

EFT with Challenging Couples: *Flying Through the Storm to Safe & Sound*

WITH
Dr. Sue Johnson

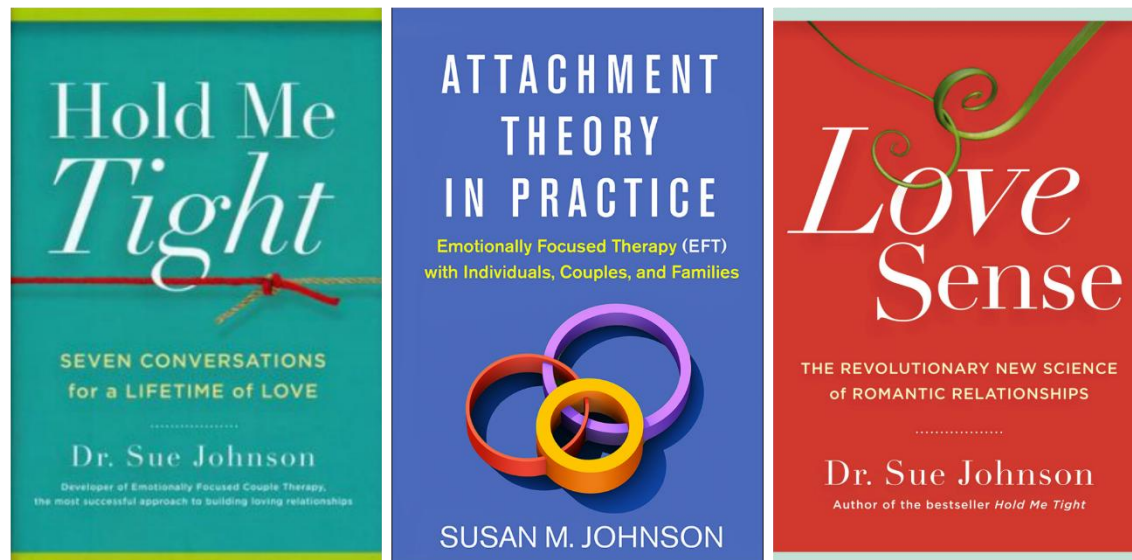
Learning Objectives

1. Identify the key challenges of couple therapy.
2. Describe the strengths of EFT as an intervention for challenging couples.
3. Apply specific interventions to address issues such as escalation, withdrawal and wounds that prevent the growth of trust.

The presenter has no conflicts to disclose.

Emotionally Focused Therapy

Dr. Sue Johnson



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EFT is an Experiential Approach

*“All knowledge is experience.
Everything else is just information”*
—Einstein

*“Change occurs in therapy through a
‘corrective emotional experience’”*
— Alexander and French

Empathic Responsiveness is the Essence of Emotionally Focused Therapy

The empathic responsiveness of the therapist creates safety. The goal is to guide partners into this responsiveness with each other.

“Resolve to be tender with the young, compassionate with the aged, sympathetic with the striving, and tolerant with the weak and the wrong. Sometime in your life you will have been all of these.”

—Lloyd Shearer

Most Basic EFT Intervention: Empathic Reflection

- Creates safety
- Focuses and slows processing
- Better organizes & distills experience — creates coherence



The Problem

W: *Do you love me? (Accusing tone.)*

H: *Of course I do. How many times have I told you?*

W: *Well it doesn't feel like it. (Tears, looks down, turns away.)*

H: *(Sighs, exasperated.) Well, maybe you have a problem then. I can't help it if you don't feel loved. (Set mouth, lecturing tone.)*

W: *Right. So it's my problem is it? Nothing to do with you, right? Nothing to do with your ten feet thick walls. You're an emotional cripple. You've never felt a real emotion in your life.*

H: *I refuse to talk to you when you get like this. So irrational. There is no point.*

W: *Right. This is what always happens. You put up your wall. You go icy. Till I get tired and give up. Then, after a while, when you want sex you decide that I am not quite so bad after all.*

H: *There is no point in talking to you. This is a shooting gallery. You're so aggressive.*

Rigid pattern — blame/withdraw.

No safe emotional connection — escalating danger and isolation.

Emotionally Focused Couples Therapy

Looks within at how partners construct their experience of relatedness (Using Rogerian interventions)

Looks between at how partners engage each other (Using Systemic Interventions and tasks)

In Order To:

- Reprocess / Expand emotional responses
- Create new kind of interactions / change the dance
- Foster secure bonding between partners

EFT STAGES & STEPS

STAGE ONE: STABILIZATION / DE-ESCALATION

- Step 1:** Alliance & Assessment
- Step 2:** Identify negative cycle / Attachment issues
- Step 3:** Access underlying attachment emotions
- Step 4:** Reframe problem as cycle, disconnection — attachment needs/fears

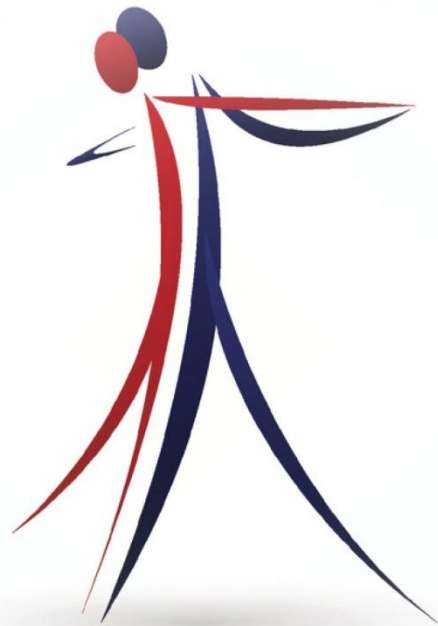
STAGE TWO: RESTRUCTURING THE BOND

- Step 5:** Access vulnerabilities — implicit needs, fears, models of self
- Step 6:** Promote acceptance by other — expand dance
- Step 7:** Structure reach & respond — express attachment needs — create bonding interactions

STAGE THREE: CONSOLIDATION

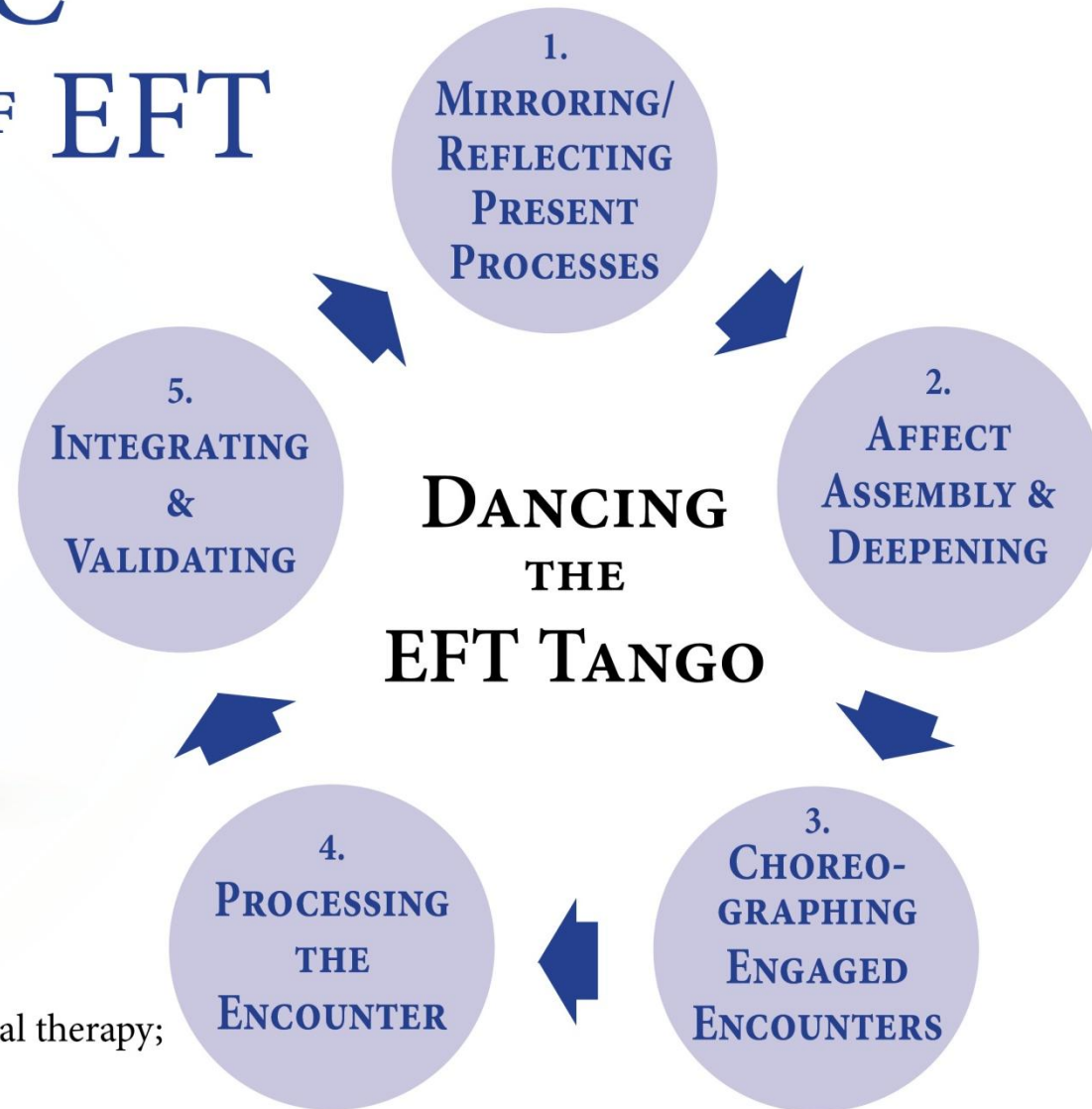
- Step 8:** Facilitate new solutions
- Step 9:** Consolidate new positions, cycles, stories of secure attachment

THE 5 BASIC MOVES OF EFT



The second figure can be:

- a therapist;
- part of self;
- an imaginary other in individual therapy;
- a partner in couple therapy;
- different family members in family therapy.



The Key Challenges of Couple Therapy

1. To make sense of the drama, the emotional circus, the dilemmas in a love relationship. To have a map and a way home.
2. To create a secure base for inner and inter exploration — openness and engagement in therapy — with both partners — in every session.
3. To make potent emotion the agent of change — the therapists friend. To change how emotion is regulated and expressed in the couple's dance.
4. To de-escalated demon dialogues that shape disconnection and help the couple find BALANCE.
5. To shape in the moment positive bonding interactions, removing blocks and dealing with injuries, risks, fears.
6. To help the couple make the in session changes LAST.

The Focus of EFT — The 4 P's

EXPERIENTIAL

PRESENT MOMENT

Emotion brings past alive. Past used to validate present blocks, styles, fears

PRIMARY/CORE AFFECT

Assemble/Deepen into Coherence and Balance — Expand. Validate

SYSTEMIC

PROCESS (the HOW of things) — **PIVOTAL MOMENTS**

POSITIONS / PATTERNS of interaction — self sustaining feedback loops

The therapist is a process consultant!

EMOTION

Cue- Rapid appraisal of environment — Body arousal

Meaning/Reappraisal — Action Tendency (Arnold)

- Source of information — fit between environment cues and needs / goals
- Vital element in meaning
- Primes action response
- Communicates — organizes social interactions

Six Core Emotions (facial expressions) and Adaptive Actions

| | |
|---------------------|----------------------------|
| ANGER | Assert, defend self |
| SADNESS | Seek support, withdraw |
| SURPRISE/EXCITEMENT | Attend, explore |
| DISGUST / SHAME | Hide, expel, avoid |
| FEAR | Flee, freeze, give up goal |
| JOY | Contact, engaging |

Panksepp's attachment “panic”

Intimate Partner Abuse

Abuse is on a continuum.

C.T. effective depending on level & characteristics of abuse and abuser.

Categories of abuse and abusers:

- a) High conflict — verbal and symbolic aggression
- b) High conflict violence — no injury — cross complaining/mind-reading. MOST COMMON
- c) Common battering — biting, punching — moderate emotional abuse/control — diminishment of other
- d) Severe battering — use of weapons — high emotional abuse and control (Hammel, 2004)

Pitbulls — dysphoric, borderline, insecure — function well in world

Cobras — anti-social, calm when batter, very dangerous. (Jacobsen & Gottman)

Intimate Terrorism vs. Commonplace Couple Violence often plus emotional abuse (Wheeler & Christensen, 2007)

RISK FACTORS:

Low income, low education, childhood exposure to abuse, conduct disorder in adolescence, anti-social personality disorder, hostile attribution bias, positive beliefs re aggression, lack of conflict resolution skills, anxious and avoidant/fearful attachment, substance abuse (Use, Abuse, Dependency, Addiction). PTSD — irritability and vigilance.

“Couple violence can be seen as an exaggerated form of protest against perceived partner unavailability or lack of responsiveness.”

— Mikulincer & Shaver, 2007

Triggered by real / imagined threat of rejection, abandonment and infidelity.

What you cannot trust you try to control.

CONTRAINDICATIONS FOR EFT:

Cannot create safety in session, abused expresses fear, abuser denies responsibility, no agreement for safety net outside session, asking partners to take risks and open up seems dangerous.

More Secure Partners Can:

1. Retain emotional balance. Less flooded with anxiety or anger when disconnected / threatened. Less reactive / defensive.
2. Tune into emotions and formulate coherent direct messages re needs.
3. Remain flexible and open, tuning response to context and reflecting on experience / interaction. (Meta-perspectives).
4. Trustingly take in comfort and care — returning to physiological homeostasis.
5. Deal with ambiguous responses with less catastrophizing / numbing.

More Secure Partners Can (continued):

6. Give the benefit of the doubt and resist fixed negative appraisals of other.
7. Maintain a coherent and positive sense of self.
8. Turn toward others and respond with empathy and caring — renew bonds.
9. Turn back into the world and explore — learn and adapt to new situations.
10. Complete the co-ordination tasks of caregiving and sexual connection more effectively.

**If EFT fosters secure connection ,
then it potentially fosters all of the above.**

Couples Therapy Based on Attachment Theory

1. Focuses on attachment vulnerabilities — needs and forms of engagement and disengagement. Isolation as traumatic.
2. Privileges emotion — Organizes inner reality and the attachment dance.
3. Creates the therapy session as a secure base.
4. Shapes new interactions — bonding responses — events.
5. Addresses impasses — attachment injuries.

Attachment Theory & Couples Therapy

This perspective offers:

- *A map* to the territory of distress and relationships.
- *A focus* — A compass in internal emotional moments and interpersonal dramas.
- *A picture* of transforming moves and moments in the process of the shaping of a secure bond.
- *A goal* for therapy — an end point. Not just conflict containment.

Interventions in EFT

Task 1: Reprocessing Emotion

- **Reflect** (name, order, distil) emotional processing as it occurs. Make explicit. Now — immediate, alive — vivid — felt, concrete — tangible — specific. In the attachment channel.
- **Validate** habitual emotion regulation strategies, ways of seeing, action tendencies, stuck places, attachment longings and fears, and shifts — new steps in the dance.
- **Ask Evocative Questions** — unpack automatic ways of constructing experience. Replay key process moments. Name and integrate the elements of emotional experience. “What happens to you when you hear that tension in her voice?”
- **Heighten elements of experience** (use repetition, images) to deepen clients engagement.
- **Interpret** — make small conjectures — at the leading edge of experience. Tentative. Most intense using proxy voice.

Interventions in EFT (continued)

Task 2: Creating New Interactions

- **Reflect** — steps in the partners dance and the impact of dance.
- **Reframe** — Attachment meanings, interactions / cycle.
- **Shape interactions** — Request the direct sharing of clear distilled messages.
- **Respect reluctance and slice risks thinner** (simply share how hard it is to share).
- **Contain negative messages** with “catch the bullet” interactions.

Therapists help clients:

- ✓ Enact present positions to make them clear.
- ✓ Turn new emotional experience into new signals to a partner
- ✓ Enact to heighten new responses and their impact on the other.



RISSC

Repeat

Images – use

Simple words

Slow pace

Soft voice

Client's words

When Love Hurts: EFT with Highly Escalated Couples

Sharp attack — attack dance in Find the Bad Guy interactions.

A focus on defining who is wrong, flawed and to blame for relationship distress.

Also fast rigid repetitive dance of blame and hostile criticism often followed by stonewalling or explosive anger.

No trust — labelling of the other — no openness to partner reaching, no islands of safety. Cycling volatility — little effective affect regulation.

Therapist unable to shape secure base in session / becomes dysregulated.

***Challenge: Keep emotional balance — identify triggers
— keep CURIOSITY***

Attachment lens focuses on threat — vulnerability — primal panic — helplessness — desperation that is the music of this escalating dance.


Disconnection and attachment protest fuel this dance.

Interventions for Escalating Couples

1. Reflect process of interaction — cycle, attachment impact. Cycle takes the blame.
2. Reflect surface emotion then evoke / move into underlying vulnerabilities with *relentless empathy and slow pace*.
3. Direct session — “STOP” — “We are stuck” — take control of interaction (*example: “when I touch your shoe”*). *Contain hostility, minimize triggers.*
4. Soothe with validation of both partners. Use touch, voice, evocative images. To be heard and seen by therapist is calming.
5. Catch bullets — explore hostile responses to partner.
6. Reframe or Interpret e.g. anger as desperation.

Interventions for Escalating Couples (continued)

7. Retain balance when hostility is directed to the therapist. Therapist uses the model as a secure base — stays with process not content.
8. Make messages explicit/concrete — and so owned. Add attachment meanings: e.g., “You want to show him that he can’t hurt you without consequences, as if you don’t matter?”
9. Evoke compassion for other by showing compassion to other — outlining their pain.
10. Confront partners with process reflections.
11. Confront abuse with self-disclosure (“I cannot allow..”) Link to client’s goals.



"Attachment theorists have pointed out that, perhaps because of this interdependence, incidents in which one partner fails to respond at times of urgent need seem to disproportionately influence the quality of an attachment relationship."

— Simpson & Rholes, 1994

"What matters most to Pain Central is not the philosophical category a slight belongs to but the level of jeopardy it threatens... like a shattered knee or a scratched cornea, relationship ruptures deliver agony."

— Lewis Armani & Lannon, 2000

Attachment Injury

- A betrayal of trust / abandonment at crucial moment of need.
- A form of relationship trauma — defines relationship as insecure.
- An impasse in repair process — blocks trust.

Attachment significance is key — not content.

Indelible imprint — only way out is through

Resolution of Attachment Injuries

- Articulate injury and impact. “NEVER AGAIN!”
- The other acknowledges hurt partner’s pain and elaborates on the evolution of the event.
- The hurt partner integrates narrative and emotion. He / She accesses attachment fears and longings.
- The other owns responsibility — expresses regret — while staying attuned / engaged. (*I feel your hurt — your pain impacts me*)
- The hurt partner asks for comfort / reassurance.
- The other responds — antidote bonding event.
- Relationship is redefined as potential safe haven.
- New narrative is constructed.

Forgiveness and Reconciliation

Resolver Couples (63%) showed:

- More disclosing re needs, affirming, less blaming withdrawing and significantly deeper levels of experiencing. (Parallels softening research.)
- Significant improvement on DAS (Both partners in non-distressed range.) Significant improvement for Forgiveness ($t=9.92$. $p=.000$)
- Both groups reported less pain (no significant differences).
- Results stable at 3 years follow up.

Non Resolvers showed:

- No significant changes on DAS, forgiveness.
- Lower trust at outset.
- Compound injuries (Power of Faith — Johnson & Talitman, 1997)

Effectively Reflecting the Negative Cycle/Dance in Stage 1: Necessary Elements

1. Keep it simple.
2. Keep it safe — describe, no judgements — verbs are useful
3. Stay close to clients explicit experience — not big leaps, conjectures, explanations.
4. Outline steps in dance: “You... and then what do you do... And then...”
5. Link steps into a circle — feedback loop — self-perpetuating. “The more you... the more you..... and then you ...”
6. Frame cycle/dance as THE PROBLEM — common enemy — victimizes both.
7. Add in emotional attachment consequences, e.g., “You both feel so alone and lost”.

Reflect cycle in every session — snapshot, narrative.

Normalize, validate — “We all get stuck here”.

Exercise

EMOTION: Trigger — Appraisal (initial perceptions) — Body arousal — Meaning / Cognition (models — self and other — attachment) — Action, tendency.

W: *You are so difficult — I can't tolerate your attitude.*

H: (Throws up his hands and turns to look out the window.)

Th: *What happens to you as your wife says "...”?*

H: *Nothing, I am used to this. She says this stuff all the time.*

Th: *You feel nothing as she says ".....”?* (REPEAT CUE.)

H: *This happens lots — I just try to roll with it — forget it.* (Shifts to coping.)

Th: *You try to forget these times when she tells you that you are too difficult for her to tolerate?* (He nods.) *But in that split second before you try to push it aside and “forget” her words — what happens to you? When she tells you, you are too difficult?*

H: *Don't know. I just move away.*

Th: *There is something here that is hard — upsetting? You can't take it in — that its too hard?* (He nods.) *What do you hear her say?*

H: (APPRAISAL — THREAT.) *She's saying that I'm hopeless — this relationship is doomed — down the tubes.*

Th: (BODY AROUSAL.) *You threw up your hands — like this — that is the hopelessness the defeat?*

H: *I guess so — yes.*

Th: *It's like you throw up your hands and you give up — it's hopeless.*

H: *Yeah. (Looks down at shoes — quiet voice.) There is nothing I can do. Yep, I have totally blown it. I'll never make it with her. She has her standards and I can't... I'll never... (Tears.)*

Th: (ACTION TENDENCY.) *So you withdraw to protect yourself. And then you (the wife) get even angrier (she nods) and that is the cycle that has taken over the relationship and leaves you both alone (ATTACHMENT SIGNIFICANCE.) And that brings tears for you?*

H: *No — my eyes are just watering...*

Th: *You say to yourself, "I have blown it — lost her — I'll never make it with her? Some part of you wants to throw up your hands — like "I'll never please her — have her love" — is that it?*

H: *Right — my brother said there is a time you get married and he told me I was too young — but you do what you do — all my family got married young. (Exit.)*

Th: *I'd like to go back. So when you hear your wife's anger you move away — try to forget it — and she sees — what did she say? She sees "coldness" and "indifference"? (She nods.) But in fact, you are trying to deal with a huge sense of defeat and hopelessness — a sense of failure — a fear that you can never please her.*

H: *Yes — that's it — I think that's it.*

Th: **(ENACTMENT.)** *Can you tell her, "Please _____."*

W: *I do get critical — I do. Well anyone would. He just acts like he is a house guest, a visitor. He goes off to his room on his computer and he works. And it's been that way for ever. Like last night, you just disappeared!!! (Points at him, then crosses her arms across her chest and looks as if she could cry.) The invisible man — my husband. (REFLECT & DISTIL.)*

Effectively Reflecting the Negative Cycle/Dance in Stage 1

Therapist: *Something happens to you when he turns away from you and goes to work on his computer. You get angry and critical but as you talk about it you also show that this is very sad and painful for you — you hold yourself.*

It seems like such a small event but I hear that in this moment you realize that you cannot find him — touch him — see him. It's like you are saying to him, "Where are you — are you there?" and you get no answer. That is hard — to love and depend on a man who is always seems about to disappear on you — who is distant. That hurts.

Exercise:

I guess I just don't understand — if closeness is so important to you, how come you are so cold to me in bed? I get that I am just a nuisance for you. I get mad cause there is never ever a time when sex is okay. You make excuses or stay up and work. The bed is empty. You mock me — tell me I just want to get my rocks off. I can't remember the last time you came on to me even a little bit. (Shakes his head). It's just useless. Doesn't matter what I do (He takes his head in his hands and his voice goes soft.) The other night, I made a kind of real careful come-on and you curled your lip at me. Like I was some small snotty nosed kid to be gotten rid of — put aside (His face tenses and he slams his hand down on the arm of the chair.) Like it was a big joke or something — that I would have the gall to come onto you — to ask for something from you. The Ice Queen herself.

(Silence. He sinks back into the chair now.) But I have said this all before — there is no point. I don't pass the test, so no sex for Stephen. (Voice very low now.) I am not going to beg for some warmth. So I stay away now and turn off — no point in this charade. You read your book — I turn away and try to sleep. I don't want to do this anymore. (He closes his eyes and puts his head down in his hands again.) It used to be really good between us — but now...

Please order and distil the emotion here , (best to use the elements of emotion namely, Trigger, Perception, Body Response, Meaning, Action Tendency,) and summarize this client's statements in a safe way that leads into an enactment, as in, "Can you turn and tell her please..."

Exercise: Stage 2 of EFT

Withdrawer is now accessible and engaged — stating that he wants to be close — recognizing the impact of his shutting down — saying that he is willing to learn how to be close.

Th: *Do you see Paul reaching for you Anne? Can you look at him — at his face? What do you see?*

A: (Slow uncertain voice.) *He looks... well... sad I guess. But he is usually so detached... and (turning to him) like I said, you didn't finish the cupboards on Wednesday like you said — I know, you did them on Friday but...*

Th: *Right now you see his sadness and his desire to be with you? (She nods.) But your mind goes and searches for a time when he disappointed you? You are always watching for that dangerous moment? The moment when you will feel hurt and alone? So you are kind of unsure here — that is what I hear in your voice right now.*

A : (High fast voice.) *Well, he doesn't do things and when I tell him he just kind of shrugs it off — gives me an explanation... its okay for him to open up in these sessions but... and as we said last session, I do want that; that connection, for him to respond. And I feel angry when he doesn't do what he said. We are doing the bathroom and there is so much to do. Yes, yes, I know what you are going to say — I see his sadness but where was it all those years then?*

A: (She laughs.) *I just don't know what to do now. I had all but given up here. And now he is like this? It's strange really.* (She turns to him.) *When I told you about the cupboards you just defended yourself and gave me reasons... but you think I should just suddenly get all sappy here.* (She sharply brushes lint from her skirt, but then she tears.) *Just cause you turn up now — after 10 years. What about those ten years then?* (She looks at the therapist.) *I think we have improved though. I am not sure what we are doing here, what this is all about. It's like he expects me to just... turn around and... go into his arms.*

Write down exactly how you would at this moment:

1. Validate her emotions and responses.
2. Order distil and deepen her engagement with her fear — make it coherent.
3. Set her up to share a small piece of it.

General Demon Dialogue Exercise

Imagine saying to your partner or family member:

When you _____ (specific concrete cue), I do not feel safely connected to you, then I tend to _____ (action word). I do this with the hope that _____.

When it does not work, I decide that _____ (name catastrophic conclusion). I realize that the more I _____ the more you seem to _____.

Then we are more cut off from each other.

When these Demon Dialogues come for us, we could help each other by _____.