for Emotionally Focused Therapy (CCEFT)

opening up to her scares you into pushing away the very one you long for?"

- Validate hesitancy. "This is difficult to do – it certainly takes a lot of courage to share this." Slice requests thinner (reduce the difficulty) and go with the resistance. E.g. "Can you tell her it is way too scary to tell you about your loneliness." "Can you tell her you are just not ready to share this fear of failing her, just yet?" "Can you tell him it is just too difficult to turn and share right now?"
- If you decide in a particular moment that it will not be safe for the client to do an enactment:
  - Allow an exit, validating the resistance: "Yes, I get that it is too hard for you right now…let's back up".
  - Or you may wish to process with the other partner their reactions to what they are hearing. Donna may still be far too angry with Martin, and there is too much risk that she might attack him. "So Donna, I am wondering where you are as you listen to Martin, as you hear him talk about kind of - getting in touch with the freezing and helplessness? " If Donna's response is favourable I will ask her to tell Martin this directly.

3. Process each partner's experience

- Check in with experiencing partner how it was to share this with their partner (Evoke emotional experience of making contact with his/her partner with this very direct, congruent, fully alive message).
- In turn, invite expression from listening partner about their experience in receiving the partner's disclosure. Promote acceptance and validate if it is hard to trust or hear this.
- Support partners to share with each other the impact of disclosing and receiving.
- Support /heighten new experience.
- Significant enactments will frequently be used again in future session, as frames of reference: "I remember you did this differently before. Remember when you looked at her and told her how much you missed her and needed her. Is there anything like that kind of feeling happening right now?"

© Lorrie Brubacher MEd, LMFT (NC #1245), RMFT (89116), with thanks to A. Lee

Enactments are not meant to overwhelm the client or to ask them to take risks that are not safe. The purpose is to facilitate a different experience of making contact with clear, congruent expressions and to be able to confide and receive validation or comfort from the partner.

Stage 2 enactments focus on **core (primary) attachment emotions such as fear, sadness, and underlying longings, and also on expressions of attachment needs.** Example: A client is frustrated about the lack of closeness in her relationship. The therapist helps the client to access some of the sadness he/she feels about this. As the client expresses this sadness, the pain of the disconnect becomes more real. The listening partner is then able to witness the sadness (as opposed to perhaps anger and criticism) and feels pulled towards a more comforting or softer response. Following this, partners risk to reach and ask to have attachment needs met.

© Lorrie Brubacher MEd, LMFT (NC #1245), RMFT (89116), with thanks to A. Lee