



International Centre for Excellence
in Emotionally Focused Therapy

Participant's Manual

Externships in Emotionally Focused Couples Therapy®

Creating
Connection



www.TRIEFT.org



TRI EFT Alliant

Training & Research Institute for
Emotionally Focused Therapy

Creating Connection
Seminars®

cc For Couples®

This externship is offered by Trainers, endorsed by
ICEEFT and is the first step towards Certification as
an EFT Couples therapist with this institute.

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Emotionally Focused Therapy

Dr. Sue Johnson conceptualized and is the primary developer of Emotionally Focused Therapy. This EFT for Couples Manual is based on the research, the model development undertaken and the publications written by Dr. Johnson and her colleagues - over the past three decades.

Chapter

I

Learning Objectives and Externship Overview

Specific Learning Objectives for Externships in Emotionally Focused Couples Therapy

1 Day 1: Introduction to Couple Distress, Attachment Theory, Process of EFT

1. Understand and describe the nature and causes of marital distress
2. Understand and describe basic Attachment Theory and how it informs working with couples in EFT.
3. Understand and describe the systemic and experiential elements of EFT.
4. Understand and describe change factors involved in a couple moving from distress to recovery.
5. Understand and describe the Nine Steps and Three Stages of EFT.
6. Learn and practice the basic empathy skills that are central to the therapeutic process in EFT .

2 Day 2: Assessment, Alliance Stage 1 (Steps 1-4 of EFT)

1. Understand and practice assessment skills in EFT (Steps 1 & 2).
2. Understand and practice how to create a therapeutic alliance using: empathic attunement, validation, acceptance, genuineness.
3. Understand and practice how to enter experience of partners to find out how each constructs his/her experience of their relationship.
4. Understand and practice how to track and frame the sequences of interaction that perpetuate couple's distress.
5. Understand and practice how to frame the negative cycle (e.g., pursue/withdraw) emphasizing attachment needs (e.g., closeness, connection, importance of the other, fear of loss).

3 Day 3: EFT Interventions and Change Events Stage 2 (Steps 5-7 of EFT)

1. Understand and describe systemic and experiential theories that underlie EFT interventions.
2. Learn and practice the basic EFT interventions for working with emotion, i.e. reflection, validation, evocative responding, empathic conjecture and heightening.
3. Learn and practice how to use RISSSC to heighten emotional experience.
4. Learn and practice how to facilitate interaction between partners by using enactments.
5. Learn how to put the interventions together to facilitate change events.
6. Be able to describe the three change events in EFT: de-escalation, withdrawer engagement and pursuer softening.
7. Learn and practice the skills of accessing, exploring and deepening emotion.
8. Learn and practice the skills of facilitating acceptance.
9. Learn to choreograph change events using enactments.

4 Day 4: Becoming an EFT Therapist/Attachment Injuries

1. Understand attachment injuries from an Attachment Theory perspective.
2. Understand the steps toward resolving attachment injuries, creating forgiveness.
3. Understand affairs from the perspective of attachment theory.
- 4.. Learn and practice EFT skills toward resolving attachment injuries.
5. Understanding an EFT approach to managing comorbidities such as depression and sexual dysfunction.

These objectives were formulated by Douglas Tilley, LCSW-

At least one quarter to one half of the last three days will consist of watching and practicing EFT using exercises, role-plays and tape review. At least one live session will be conducted.
The Externship is approximately 30 hours.

EXTERNSHIP OVERVIEW

DAY 1

- The field of couple therapy: The place of EFT
- Basics of the EFT Model – Experiential & Systemic
- Theory of relationships – Adult Attachment Theory
- Overview of the process of change – Stages and Steps

DAY 2

- Case Presentation: Live Session or Tape Review or Case Role-Play – Discussion
- Assessment and Alliance in Stage 1

DAY 3

- Case Presentation—Live Session or Tape Review—Discussion
- Tasks and Interventions
- Change Events—Stage 2

DAY 4

- Becoming an EFT Therapist
- Forgiveness and Attachment Injuries

Various formats also exist for group learning and supervision in EFT. For example, Advanced Core Skills Trainings, Advanced Externships and Teleconferences. Participation in these events are part of the requirements for certification as an EFT Therapist with the ICEEFT. Descriptions of, and information about these events can be found on the website.

Chapter

2

EFT for Couples: Competence and Certification

Recommended route to competence in learning EFT for Couples

1 Step 1: Reading - The Practice of Emotionally Focused Couple Therapy: Creating Connection (2004), Brunner/Routledge. A reference list of all EFT books, chapters and articles can be found on the website, www.iceeft.com. A general reading list of recent relevant books may be found as part of the Potent Quotes section of this manual.

2 Step 2: Watching EFT training DVDS 1-4. These DVDs may be found on www.iceeft.com. The externship can also be reviewed and live sessions observed using the training DVD of a past externship filmed in Ottawa and found on the website. A list of EFT training DVDs can be found at the end of this manual.

3 Step 3: Practicing with the exercises from Emotionally Focused Couple Therapy: The Workbook(2005) Brunner/Routledge.

4 Step 4: Choosing chapters on EFT from the website that are of interest to you and present EFT with a specific focus – trauma, emotion, injuries, and noting the practice of EFT as demonstrated in the transcripts of clinical process in these chapters.

5 Step 5: Using EFT with clients and recording sessions so that they can be watched/listened to again to hone awareness of client process, therapist intervention and issues such as alliance creation and repair, pacing and the optimal structuring of sessions. EFT was originally created and refined by watching tapes of the process of change. This kind of observation is invaluable in the learning of EFT.

6 Step 6: Sharing with and learning from peers/supervisors in an interest group or supervision group. These can be found using the Therapists Directory by geographical location on the website, by enquiring on the EFT listserve or by calling the Institute at 613 722 5122. EFT Supervisors are listed on the website and long-distance supervision can also be arranged with the Ottawa EFT Centre, www.ottawaeftcentre.com or with some supervisors in other locations.

To join the EFT community listserve or to be placed on the Therapist Directory on the ICEEFT website, after completing the 4 day Externship, you need to become an ICEEFT member and check on the appropriate boxes when registering online at <https://members.iceeft.com/index.php>.

Benefits of ICEEFT Membership

- Listing in the ICEEFT Directory and on the ICEEFT web site for referrals by the Institute and agencies in your area.
- The ability to progress towards and apply for Certification as an EFT Therapist and Supervisor.
- Periodic quarterly electronic printable newsletters
- Discounts for conference (Summit) registration (15%)
- Discounts for purchase of training DVD's (15%)
- Opportunities for volunteer involvement on Committees or other ICEEFT initiatives and/or to submit questions, or other items for publication in the Newsletter.

7 Step 7: Refining skills in individual supervision in EFT. A minimum of 8 hours of individual supervision is required for certification as an EFT therapist. A description of the Principles of EFT supervision can be found on the website.

It is assumed that no matter how much training you complete, as an EFT oriented therapist, you will continue to allow every couple you see to teach you about emotional processes, interactional moves and patterns and new ways to create safety for clients and to guide them towards significant change.

Certification

A Certified EFT Therapist is one whose expertise in this model of therapy is recognized by the International Centre for Excellence in Emotionally Focused Therapy (ICEEFT). The primary goals of Certification are to promote excellence in the practice of EFT and EFFT as well as to ensure maintenance of these standards in both the supervision and training of this approach. The Levels of Certification are:

- 1) Certified EFT Therapist
- 2) Certified EFT Supervisor

Pre-requisites for Certification:

- A post graduate degree in a relevant discipline/mental health field such as Social Work, Psychology, Education/Counseling, Marital and Family Therapy, and Pastoral Care.
- Membership in a recognized professional association, such as AAMFT.
- Current clinical therapy practice (must include some couples and/or families).
- License to practice psychotherapy in the state/province or country in which the applicant resides.
- Proof of malpractice insurance.
- Completion of two graduate courses on the practice of couples / family therapy at a registered institution or equivalent.
- Membership in ICEEFT.

All applications will be reviewed by an ICEEFT representative and applicants will be given specific feedback on their application, identifying areas of strength and ways to continue to grow and develop. Applicants that are not successful in their application are encouraged to work on their development with support from ICEEFT staff.

Level 1: Certified EFT Therapist—

Requirements for Certification

Option 1

- An endorsed Clinical Externship by a Certified EFT trainer: 28-30 hours over 4 days.
- An Advanced Externship on EFT (12 hours over 2 days) led by a Certified EFT Supervisor or Trainer. Each participant must present a video recording of a therapy session to the group.
- Clinical Consultation / Supervision by Certified EFT/EEFT Supervisor or Supervisor Candidate – Total of 32 hours. Up to 24 hours can be group supervision. Group supervision hours can also be accumulated through participation in a teleconference series sponsored by ICEEFT (10 hours). Individual supervision by a Certified EFT Supervisor, Trainer or approved Supervisor Candidate, 8 hours. (Individual supervision may be with two people) Supervision can be face to face or long-distance. ICEEFT requires that every effort be made to protect confidentiality of the client. Any web based sharing of information or encryption of sessions must be done in accordance with the standard of the professional college of the supervisor. ICEEFT is not responsible for supervisor's actions in this regard.

Option 2

- An ICEEFT endorsed EFT Externship led by a Certified EFT Trainer: 28-30 hours over 4 days.
- Core Skills Advanced Training led by a Certified EFT Trainer, 48 hours over four 2-day workshops.
- Individual supervision by a Certified EFT Supervisor, Trainer or approved Supervisor Candidate, 8 hours. (Individual supervision may be with two people) Supervision can be face to face or long-distance. ICEEFT requires that every effort be made to protect confidentiality of the client. Any web based sharing of information or encryption of sessions must be done in accordance with the standard of the professional college of the supervisor. ICEEFT is not responsible for supervisor's actions in this regard

Application Procedure:

Please send to ICEEFT the following:

- A cover letter
 - A summary of previous clinical training and experience - including the number of cases treated, the clinical setting and the type of supervision
 - A current Curriculum Vitae (CV)
 - Three letters of reference from professional colleagues
 - A letter of reference from current EFT Supervisor
 - Copies of the relevant documents from the list of prerequisites noted above
 - Documentation/evidence of completion of the requirements.
- equivalents and supervision
- A case review. Description to follow:
 - Fee for review and administration is \$600

A detailed case presentation that will be reviewed by a Certified Trainer from ICEEFT. This case presentation must include a 3 page conceptualization, one audio or videotape, in standard DVD or CD format, segment from Stage 1 process with a distressed couple and one audio or video segment from Stage 2 process with a distressed couple. Transcripts of all segments must be included. If more than one couple is presented, a case presentation is required for each couple.

Level 2: Certified EFT Supervisor

R requirements for Supervisor Certification

- Certification as an EFT Therapist for one year (exceptions may be made for experienced supervisors or area need)
- 10 hours of mentorship between 2 Certified EFT Supervisors / Trainers.
- Completion of a course on supervision for counseling / psychotherapy. If not available in your area, options can be discussed with an ICEEFT representative
- Four years of clinical experience with couples / families
- Supervision of a minimum of three trainee Therapists in EFT
- Submission of a written description of your experience in supervision:
 - a) how many people you have supervised;
 - b) number of cases you have supervised;
 - c) a written description (approximately 1000 words) of how you believe your supervision fits with EFT principles of supervision (give specific examples to support this perspective).
- Submission of two one-half hour, in standard DVD or CD format, demonstrating supervision of two different therapists
- Submission of two reference letters from mentors of supervision

Anyone planning to apply to be a Certified EFT Supervisor, must complete and send the linked form, found on the web site, along with submission of the fee to the ICEEFT as a prelude to beginning to supervise therapists – as a Supervisor Candidate and understands that this process and Supervisor Candidacy period needs to be completed within two years.

Chapter

3

Snapshot of EFT for Couples

EFT is a short term (8 to 20 sessions) structured approach to couple therapy formulated in the 1980's by Sue Johnson and Les Greenberg. This approach is also used with families and individuals. Interventions in EFT integrate a humanistic, experiential approach to restructuring emotional experience and a systemic structural approach to restructuring interactions. A relatively substantial body of research now exists on the effectiveness of EFT. This research shows large treatment effect sizes and stable results over time. EFT is used successfully with many different kinds of couples in private practice, university training centers and hospital clinics. Preliminary research exists for couples dealing with depression, with anxiety resulting from trauma, with medical illness and with forgiveness dilemmas. EFT is used with varied cultural groups and educational levels across North America, Australia, New Zealand, Europe, Africa and Asia. It is used with traditional and non-traditional couples, including same sex couples.

The strength of EFT is that it epitomizes the new science of intimate relationships. It offers the couple therapist:

1. A clear focus on the elements of relationship distress delineated by recent research on emotion, relationship distress and relationship satisfaction. EFT offers a map of relationship problems and strengths. It is on target.

2. A systematic set of strategies and interventions. The change process is mapped into three stages and nine steps. Change events have been outlined and linked to outcome. Process research has examined in-session change events and key interventions.

3. EFT fits the criteria for an empirically validated intervention according to the standards of the American Psychological Association. It has been tested in different settings and by different researchers using rigorous research techniques, for example with verification of treatment fidelity. Follow-up results have been positive. It has proven its effectiveness.

4. It has high generalizability in that it has been applied to many different kinds of distressed couples facing many different kinds of problems. It has a broad application.

5. It is based on the first coherent and substantially validated theory of adult love – attachment theory. This explanatory framework allows for a coherent understanding of the drama of distress, the goals of therapy and the key moves and moments that define love relationships. EFT is able to address the strength of the bond between partners. EFT views relationship distress as maintained by absorbing states of negative emotion.

This emotion both reflects and primes rigid and constricted patterns of interaction, such as demand-withdraw. These patterns make the safe emotional engagement necessary for secure bonding impossible. The goals of EFT are:

- To expand and re-organize key emotional responses.
- To create a positive shift in partners interactional positions and patterns.
- To foster the creation of a secure bond between partners.

Chapter

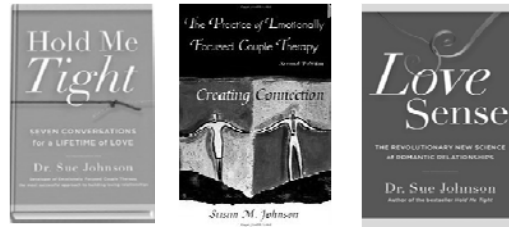
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PowerPoint Presentation

Use This Space for Your Notes:

Emotionally Focused Therapy for Couples

Dr. Sue Johnson



www.iceeft.com

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Couples Therapy: New Era

NEW KNOWLEDGE:

- Power of relationships on mental & physical health (eg. Heart disease, immune functioning, depression), on resilience. Lovers are regulators of each other's physiology, emotional functioning.
- Nature of relationships (positive/negative – the problem in CT-John Gottman and Ted Huston).
- Powerful proven interventions such as EFT – Empirical validation.
- In session change process (in EFT heightened emotion & alliance crucial).
- New science of love (offers a focus/goal for CT-adult attachment).
- New targets for CT-people in context of key relationships. CT used for individual problems (depression, anxiety).

For the first time there is convergence. A potent integration of theory/research/practice is possible.

EFT – Couples Therapy

For The First Time:

The couple therapist is in territory of the:

- Understandable
- Predictable
- Explainable
- Changeable

We Know:

- The Territory – The Problem
- The Destination – Goal
- The Map – Key Moves/Moments

New Science - based on observation of distress, satisfaction,
bonding in action, change in therapy.

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**

“Grasp the moment as it flies.”

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 emotional experience of relatedness.

- (Using Rogerian Interventions)

Looks between at how partners engage each other

- (using Systemic Interventions and tasks)

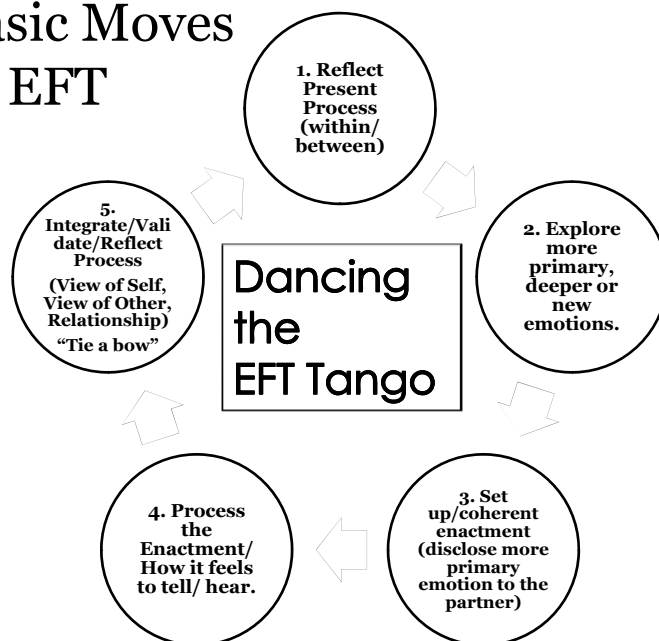
In Order To:

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

website: WWW.ICEEFT.COM

THE 5 Basic Moves of EFT

Repeat these 5 moves again and again, as you move through the steps and stages of EFT.



EFT Research

Meets the gold standard set out by bodies such as APA for psychotherapy research. EFT epitomizes the very highest level set out by this standard.

The meta-analysis (Johnson et al, 1999) of the four most rigorous outcome studies conducted before the year 2000, showed a larger effect size (1.3) than any other couple intervention has achieved to date – 70-75% recovered on DAS with significant improvement – 86-90%

Studies consistently show excellent follow-up results – some studies show that significant progress continues after therapy. Nine studies on the process of change validate EFT interventions.

The generalizability of EFT across different kinds of clients and couples e.g. depression and PTSD – results are consistently positive.

A recent study on EFT effects on attachment security with an FMRI component shows that EFT changes attachment security and the way contact with a partner mediates the effect of threat on the brain.

The Focus of EFT (The 4 P's)

EXPERIENTIAL

- PRESENT MOMENT (Emotion brings past alive. Past used to validate present blocks, styles, fears).
- PRIMARY AFFECT – Focus on / Validate

SYSTEMIC

- PROCESS (across time) – 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"

Hurt - What is it?

"Love is the kiss of porcupines." (Fincham 2000)

Two porcupines huddle together on a winter's night:

- closeness is necessary for survival and normal, but in getting close risk getting hurt.



Freud - "We are never so vulnerable as when we love."

HURT Conceptualized as:

Social cues are ambiguous, mis-attunements frequent.

Disregard (Vangelisti. "You don't matter.")
Relationship Devaluation (Leary)
Rejection (Fitness)
Exclusion (Feeney)

Feeney's Model:

Active dissociation – rejection, abandonment
Implicit rejection – ignored, dismissed
Criticism – (EE research)
Sexual infidelity
Deception – other betrayals

All Imply: Devaluation of person and connection with person. Loss of control / helplessness. Mixture of sadness, anger and fear are reported.

EFT Core Assumptions

1. Rigid interactions reflect / create emotional states and absorbing emotional states reflect/create rigid interactions (loop).
2. Partners are not sick / developmentally delayed/unskilled ... they are stuck in habitual ways of dealing with emotions/engaging with others at key moments.
3. Emotion is seen as target and agent of change.
4. Change involves new experience and new relationship events.
5. Effective couple therapy addresses the security of the bond, mutual accessibility and responsiveness.

Attachment Theory



John Bowlby
1907-1990

An attachment bond...

Piglet sidled up to Pooh from behind.
“Pooh,” he whispered.
“Yes, Piglet?”
“Nothing,” said Piglet, taking Pooh’s
paw.
“I just wanted to be sure of you.”



Attachment Theory: A Map to the Landscape of Love

1. Seeking and maintaining contact is a prime motivation.
 - Isolation is traumatizing
2. A secure connection offers a safe haven to go to and a secure base to out from the world.
 - Needs for connection, comfort and caring are key. The more connected you are, the more separate, autonomous you can be.
3. Accessibility and Responsiveness builds bonds.
 - (parallel Huston's findings re: emotional engagement)

Attachment Theory: A Map To The Landscape of Love

4. Disconnection cues Separation Distress – A predictable process.
 - Protest
 - Cling and Seek
 - Depression and Despair
 - Detachment
5. Emotion is the music of attachment dance.
 - Gives salience
 - Colors events
 - Cues organizes the dance
 - Has control precedence

Key Features of Secure Attachment in Strange Situations

- Child can regulate distress – trusts relationship with mother.
- When attachment figure returns, child gives clear unambiguous cues about needs. Ask without defensiveness.
- When attachment figure responds child trusts and takes in comfort – reassurance – is calmed and soothed.
- Child then turns attention to environment, climbs down from mother's lap – plays with toys – takes risks – engages in tasks/activities with confidence.

Same process occurs in adult couple.

Attachment Theory: A Map To the Landscape of Love

6. Finite set of predictable attachment strategies in drama of distress.
 - Anxious – up the anti – “I’ll make you respond to me”
 - Avoidant – Cool your jets – “I will care less”
 - Fearful – Chaos – “Come here – don’t touch”
7. Working Models of self and other linked to strategies
8. Adult attachment is reciprocal – representational – sexual

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.

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 needs and forms of engagement and disengagement.
2. Privileges emotion – The music of the attachment dance.
3. Creates the therapy session as a secure base.
4. Shapes new bonding responses – events.
5. Addresses impasses – attachment injuries.

Attachment Theory and Couples Therapy

This perspective offers:

A map to the territory of distress and relationship.

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.

EFT: Stages and Steps

STAGE ONE: DE-ESCALATION

1. Assessment
2. Identify negative cycle / Attachment issues
3. Access underlying attachment emotions
4. Frame problem – cycle, attachment needs/fears

(Steps 1-4)

EFT: Stages and Steps

STAGE TWO – RESTRUCTURING THE BOND

5. Access implicit needs, fears, models of self
6. Promote acceptance by other – expand dance
7. Structure emotional engagement – express attachment needs.

(Steps 5-7)

Antidote/Bonding Events

EFT: Stages and Steps

STAGE THREE: CONSOLIDATION

8. New positions / cycles – enact new stories – of problems and repair
9. New Solutions to pragmatic issues

(Steps 8-9)

EFT ASSESSMENT

Therapist Tasks

- Create a collaborative therapeutic alliance
- Explore agenda for:
 - 1) the relationship
 - 2) therapy - Are they compatible and appropriate ?
- Present therapy contract e.g. number of sessions
- Assess relationship status:
 - 1) Perceptions of problems and strengths,
 - 2) Cycles – negative and positive,
 - 3) Relationship history/key events,
 - 4) Brief attachment history,
 - 5) Observe interaction,
 - 6) Check for violence/abuse.
- Assess prognostic indicators:
 - 1) Degree of reactivity
 - 2) Strength of attachment
 - 3) Openness – response to therapist – engagement
- Contraindication for EFT – cannot create safety in session – cannot foster openness in good faith

EFT – PREDICTORS OF SUCCESS

- Alliance – especially task aspects rather than bond and shared goal aspects.
- Initial distress only predicted 4% of variance after treatment. Engagement in process is what counts.
- Traditionality was not predictive.
- EFT worked well for older and “inexpressive” men.
- Best predictor: Females had faith that partner “cared”.

Interventions in EFT

Task 1: Reprocessing Emotion

- **Reflect** (name, order, distil) emotional processing as it occurs. Make explicit. Use NACC language: Now and immediate, Alive – vivid – felt, Concrete, tangible, specific, 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.

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.

R I S S S C

Repeat

Images - use

Simple words

Slow pace

Soft voice

Client's words

The Problem with Enactments

1. They make clients anxious
Various ways out: Already did it. No point. Do but in very different manner.
(So validate difficulty and slice it thinner. So insist)
2. They make therapists anxious
Lose control of session. (The run away train)
Exacerbate negativity (Catching bullets)
3. Therapists are unsure how to USE them.
Integrate into the therapy process – set up - follow up

ENACTMENTS ARE USED TO:

- Crystallize present positions – so they can be seen, owned
- Turn new emotional experience into a new response to the partner
- Heighten new responses – to solidify or to reach/challenge
- Choreograph specific change events in Stage 2 of EFT

In Stage 2: Reconstructing of Attachment Interactions

There are two key change event:

1. Withdrawer Re-engagement
2. Blamer Softening

Withdrawer Re-engagement is when a previous distant, inhibited, defended, stonewalling partner emerges and engages with their enactments in session.

In Attachment Terms:

- The withdrawer now becomes accessible and able to stay emotionally engaged with self and the other.
- He can coherently express his hurts, fears, the models of self and other cued by these emotions.
- He can reach for – ask for the response he needs from his partner and begin to actively shape the relationship.
- *Example:* “I have been so afraid, So afraid of not meeting your standards. I have shut you out. I have numbed you out. I didn’t know what else to do. So I got paralyzed. But I do want us to be close and I don’t want you to hurt – to be lonely. I am not going to walk on eggshells anymore. I want to dance with you – but not with you keeping score. I think we can do this now. I want us to try.

A Key Change Event in EFT: A SOFTENING

Prerequisites:

De-escalation of negative cycle (Stage 1)
Withdrawer re-engagement

- A previous hostile, critical spouse accesses “softer” emotions and risks reaching out to his/her partner who is engaged and responsive. In this vulnerable state, the previously hostile partner asks for attachment needs to be met.
- At this point, both spouses are attuned, engaged and responsive. A bonding event then occurs which redefines the relationship as a safe haven and a secure base.

Anais Nin

“And the day came when the risk to remain tight in the bud was more painful than the risk to blossom.”



Statements in a Softening - Steps 5 and 7

- I guess it's still so much easier for me to get mad. I don't like to deal with the upset piece. The piece that is afraid ("Afraid" set out in Step 3)
- When I think of telling you about that, I feel like I can't breathe. I don't think I can do it. Surely you know that it's happening?
- If I tell you, you will turn away and I will turn into this sniveling kid-pathetic. So I don't do it. Can't do it.
- I survived by not going to this place, I don't know how to reach for you-to even begin. Some part of me says to suck it up.
- I will hurt even more if I ask. It's so hard to ask. It's terrifying for me. I need to know you will respond. That you won't let me crash and burn.
- Can you hold me, I am so afraid.

Levels of Change in a Softening in EFT

1. She expands her experience and accesses attachment fears, shame and the longing for contact and comfort. Emotion tells us what we need.
2. She engages her partner in a different way. Fear organizes a less angry more affiliative stance. She puts words to her emotional needs and changes her part of the dance. New emotions prime new responses/actions.
3. He sees her differently, as afraid rather than dangerous, and is pulled towards her by her expressions of vulnerability.
4. She reaches and he comforts. A new compelling cycle is initiated. This new connection offers an antidote to negative interactions and redefines the relationship in a secure bond.
5. This bond then allows for open communication, flexible problem solving and resilient coping with everyday issues. The couple resolve pragmatic problems and consolidate changes. (Stage 3)
6. There are shifts in both partners sense of self. Both can comfort and be comforted. Both are lovable rather than "unlovable, worthless and inadequate".

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)

Forgiveness and Reconciliation...

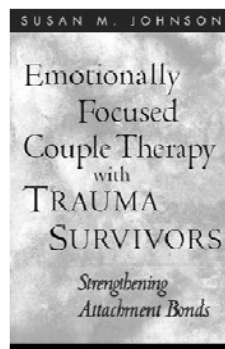
Conclusions

- The general EFT model for resolving these impasses is valid.
- EFT can impact distress for these couples caught in forgiveness dilemmas.
- Change is stable.
- Compound injuries in less trusting couples – need more sessions.

David Mace
Journal of Marital and Family Therapy,
April 1987

The hope for a better human future lies not in an endless succession of technological developments but in a realistic grappling with the fundamental issue of the quality of human relationships; and central to that fundamental task I see the urgent need to make the achievement of a deeply satisfying and rewarding relationship possible for an emerging number of married couples.

Emotionally Focused Couple Therapy for Trauma Survivors



Dr. Susan Johnson

The International Center for Excellence in Emotionally Focused Therapy

Dealing with trauma together ...

- “Emotional attachment is primary protection against feelings of helplessness and meaningless.” (*MacFarlane & van der Kolk, 1996*)
- *A deep sense of belonging results in the “taming of fear”. (Becker, 1973)*
- Proximity to an attachment figure “tranquilizes the nervous system”. (*Schore, 1994*)
- When one is confident an attachment figure will be there when needed, a person, “will be much less prone to either intense or chronic fear than will an individual that has no such confidence.” (*John Bowlby, 1973*)

Post-traumatic Stress Disorder (PTSD)

Follows exposure to extreme stressors involving intense fear, helplessness or horror. Especially severe effects if stressor is “of human design”.

“Violation of human connection” (*Herman, 1992*)

SYMPTOMS:

PERSISTENT RE-EXPERIENCING

Being “there not here”

AVOIDANCE and NUMBING

Avoidance of internal and external cues associated with trauma.

Detachment/Dissociation/Restricted Affect/Estrangement from Others/Sense of Foreshortened future.

HYPERAROUSAL

Hyper vigilance/Anger Fits and Irritability/Sleep Disorders/Exaggerated startle response.

General impaired affect regulation and extreme fight or flight, freeze responses.

Prevalence 1 – 14% in general population

Mediators: Severity, duration, proximity of stressor, resilience of victim --- attachment style.

Trauma and Marital Distress

- Trauma/violation of human connection ----- increased need for safe haven/secure attachment + lack of trust and vigilance for danger....
- Paradox: other is safety, solution/danger, source of fear
- Fearful avoidant attachment style – problem in affect, regulation, information processing and communication
- More distress in Relationship – more risk of reoccurrence of violation
- Maintenance of symptoms

Lack of safe haven perpetuates effects of trauma and effects of trauma perpetuate distress/lack of secure base.

Recovery from trauma includes:

1. Construction of a clear integrated narrative of trauma and consequences for self and for relatedness – meanings. Mastery, coherence, integration. See the dragon in the dance.

“By putting it into words, I can make it whole: this wholeness means it has lost the power to hurt me.”
Virginia Woolf – A Sketch from the Past.
2. The regulation of affect – positive strategies. Less flooding.
3. A new corrective experience of relatedness – more secure connection – less isolation. Antidotes to “violation of human connection”

<u>TRAUMATIC EXPERIENCE</u>	<u>SECURE ATTACHMENT</u>
Floods us with physical fear/helplessness	Offers a safe haven
Colors the world as dangerous/unpredictable	Promotes affect regulation/integration
Creates overwhelming emotional chaos	Promotes personality integration
Threatens a cohesive sense of self	Promotes confidence/trust in self and others
Assaults self-efficacy and a sense of self control	Promotes openness to experience, risk taking and new learning
Scrambles the ability to engage fully in the present, and so to adapt to new situations	Promotes engagement in here and now and resonance with others

A Safer Relationship:

1. Creates a healing environment that regulates negative affect and re-experiencing symptoms.
2. Fosters specific new learning re others – incompatible with effects of trauma. (others are source of comfort)
3. Shapes confiding that promotes integration of trauma experience, numbing lessons.
4. Lessens numbing, promotes positive emotional engagement with others.
5. Shapes new definitions of self as worthy and competent.
6. Protects against re-traumatization. Creates resilience and an antidote to isolation.

How is relationship repair different with traumatized couples?

1. More distress. Absorbing negative affect states. Intense cycles of distance, defense and distrust.
2. Psycho-educational component regarding trauma and how it impacts victim's responses in relationship is necessary.
3. Violence and substance abuse are more endemic.
4. Alliance is always fragile, monitor it. Collaboration and transparency.
5. Emotional storms and crises must be expected.
6. Emotion must be contained as well as heightened. Defenses are validated.
7. Shame overrides even positive cues. Addressing model of self is crucial.
8. Destination is different, eg. Limits on sexuality.
9. Need to co-ordinate with other therapies.
10. Safety is everything, risks must be sliced thin and supported at each step.

Chapter

5

Orienting to EFT: Potent Quotes from Key References

John Bowlby (1988) A Secure Base

“Throughout adult life the availability of a responsive attachment figure remains the source of a person’s feeling secure. All of us, from the cradle to the grave, are happiest when life is organized as a series of excursions, long or short, from the secure base provided by our attachment figures.”

“The urgent desire for comfort and support in adversity is not regarded as childish, as dependency theory implies. Instead the capacity to make emotional bonds with other individuals, sometimes in the care-seeking role and sometimes in the caregiving one, is regarded as a principal feature of effective personality functioning and mental health.”

“As responses to the risk of loss, anxiety and anger go hand in hand. It is not for nothing that they have the same etymological root.”

John Bowlby (1973) Attachment and Loss

“A further difficulty turns on the fact that a mother may be physically present but emotionally absent.” This quote stresses that emotional presence is key in attachment relationship (1991) in Parkes, Hinde & Marris.

“The principal function of emotion is one of communication – namely the communication, both to the self and others, of the current motivational state of the individual.”

Lewis, Amini & Lannon (2000) A General Theory of Love

“What matters most to Pain Central is not the philosophical category a slight belongs to but the level of jeopardy it threatens. Attachment interruptions are dangerous....like a scratched cornea relationship ruptures deliver agony.”

“When a limbic (emotional) connection has established a neural pattern, it takes another limbic connection to revise it”.

Albert Einstein

“No problem can be solved at the same level of consciousness that created it”

The EFT therapist goes meta – the game not the ball – or underneath to the primary emotions that create the experience.

Marilyn Yalom (2001) A History of the Wife, quotes Catherine Sedgwick (1819)

"It is impossible to create a sentiment of tenderness by any process of reasoning or by any effort of gratitude." *But this is what couples want out of couple therapy.*

Dan Stern (1985) Diary of A Baby

The Interpersonal World of the Infant being with is always "an active mental act of construction, not a passive failure of differentiation. It is a success of integration."

(Attachment is about differentiation "with" not differentiation "from".)

"To engage in sustained romantic love requires the ability to become imbued with the presence of an absent person, an almost constantly evoked companion."

"The most clinically important experiences, and their memory and representation are affect state-dependent...the affect state acts as the cardinal organizing element."

Mario Milukincer & Phil Shaver (2007) Attachment in Adulthood

"Security enhancing interactions provide people with both a sense that they are forceful effective agents who can alter the course of life and the realization that they are sometimes dependent on large, more powerful or encompassing but generally benevolent forces."

Dan Goleman (2006) Social Intelligence: The new science of human relationships

"Mirror neurons ensure that the moment someone sees an emotion expressed on your face, they will at once sense that same feeling within themselves...as mirror neurons bridge brains, they create a tacit duet that opens the way for subtle but powerful transactions." When oxytocin, the cuddle hormone, is released, "Cortisol levels plummet.. our pain threshold rises, so that we are less sensitive to discomforts. Even wounds heal faster."

Oxytocin converts, "warm connections into biological well-being." As people are emotionally interdependent, "they play an active role in the regulation of each other's very physiology. This biological entrainment means that the cues each partner receives from the other have special power to drive their own body, for better or worse." A "neural duet" ensues.

"Because high anxiety shrinks the space available to our attention, it undermines our very capacity to take in new information.....near-panic is the enemy of learning and creativity.....distress kills learning."

"Secure bases are sources of protection, energy and comfort.....having a secure base at work is crucial for high performance."

Dan Stern (2004) The Present Moment

"Our nervous systems are constructed to be captured by the nervous systems of others.....This must be seen in the light of our being highly social animals who probably spend the majority of our lives in the presence of others, real or imagined.Our mental life is cocreated."

Paul Ekman (2003) Emotions Revealed

“Emotions change how we see the world and how we interpret the actions of others. We do not seek to challenge why we are feeling a particular emotion: instead we seek to confirm it. We evaluate what is happening in a way that is consistent with the emotion we are feeling.”

“Our nervous system doesn’t make it easy to change what makes us emotional..... The emotion alert database is an open system in that new variations continually get added to it, but it is not a system that allows data to be easily removed once entered.”

“Although individuals differ in how expressive they are, emotions are not invisible or silent.”

“Emotions rarely occur singly or in pure form. What we are reacting to in the environment often changes quickly And we may have affect about affect. Typically people experience a stream of emotional responses.....”

John Gottman (1999) The Seven Principles for Making Marriage Work

“The wide range of marital therapies based on conflict resolution share a very high relapse rate. In fact the best of this type of marital therapy, conducted by Neil Jacobson has only a 35 percent success rate.. ...meaningful improvement. Active listening asks couples to perform Olympic-level emotional gymnastics when their relationship can barely walk.”

Robert Karen (1998) Becoming Attached

Bowlby argued that the mother/infant relationship was not “a pleasant amenity for the child but an absolute necessity and that significant early separations are perilous to the child.”

The separations in the face of neglect often resulted in the child being “emotionally starved.”

Separation anxiety was “an intrinsic fear, like fear of the dark, loud noises, isolation.” He saw “attachment frustration as the source of hostility.”

Insecure children need “a revised model of the way love works.”

In love, (p. 416), “You don’t need to be rich or smart or talented; you just have to be there.”

Deborah Blum (2002) Love at Goon Park (about Harry Harlow)

“....food is sustenance but a good hug is life itself”.

“No psychologist who studies mothers thinks that perfection has anything to do with good mothering. It’s fixing mistakes that matters- even just the willingness to try again. Tronick found that when infants are confronted by a mismatch – I asked you for this and you gave me that – the babies usually just signal again. Infants and their mothers are constantly moving into mismatch states and then successfully repairing them.”

Jim Coan in Psychological Science, 2006, volume 17, in his study Lending a Hand

Results of this fMRI study tell us that attachment relationships are “hidden regulators” of partner’s physiology, mediating, for example, the release of the stress hormone cortisol. Handholding by a loving partner seems to have a “general regulatory threat on neural threat responses.”

Sharon Begley (2007) Train Your Mind to Change Your Brain

“People who feel emotionally secure, who feel there is someone they can turn to in times of need ... are better able to perceive when someone is in distress but also more willing to respond to that suffering.....if people tend to feel and behave in a certain way, it is because their brain circuits are organized a certain way.”

“Thinking vividly of how your mother loved you is a traditional Buddhist meditation technique to enhance compassion.”

“One can sculpt the brain’s emotional circuitry as powerfully as one can sculpt one’s pectoral muscles.”

Kierkegaard (1948) states that in a helping relationship,

“One first has to make sure one finds where the other is and start there.”

Carl Rogers (1961) On Becoming a Person

“Curious paradox... when I accept myself as I am, then I change.”

“I enjoy the discovering of order in experience.”

If you feel prized and accepted, “You feel really free to explore all the hidden nooks and frightening crannies of your inner and often buried experience.”

Diane Fosha (2000) The Transforming Power of Affect

“Aloneness in the face of overwhelming affective experience plays a major role in the development of psychopathology.”

With defenses the “self gains coherence and the relationship with the primary caregiver regains its stability.....defenses buy a respite from terror, shame, helplessness; the price tag however is exorbitant.” (*Constriction, Distortion*)

In a helping relationship. . .

Kennedy-Moore & Watson (1999) Expressing Emotion

Being tuned out of emotional experience is like “navigating through life with out being able to use your internal compass.”

Elliott, Watson, Goldman, & Greenberg (2004) Learning Emotion Focused Therapy

“An empathic therapist is to the client as a translator is to the text.”

By helping the client to “distill and reveal” meanings, “therapists can help clients become aware of things that clients know only explicitly” and so “deconstruct world views” and “ increase client’s range of actions.”

“To be truly empathic, the therapist first lets go of or sets aside previously formed ideas or formulations about the client. Second, the therapist actively enters into and makes contact with the client’s experience, experiencing it for himself or herself. Third, the therapist selects what seems most crucial, poignant, or touching for the client. Finally, the therapist takes hold of this particular aspect of the client’s experience and expresses it back to the client.”
(*Track, resonate with, select, grasp and express*).



Recommended EFT Reading

Books by Dr. Sue Johnson & Colleagues

- ▶ The Practice of Emotionally Focused Couple Therapy: Creating Connection (2004) Susan M. Johnson
Translated into Spanish, Korean and German.
- ▶ Becoming an Emotionally Focused Couple Therapist: The Workbook (2005) S.M. Johnson, B. Bradley, J. Furrow, A. Lee, G. Palmer, D. Tilley & S. Woolley
- ▶ The Emotionally Focused Casebook - New Directions in Treating Couples (2011) Edited by James Furrow, Susan M. Johnson, Brent Bradley
- ▶ Emotionally Focused Couple Therapy with Trauma Survivors: Strengthening Attachment Bonds (2002) Susan M. Johnson
- ▶ Attachment Processes in Couple and Family Therapy (2003) Edited by Susan M. Johnson and Valerie E. Whiffen
- ▶ Hold Me Tight: Seven Conversations for a Lifetime of Love (2008) Susan M. Johnson
Translated into Chinese, Dutch, Finnish, German, Hungarian, Italian, Korean, Norwegian, Polish, Portuguese, Spanish, Swedish and Taiwanese, and is in press in French, Greek, Japanese, Russian and Turkish.
- ▶ A Facilitator's Guide for Small Groups (2010, 2nd edition)
A facilitator's guide for therapists offering the Hold Me Tight® Relationship Enhancement Program. Includes CD of handouts, homework exercises, PowerPoint slides, etc.

Please visit www.iceeft.com to order books or for information about all publications by Sue Johnson.



www.iceeft.com

Chapter

6

Notes on Key Topics

STAGE 1 : ASSESSMENT & DE-ESCALATION

Step 1. Alliance and Assessment

Step 2. Identify negative cycle/Attachment issues

"I push and he shuts me out." "I freeze up."

Step 3. Access underlying primary attachment emotions

"I show mad, but I am sad and scared."

Step 4. Frame problem – cycle, attachment needs/fears

"We do our Tornado when we are feeling alone and scared. But last night, we stopped it."

At the end of this stage, the couple can see the cycle as their joint enemy – step out of the cycle as it happens – express hope for the relationship – are more open to each other.

STAGE TWO – RESTRUCTURING THE BOND

Step 5. Access and engage with implicit primary needs, fears, sense of self.

"I am flawed – I know she is disappointed in me. She will leave one day. I am always looking for her approval."

Step 6. Promote acceptance by other – expand the dance.

"I want you – not some perfect man."

Step 7. Structure open and responsive emotional engagement – express attachment needs.

"I need your support and reassurance. I will make mistakes and I want you to have faith in me and stay close."

Antidote bonding events – Withdrawer re-engagement and then Blamer Softening (and, if necessary, resolution of attachment injuries.)

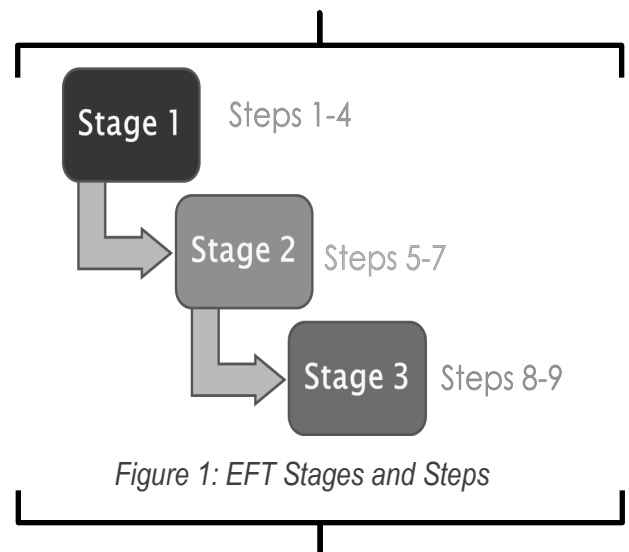


Figure 1: EFT Stages and Steps

STAGE THREE: CONSOLIDATION

Step 8. Enact new positions / cycles. Shape new stories of problems and repair

"I can turn back towards her even when I get anxious. We can keep that closeness now. We can"

Step 9. Support the couple to shape new solutions to pragmatic issues

"I want you to go diving with the guys. It's not a sign of your not loving me now. But I want you to call me every night so I don't worry."

The Five Basic Moves of EFT

THE 5 Basic Moves of EFT

Repeat these 5 moves again and again, as you move through the steps and stages of EFT.



Emotion: Turning It Down—Turning It Up

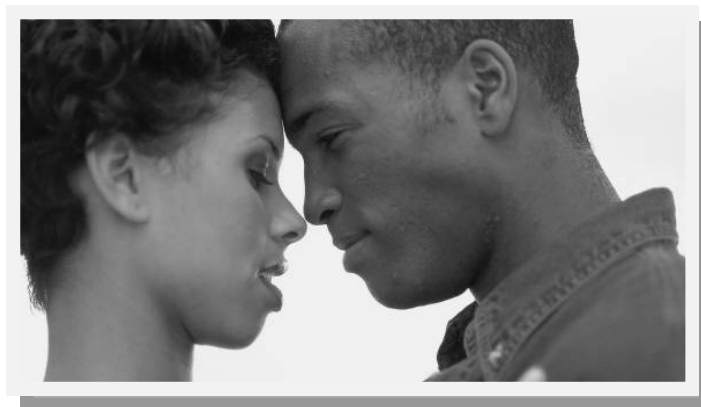
The EFT therapist contains negative emotion and escalating emotional interactions by:

1. Reflecting and validating – being heard is calming.
2. Making the global, general and eternal more specific, concrete, context bound and here and now, restating.
“When your partner says_____, right now, part of you gets very angry. Part of you wants to him to hurt. You are saying, “When you give me these reasons, my sense is that you are dismissing my hurt and I become enraged. I get to the place where I want you to hurt too so you know how it feels. So you tell him”
3. Placing in context and externalizing (putting negative responses in the context of the cycle).
4. Normalizing (containing shame by comments such as “I guess we all do that when we get scared by this. “I know that I Many of us In these situations...”
5. Reflecting process, stopping interactions (“It seems we are getting caught inI am going to stop you now. Can we go back to ...”) The session is your space that you structure as a secure base.
6. Catching the bullet – framing an aggressive or negating response in terms of confusion or difficulty on the part of the aggressive partner. “It is hard for you to hear him say..... It doesn’t fit with how you see things. Your mind tries to protect you, tells you, ‘don’t be taken in here.”
7. Changing level – going for the primary emotions and attachment meanings underlying negative responses.
8. Interruption and soothing (grounding when a partner moves into a flashback in the session. See Johnson and Williams Keeler, JMFT, 1998.)

In general, helping clients order and distil their experience in general makes it less overwhelming and easier to reflect on.

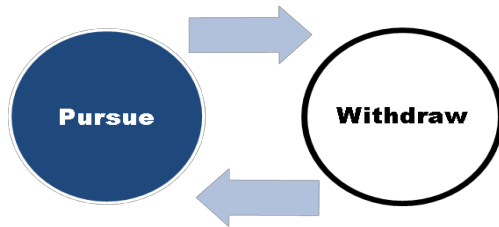
The EFT therapist turns up, and heightens engagement in emotional experience by:

1. Focusing in and repeating client statements, images, non-verbal cues such as sighs. Bringing a number of poignant affect laden comments, images, handles, responses/actions together so that they form a coherent whole for the client to grasp.
2. Using therapist non-verbals (RISSSC) to create safety and focus. Soft, slow voice helps clients focus on primary emotions.
3. Using evocative questions – “What is happening for you as you say.....?”
4. Interpreting (framing “discomfort” in terms of attachment “panic”).
5. Keeping language vivid, concrete, explicit, including finding evocative images that capture a client’s experience. Blocking exits into general topics or intellectual commentary.
6. Reframing interactional responses or surface emotions in terms of more primary attachment longings, needs, fears, pain, vulnerabilities.
7. Enacting – formulating and stating a “new” clarified response to a partner also increases engagement in, ownership of emerging experience.
8. Reflecting new interactional responses and placing them in a coherent attachment frame encourages partners to “taste” and resonate with them.



Negative Cycles

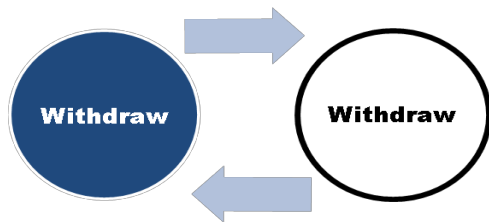
1. Pursue/Withdraw



Pursue (criticize, complain, blame, demand, control) /

Withdraw (defend, stonewall, dismiss, shut down, numb out, avoid.)

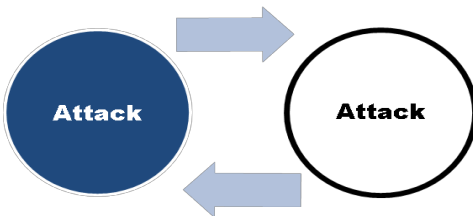
2. Withdraw/Withdraw



Withdraw (appease, avoid) /

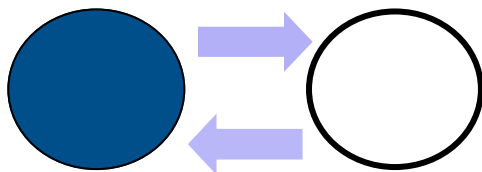
Withdraw (appease, avoid)

3. Attack/Attack



Attack / Attack (Usually brief episodes, often occur where withdrawers suddenly turn and counter attack. This cycle often takes the form of Find the Bad Guy or Who is to Blame Here, and reiterations of different perceptions of past events.

4. Complex Cycles



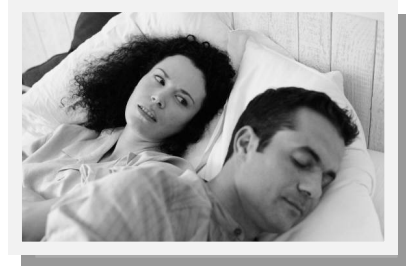
Complex cycles - often in trauma couples. Anxiety and avoidance are high in both partners. Pursuers may withdraw when connection is offered – it is not trusted. Fearful avoidant attachment.

Cycles can shift in specific contexts - a withdrawer may turn into a pursuer in the bedroom.

Typically when emotion is explored,

Withdrawn partners make comments such as:

- I can never get it right – please her.
- I don't know what I feel, what to do – I am lost, confused.
- He/she overreacts. I don't understand the problem here.
- There is no point (helplessness), I have blown it already (hopeless).
- I am paralyzed – just want him to stop being mad, stop the fight. There is nothing I can do. So I just wait for the fight to blow over.



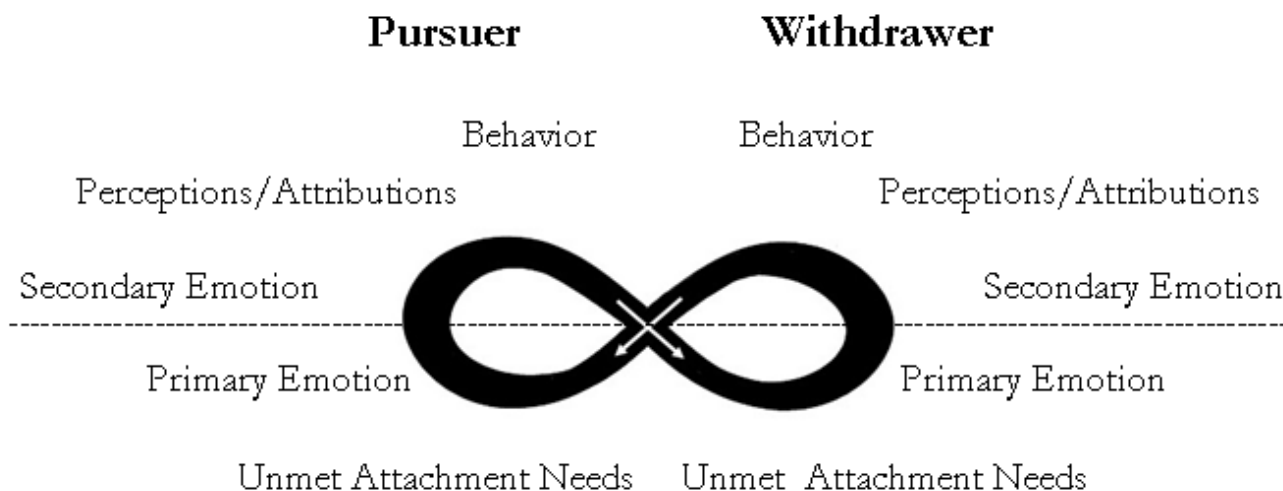
Blaming partners make comments such as:

- He/She is never there for me. I am alone here.
- I have to deal with things on my own – I can't count on him.
- I don't know who she is anymore. We are roommates is all.
- I don't matter to him/her. I never come first.
- He isn't there when I need him. There is no closeness. Sometimes I feel like I am dying here (Life and death meanings)
- I can never get through to him. We can't communicate. I do stuff to get a response from him – any response.
- I am way down on his list – everything else comes first before me and our relationship.



The Cycle

©Scott Woolley, Phd.



The cycle circles from Action Tendency in one partner to triggering unmet attachment needs in the other partner, then up and around.

Some common fears are:

- Fear of being rejected
- Fear of being abandoned
- Fear of not measuring up
- Fear of being a failure
- Fear of not being accepted or valued
- Fear of being unlovable
- Fear of being controlled

Enactments

Enactments are a bridge between the inner world of experience and the outer world of contact.

In enactments the therapist:

- directs one partner to make contact with the other.
- monitors and processes the contact.

Enactments are how we.....

- create moments of emotionally significant interaction.
- choreograph change events.

Enactments are best when.....

- in the flow of conversation.
- “emotionally lively” not “intellectually cool”.
- “bite size” and “easily digestible”.
- used often – with a number of small enactments, each taking the couple one step closer to bonding interactions.

H*ow to Create Successful Enactments*

I. Set the stage

1. Create a meaningful context
2. Build intensity
3. Help partners anticipate contact

II. Make a simple, direct request

1. Refocus and sharpen the focus
2. Block detours and refocus
3. Contain and frame escalations

III. Process each partner’s experience of the enactment

1. Expand and/or heighten new experience
2. Validate reactions and process blocks
3. Facilitate acceptance
4. Consolidate and integrate new experience

Mechanics: Before a Session and at the End of a Session

Before the session ask yourself:

1. Is the alliance intact with both partners?
2. What is the main negative cycle – who does what?
3. What are the primary emotions underlying this cycle? How do they link to attachment needs?
4. Where are they in the steps of EFT? The next step is?
5. What are the pivotal incidents to be aware of that define this relationship?
6. What are the key images/handles/definitions of self each partner uses?
7. What blocks each partner from engaging with his/her own emotions or with the other?

How to validate those blocks?

8. What were the highlights in the process of the last session?
9. What are the couple's strengths?
10. What is the main goal for this session?

After the session ask yourself:

1. Summarize briefly the process of the session (This is much easier if very brief notes are taken.)
2. Validate both clients and any progress made.
3. Encourage weekly sessions to provide momentum.
4. Suggest any homework or between session arrangements (Focus is on process not performance.)

Chapter

7

Exercises

Exercise #1—Do You Love Me?

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. Until 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.

Exercise

Instructions: With a partner, do the following:

- *Identify the negative cycle above*
- *Formulate and write down how you would describe this cycle to the couple. (track and reflect the process you see)*
- *Where would you go in and begin to explore emotion?*

Exercise #2—Unpacking Emotion

EMOTION: Cue-appraisal (general initial perception) – Body arousal – Reappraisal (meaning – models of self and other, cycles, 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 is too hard? (He nods) What do you hear her say?

H: (Appraisal – threat). It's bad, 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.

Th: (Reappraisal) You hear her say, "you are too difficult". You feel hopeless, try to push it aside. But your body expresses the hopelessness and you say to yourself, what? "I have blown it – already lost her"?

H: Yep, I have totally blown it. I'll never make it with her. She has her standards and I can'tI'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. (exit)

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 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.

Exercise #2—Unpacking Emotion (continued)

H: Yes. That's it. I think that's it.

Th: (Enactment) Can you tell her please?

Later in Session:

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.**

Now With a partner:

1. Identify the key elements in this emotional response:

- **The cue** – and the inferred general sense or appraisal _____
- **The body response**/responses _____
- **The reappraisal** – attachment meanings _____
- **The action tendency** – and relate this to the cycle of interaction _____

2. What is the secondary emotion ? What is the primary emotion ?

Secondary _____ Primary _____

3. Write out a simple reflection that would pinpoint and intensify these elements that could then be put together to outline in a coherent integrated way this person's implicit emotional response to her partner. *(If you wish to add an interpretation – go one step beyond what this partner actually says - that is fine.)*

4. Now write out how you would move from the reflections above to a simple poignant statement that would capture the essence of her experience and ask her to say it to her partner in an enactment in a way that reflects her primary emotion. –

“So can you tell him right now _____”

Exercise # 3 Mine the Moment Exercise

H: I withdraw. I just feel like disconnecting. She doesn't see that I'm trying. I want to be a good husband but what's the point? I get squished. She just doesn't see it. It kills me. Then it sort of goes away and it's fine for a while.

W: I see. I see. You have been helping more and you have talked about the affair and how it happened. But I'm not over it.

H: I have told you everything there is to know about that other relationship. What more can I do? Past is past. There is nothing I can do. You are never going to let it go and move on. We could talk about it forever. You push and push.

W: I push because I still have to guess at your feelings.

H: So I messed up. So what else is there to say. I should just do you a favour and move out. That is how I "feel". (She starts to cry).

EXERCISES

Instructions:

1. Formulate a micro-process tracking-reflection. What happened right here?

2. Link this to the macro-process, negative cycle.

3. Pick up on one statement and "mine" it - heighten emotion - put in an attachment frame - link to process.

Exercise #4 EFT Stage 1, Steps 2&3

Husband John is the withdrawer who also turns and attacks. Wife Sharon is the pursuer.

Sharon: He goes off and drinks and I feel completely left. And he seems to dislike everything I do. How I breathe even. I snap at him. I do. I say “Cut it out, stop yelling at me”. But he never does (She turns to him). You are either a million miles away or yelling at me.

John: And I didn’t quiet down last time this happened?

W: Sometimes you do.

H: Oh (sarcastic tone). I thought I “never” did! Doomed and condemned as I am!

W: So I said it wrong there, so...

H: Okay, so I have poor communication skills. People hear anger when there really isn’t anger. I tend to up-the-anti. So I guess I sound aggressive.

Th: And what is happening for you when you “up-the-ante”?

H: I am trying to express stuff, to make her understand. But it’s just frustration. We suck at talking. She has to overcome her bad habits too. You know, I should just quit here. Quitting is often good. It gets good results, you know. Or I should just rip her head off. She is so self-centered. A self-centered little bitch! This is so skewed, like its all me here. So I drink a little! I am messed up sure, but she thinks it’s all me. (Sighs and looks away) I don’t want to deal with this anymore. This is torture. It’s hopeless. (Turns back to the therapist) And then she wants to make love. Well that is not okay for me.

W: I never said I didn’t have bad habits. I said I don’t like yelling. And what is wrong with wanting to make love?

Th: Do you think drinking is part of the problem here John?

EXERCISES

Instructions:

- *Reflect process of interaction between the couple as you would say it to them. Keep it simple.*
- *Track John’s emotional process-how he moves from one emotion/stance to another.*
- *First he...then he...then? What are his main messages here?*
- *How would you “catch the bullet” aimed at Sharon. Write out what you would say.*
- *Focus in, grab 3 or 4 of John’s images/phrases and write out how you would use them, what you would say to begin to deepen his engagement with his attachment emotions.*

Exercise # 5 Transcripts for Role Play: A First Session

Therapist: Whose idea was it to come in and what have you come in about?

Alice: It was my idea. He only came to humour me.

Ben: Yes.

Therapist: (To Ben) Now that you are here, how do you feel about it?

Ben: Well, I don't know. It's just that I've never been to a therapist and I don't know what to expect.

Therapist: Why don't we start with each of you laying out what he or she sees as the major issues between you.

Alice: Well, we have a communication problem.

Therapist: By "communication problem," you mean.....?

Alice: Ben never talks. We've been married for 7 years, it's been pretty rocky, there have been lots of problems, and Ben never wants to talk about any of them. In fact, he never wants to talk about anything. I guess it's his upbringing. He comes from a family in which no one ever talks to anyone. His father is even worse than he is. But it's more than that because he seems to have plenty to say to his friends, and when we have people over to dinner, he talks a lot. As soon as they leave, however he suddenly has nothing to say. It seems that he doesn't want to talk to me.

Therapist: What do you make of that?

Alice: I sometimes think that he doesn't want to be with me, that he doesn't care much for me.

Therapist: (To Ben) How do you see the problem between you and Alice and what do you think about what Alice has just said?

Ben: Yeah, she's said that before. But it's ridiculous. Of course I would have more to say to friends who I only see once a month. I see her all the time. I've already told her everything.

Alice: (interrupting) You never tell me anything. The only time I hear anything is when I overhear you talking to your friends.

Ben: What about yesterday morning? We talked for half an hour after breakfast.

Alice: We talked for ten minutes and it wasn't really talking. We were just arranging who was to babysit the kids this Saturday.

Ben: (Weakly) We talked about other things too.

Alice: Oh yeah, what?

Ben: Well, I don't exactly remember right now, but I know there was something.

Alice: (Shrugs in apparent disgust)

Exercise # 5 Transcripts for Role Play (cont.)

Therapist: You're shrugging.

Alice: I'm just frustrated. As I said we have a communication problem.

Therapist: Ok, so Alice, you see the major problem as a communication problem. Ben, what do you see as the major issues?

Ben: I'm not sure we have any major issues. We have spats sometimes, but I don't think its more than any other couple has. I don't think we have any real problems. The only problem is that Alice thinks we have a problem. She makes mountains out of molehills. I wish Alice would do what I do and just ignore the difficulties that arise. If you don't make a big fuss about them, they'll take care of themselves.

Alice: I don't see our problems taking care of themselves. We're arguing about the same things that we argued about 5 years ago. Like the fact that you never talk to me.

Ben: Well that's what I mean. If only you'd stop worrying and talking about it, maybe it would take care of itself.

Alice: How is you not talking going to take care of itself?

Ben: (Shrugs as if to say, "What are you going to do with such a woman?")

EXERCISES

Instructions: Divide into groups of 4. Designate an A, B, C, D. Trainer will name therapist and therapist helper according to designation.

- 1. As a group decide on the cycle here.*
- 2. As the therapist describe/reflect the process above- use to explicate cycle.*
- 3. As the therapist, try to add each persons surface and more primary.*
- 4. As the therapist, begin to explore, expand one person's emotion.*
- 5. The therapist helper suggests interventions if the therapist gets stuck and also notes any interventions that really seem to work and the general pattern of the session.*

Exercise # 6 Role Play for Externship—Following Steps 1 – 4

Instructions: Please divide into groups of 5. You will need two clients, a therapist a backup therapist and an observer who will report back to the group after role plays.

This is your first interview with your couple, Christine and Tony. They are in their 20's and have a four-month-old baby daughter. The couple describe a fight that they had this morning, when they awoke to find their daughter had a fever. Christine, who was extremely anxious told Tony to call the family doctor, and Tony did not have the physician's telephone number programmed into his cell 'phone. Christine was furious, and an intense fight ensued, with Tony defending himself.

Note: Remember to use the following interventions:

- Reflection (reflect content, non-verbal, secondary or primary emotion, and experience)
- Validation (validate experience, secondary and primary emotion, and even their moves in cycle, if appropriate)
- Empathic Conjecture

And maybe:

- Reframing/ Catching bullet.

Goals for Therapist:

1. Unfold this couple's negative interactive cycle.
2. Understand how cycle was triggered (hint: entering Jenny's experience will lead you to the logic behind the trigger).
3. Notice – and if this feels right – acknowledge and validate – the secondary emotions of each partner.
4. Pinpoint, reflect and validate the primary emotions of each partner.
5. Incorporate what you have learned into a formulation of the cycle
6. Frame cycle as enemy.

Goals for Backup Therapist.

1. Sit close to therapist, tracking the session closely. Be ready to intervene as therapist requests.
2. If therapist has agreed to this, offer new direction if therapist sounds stuck.

Goals for Couple.

As you do this role play, try to get a sense of what it feels like to be validated in this way. Perhaps you could share your experience as a client with your group.

Goals for Observer.

1. Note interventions used.
2. Note cycle as formulated as well as clients' grasp of the cycle.
3. Any other observations?
4. Please report back to big group following role-play.

Exercise #7 Carol & Ron: A Trauma Couple:

Carol and Ron are a couple facing depression, past trauma, and unresolved attachment injury. Pursue-withdraw pattern and anxious attachment style in wife, dismissing in the husband.

C: I know you're there, but-I'm scared you're going to leave me. You betrayed me-just before the baby was born you said you were leaving.

R: I can't change that feeling (very flat voice, still face)

C: I'm too clinging. You're here in the physical sense but you don't listen to me. No feedback. Your poker face frustrates me. You say lighten up. So maybe it's my fault. I try to shove it back inside. I want you to talk, to show emotion. Just hold me. Don't grab me for sex. That's like my father (She weeps). I don't feel loved. You abandoned me.

R: (Silent)

C: Right now, I don't know what you're thinking. So I get agitated, frustrated, angry. May be I'm sick. So I say, "I'm leaving, I'm too much".

R: It's hard to deal with all this emotion, so I go off and think. I never do it right.

C: So come back and talk so I don't have to guess. Dr. D says I should leave you. That scares me. Does it scare you?

R: Yes. I am. I'm scared.

EXERCISES

Instructions: Divide into groups of 4. Designate an A,B,C,D. Trainer will name therapist and therapist helper according to designation.

- 1. As a group decide on the cycle here.*
- 2. As the therapist describe/reflect the process above- use to explicate cycle.*
- 3. As the therapist try to add each persons surface and more primary.*
- 4. As the therapist, begin to explore, expand one person's emotion. Reflect, validate, use evocative questions.*

Exercise #8 Attachment Injury

Therapist to withdrawn angry husband.

T: Can you tell her-I've shut down- I just want to protect myself in this relationship?

H: I don't want to tell her anything. I don't tell her anything anymore. Look, we moved here and I couldn't find a job for ten months. She got one just like that because she's a doctor. And then we do all those tests, and I find out I'm infertile! Completely infertile, we can't have kids. So, they do a biopsy on me-on my scrotum- and I am in pain, a lot of pain. After a few days of it, I ask her, I say, could you look please. And she acts like I am some kind of wimp. She says, "Don't make such a fuss." I have a hole in my scrotum, I am in incredible pain and all she can say is "Don't make a fuss". Then, finally, I ask again and she looks and says it's nothing.

So I said something about how much it hurt and she blew up. She just blew up and screamed at me. She said that I should just get it together—that if I was a man and could give her kids we wouldn't be doing all this. *(His voice goes very quiet and he bows his head)* She screamed at me, and something inside me just snapped. It just snapped. *(Long silence, he raises his head and looks up)*. So now, everything's fine. I have a good job and we have our lovely son, through insemination, but, *(He just shakes his head)*. It changed everything between us.

W: You make me sound like some kind of mean witch-I had to push you and push you to get you to go for those tests *(She begins to cry)*. And you wouldn't talk about anything for a while. I didn't even know if you were going to finish the test or even agree to other ways to have a child. When I got upset about the baby thing, you'd just clam up and leave. Like you do now. No, now, you don't leave you go on and on in that pious voice about how you can't talk to me, how I am somehow so evil you can't trust me. Well, fine. I don't want to hear it. You don't want to talk and I'm getting so as I don't care anyway.

EXERCISES

Instructions:

1. With a partner frame the above injury in attachment terms and write down how you would describe it to the couple. Link it to their cycle.
2. Take the first three steps of the resolution process and frame a sentence that these partners might say to each other at each step; that is, outline what the process of resolution would sound like.
3. For each step choose one intervention you might use as it might appear here.

9 Managing Escalating “Find the Bad Guy” Sequences in EFT Stage One

This looks like an attack/attack blame/blame pattern – a power struggle. Anxiety and Anger are separation distress responses and arise from/are perpetuated by unmet attachment needs. The therapist struggles to contain the negative reactive emotion, create more safety in the session, and begin to change to a meta-level and focus the couple on their negative cycle.

The best tools the EFT therapist has here are:

- *Relentless empathy – Alliance Building.* Put on your vulnerability glasses. Using reflection and validation of reactive responses and going for primary affect (the primary panic, sense of deprivation/starvation underlying the anger). Adding this primary affect into cycle descriptions. Being heard and making sense is calming.
- A focus on *reflecting the process of interaction* (catch it as it happens) and its effects (how they impact each other – scare each other). It helps to stay in the Here and Now.
- *Reframing* the fight as FOR connection – as attachment distress. Pattern is The Problem.
- An ability to take control of and *redirect* the session – (“Stop” – “We’re Stuck Here”).

EXERCISES

Janny and Peter – a Withdraw-Withdraw empty nest couple – now Find the Bad Guy pattern is taking over.

J: It is clear that you have an anger problem. You are either exploding or refusing to talk to me for days.

Peter. I’m sorry, but I am all out of patience listening to you talk about MY problems.

J: I cannot stay here in this relationship. I cannot be browbeaten anymore. I was looking at townhouse today, near where my sister lives.

P: Excuse me! – Is that right? I am the one who earns the money around here. And just how the hell will you pay the rent?

J: Well, we have been together for 25 years – so I own half of everything. And – it won’t be new for me to live alone. You don’t talk to me for days! You are mean and angry all the time. Should I have to live with that? It’s not the end of the world to get a divorce, you know.

P. Go right ahead! If that is what you want. Go for it. See how you do without my pay check. I am sick and tired of working my butt off everyday and coming home to an empty house. You come home at 8 o’clock. (He imitates her – sarcastic) “ Oh! The rehearsal ran over, so sorry – and my singing is improving so much” and that is all that matters here.

J: I never said that. You are over-sensitive.

P. That is the message I get all the time! I am just the smuck who brings in the cash while you indulge in this fantasy singing career. Then if I say I don’t like something, you bring out the big stick. (Very angrily) I don’t like threats Janny. (Slams his hand on the table beside his chair). I don’t like people holding a gun to my head.

9 Managing Escalating “Find the Bad Guy” Sequences in EFT Stage One (cont.)

J: You are so angry all the time and you deliberately frost me out for days. How long am I supposed to live with that – huh – you tell me? It’s like looking for options is an escape for me. (She tears)

P: (Closed tight face – looks down) So you go right ahead then – go see if you can buy a town house – “escape” why don’t you.

J: This is all about winning for you isn’t it? Who can hit hardest.

Therapist. I want to stop for a moment. *(P opens his mouth to speak- therapist touches the outside of his shoulder with her hand).* Peter, I know you want to speak but I want to slow us down here. Earlier you used the term “boxing match”, Yes? Well, it does look like that – and my sense is that both of you are getting pretty beaten up here. So let’s stop. It’s been like this for the last month? *(They nod).* Both of you slugging and then trying to get the other guy to see how badly he or she is behaving ?

J: (to therapist) So tell us what to do then. You are supposed to be so good at this. Give me a solution. I read a book by Dr. Phil the other day – maybe you should read it.

Th: You want a solution. I understand. This battle to get the other person to hear you is brutal. It’s taking you over.

J: It is about getting him to hear me! He is just into power and control. He has an anger problem. (Turns to him – loud voice) What do you want me to do? I am supposed to sit around the house and wait for you to turn up and play little wife – is that it?

Th: Stop. You’re saying that right now he just looks dangerous to you – demanding and dangerous – and you really don’t understand what it is that he wants. *(She nods).* Can we look at this dance please, both of you end up furious and indignant and blaming the other guy

J: (Turns to him) – Like she said, you are dangerous and I am tired of being blamed.

Th: So, first of all, can we try to put the grenades down? You can blow each other up – but the blast is going to desperately injure both of you – and any safety or trust you have for each other is dying here. So – just for now- let’s try to create a little safety here. We are going to stop with the threats to leave, okay? What is happening here?

9 Managing Escalating “Find the Bad Guy” Sequences in EFT Stage One (cont.)

TASK A: Reflect process - cycle – link both partners responses to the others:_____

P: (Turns to his wife, quietly) I have taken care of you for 25 years and there is no connection here!! I am last on your list – after the dog!

J: And what is that supposed to mean? I ask you to talk and you refuse! You feel rejected if I have a life of my own ... well *(therapist puts her hand on J's knee)*

Th: So – staying slow here – its hard not to protest – not to say “Look how unfair you are to me” hum? - And you end up sticking labels each other. Janny, you want Peter to get how his anger hurts you – and also – if I am hearing right – how his silent shut down hurts you? And Peter, you want Janny to get how hard it is for you when she seems so distant – unavailable – like you don’t matter to her and can be dismissed?

J: He is just trying to control me. Maybe he should just give me list of orders!

Th. Is that right? That is how it feels to you?

P: (Leans across to her and hisses) YOU are the one who is looking at condos!

TASK B: Reflect process – brief – this moment:_____

Th: I want to go back. J you don’t understand Peter’s responses? He just seems like he is trying to hurt and control you. Like he is “mean”.

J: Yes. *(P mutters, “ This relationship is a desert.”) She rolls her eyes.*

Th. So, if I listen to the emotions – the music here, what I hear is that Janny you feel....

TASK C: Reflect emotions: Janny, _____
and Peter you feel_____.

TASK D: Formulate cycle:...And the more Janny you_____,
the more Peter you_____
And you both get stuck. There is no safety anywhere – So you start flaying around trying to
change this and _____.

9 Managing Escalating “Find the Bad Guy” Sequences in EFT Stage One (cont.)

P: (To the therapist) I can’t give her a list of what I want. It’s a place, you know. We start to talk like this is a deal – like my business deals.

Th: Yes. It’s hard to negotiate when you are both starving to death and scaring the hell out of each other. *(He tears)* What is happening Peter?

P: I don’t want to lose my wife. I don’t want her looking at condos. (He looks down).

Th: *(soft voice – lean forward)* Can you tell her that, please?

P: I don’t want to lose you. I do have an anger problem, its like, the way I see it, *(to the therapist)* she has somehow stopped being my wife – but I am still supposed to work my butt off to support us. And I am tired. I don’t know what to do.

J: We have different values. I have showered you with love *(He gets an “Oh really” look on his face).*

TASK E - Catch the bullet –focus on her inability to respond to his softer expression. Refocus:

P: Yes. I feel like I have lost you already. I get angry cause you don’t hear me. You don’t hear that I feel SO SO

Th: Lonely, unimportant, helpless? Do any of these fit? *(He nods)*

TASK F: Where would you go next in this session?_____

The session ends with an overview of the cycle – an image for where we go next and how it will help and an agreement from both of them that threats to move out or cut off funds to the other are off limits.

Answers to the tasks : empathic listening is calming, ordering experience is calming

Task A – Janny, when Peter gets angry or shuts you out with his silence, you see him as mean – as trying to hurt you. So you move away – look for escape – and threaten to leave. Peter you get exhausted and feel unimportant and unsupported here. You find the house “empty” and see Janny as holding a gun. The more you move away and seek escape Janny, the more defiant and enraged you become Peter. This – “I’ll show you dance” is a way to deal with how hurt you both are and how you scare each other half to death.

Task B – What just happened here? I just described the dance that you are both caught in, but its hard for you to hear – to see the whole dance rather than just Peter’s steps? You get caught in labeling Peter, and Peter you try to “prove” to her that she is the one controlling the dance here.

Task C - Janny, you feel browbeaten, frosted out. This is so hard, so painful. You want to flee. You are telling Peter, this is so painful, I cant bear to stay here – to feel this ?

Peter you are always feeling last on Janny’s list – you work so hard and end up feeling all alone in an empty desert – yes ?

Task D - The more you turn away and “escape” – the more you wear anger and silence as a cloak.

Task E - What happens to you when he says – “I don’t want to lose you and – I feel like I have already lost you” ? That is hard for you to hear? When he shows you his tears – his softer side, you don’t know what to do with that?

Finding EFT Interventions in a Transcript

With a partner, find the following interventions in a transcript below. Identify them by Number on the lines after each statement:

1. *Empathic reflection*
2. *Validation of need for self-protection and of legitimacy of pain*
3. *Evocative questioning – how? when? what?*
4. *Heightening by repetition, use of imagery*
5. *Interpretation at the leading edge of experience*
6. *Tracking and reflecting interactions-the cycle*
7. *Reframing in terms of emotion, attachment, cycle*
8. *Setting up enactments, then processing them with each partner*
9. *Catching the bullet*
10. *Slicing it thinner*

Find an example in the transcript below where the therapist focuses on:

- *the present*
- *the specific context*
- *the concrete rather than the general or the intellectual*

Find examples of the therapist:

- *containing emotion*
- *expanding emotion*
- *organizing emotion into more coherent form*
- *integrating emotion, meaning and action*
- *using emotion to create a new signal to partner (a new interaction)*

Identify interventions by:

✓ *Checking the interventions which seem closest to how you regularly intervene*

* *Starring those interventions which seem new to you*

Discuss these with your partner.

Amos and Freda have a negative cycle. Freda demands and then goes silent or makes cynical comments about how relationships are a sham. Amos avoids any conflict and withdraws. This is Session 6 - Step 3 of EFT.

F: It's like talking to someone who's just not present. I have had ten years of that. I am about fed up with it.

Th: This has been so hard for you, a huge struggle. Trying to reach Amos and deal with his distance. At those moments you can't find him. He is so far away and that is so frustrating to you.

Intervention: _____

F: He is off somewhere. I don't know where the hell he is.

A: (In a quiet voice) My brain just goes in 20 directions. I guess I am a little distracted maybe. I just learned a long time ago to watch myself-especially when people are angry. I never could deal with that. I have all these dark thoughts about what can happen (He clenches and unclenches his fists). You are fed up with me all the time, so what can I do?

Th: You are saying to your wife, "Maybe I am distracted by my dark thoughts here, by my need to protect myself-especially from your anger and you seem to be angry at me a lot." *(He nods)* What is that like for you- to be distracted- so caught up in these fears about what could happen? Is that an okay word here Amos, fears? That is my word. *(He nods).*

Intervention: _____

A: It didn't used to be like that. Over the last few years, it's just happened more and more. I get distracted and then she gets even madder at me.

Th: Somehow over the last few years, you have felt less and less safe with Freda and listened to all these fears more and more. To the point when they are all you can hear, especially if she sounds mad. These fears are overwhelming?

Intervention: _____

A: Yes. Overwhelmed. I have this voice that tells me that she could leave anytime.

Th: The dark thought that holds you in its grip and distracts you so that you cannot just relax and connect with Freda is that she will leave you. You are somehow doomed here. How are you feeling right now as you talk about this?

Intervention: _____

F: (In an angry tone-leaning toward Amos) I don't believe this for a minute. This is baloney. I've never threatened to leave you. I've never heard you talk like this. You act like I don't exist.

Th: This is strange for you, to hear Amos say that he is overwhelmed by all these dark thoughts-thoughts that you are just fed up with him-you might leave-he has somehow lost you already. You see him as indifferent, as not caring or even recognizing you, so it's strange to hear him say that he is scared. Fear really distracts us-grabs our attention. But it's hard to see him as afraid.

Intervention: _____

F: I have never seen him as overwhelmed.

Th: Right. So when he begins to open up and tell you, you are right, I do have trouble being

really present with you, I am all caught up in my fears, he seems like a stranger and it's hard for you to hear him. Right here, as he opens up to you and IS present, he seems like someone else. And if this was happening at home, I guess you might say, 'that is baloney' and Amos, you would hear her and get afraid and move off into struggling with all those dark thoughts. Then Freda that aloneness we talked about would wash over you, yes? And you get mad again.

Intervention: _____

A: You make these comments about how relationships never work and its all sentimental nonsense. You say relationships are for fools.

Th: And what do you hear in her comments?

Intervention: _____

A: That she despises all of this-it's not important to her. I am not important to her. I have never really understood why she stayed with me. She is disappointed with me all the time. (He clenches his hands again). I don't know what to do.

Th: You go to this dark place, you become overwhelmed by all these thoughts that Freda is angry and disappointed with you, that she can leave anytime, that she doesn't believe in this struggle for relationships, that you can't really matter to her. That you are just disappointing. And you clench your fists as you say this Amos, this is hard to talk about?

Intervention: _____

A: I am just holding on here. Just holding back these dark things. It's like I just close my eyes and try to shut them out—her anger, these thoughts.

Th: Yes, and that is when Freda senses that you are shutting her out and this spin, this cycle starts. But you are the opposite of indifferent, you are overwhelmed. Freda's fedupness and her cynical comments scare you so. You are just intent on holding on, trying not to get swept away by your fear. You are paying such attention to the dark thoughts, you can hardly hear her - see her desperation - her reaching for you. *(He nods)*. Can you tell her please, "I am so distracted by my fear...."

Intervention: _____

A: (He stares at the floor). I can't. I don't think I can tell her. There is too much to deal with here.

Th: That is too hard to tell her? Yes. Can you tell her, "It's so hard for me to feel these things and to risk telling you?"

Intervention: _____

A: (Long silence, he looks at her). It's so hard to tell you. I am not used to.....You might not like this... It's scary.

Th: Freda, what is it like to hear Amos talking about his fear?

Intervention: _____

F: Last time we tried to talk, he did say something about being uncomfortable and then he left.

Th: What is it like, right here, right now, to hear him say.....

Intervention: _____

Transcripts for Discussion

A change event: softening the more blaming spouse

In this event, the previously withdrawing partner stays engaged as the other partner moves through owning his/her blaming responses, exploring the emotions that prime such responses and formulating needs and fears that are usually not openly expressed. So a blaming partner may start with saying to her spouse, “you are so cold, how could anyone be married to you.” She then moves into being able to acknowledge her rage and her hostility, as in “I’ll show you, you can’t shut me out.”

In a softening event however, this partner is able to go further and touch the desperation she feels when her spouse turns his back on her. She can then articulate the sense of loss and vulnerability that characterizes her core experience of the relationship. As she shares this with her spouse, key cognitions about self and other also become accessible and can be modified; for example, “I have no right to ask for comfort: I am basically pathetic and unlovable.” As the blaming spouse brings new elements of herself into the interaction, “I long for you to hold me,” she evokes new responses in her partner. This partner no longer sees her as dangerous, but as needing his love and protection. When, with the therapists support he is able to offer this, powerful new cycles of caring, comfort and connection are initiated.

These events are a classic example of change in the humanistic mould. As a blaming partner engages more fully with her own experience and emotional needs, and as these needs are accepted, first by the therapist and then by the spouse, she is able to expand the way she constructs her experience, her sense of self and her way of engaging with her spouse. An edited version of such a softening event might go as follows:

Th: What happens to you, Claire, when Peter tells you he wants to come closer now, and he wants you to lean on him more?

C: *(She folds her arms across her chest and looks down and speaks very softly)* **I don’t know.**

Th: *(Leans toward her)* As he says, “Lean on me, Claire, I’m here,” what happens? You curl up, hum?

C: I hear him. I feel confused. What did he say?

Th: It’s hard for you to hear what he is saying, to believe he is really here for you?

C: *(Looks at the therapist and straightens her body. Her voice is colder)* **That’s an illusion, a delusion. I should give up on that. I should take care of myself.** *(She tears)*

Th: *(In a soft slow voice)* Some part of you says, don’t even hope for that, that’s too risky, to hope. Am I hearing it right? *(She nods)* No one has ever been there to take care of you, hum?

C: Right. It's not worth it.

Th: It feels better just to give up on getting that caring, hum? Not to even let yourself hope, risk. Feels safer *(she agrees)*. But then there is the tear, the tear on your cheek? Some part of you still longs, still feels the loss. *(Claire weeps)* To hope is scary and not to hope is terrible and lonely, is that it?

C: I can't risk it. I don't believe in magic.

Th: What do you think Peter, do you hear your wife's fear and hopelessness? *(He nods)* Can you tell her please?

P: I want you to let yourself hope for us. We were magic once, a long time ago. I think we were.

Th: What is happening Claire, as you hear him say that?

C: It's like he's a long way off. I can hardly hear him.

Th: Can you tell him, please, "It's so hard to hear your voice, all the fear and despair gets in the way.

C: (She raises her head and looks at Peter. Long pause) **If I let myself hope,....you'll be there for a day, maybe two and then..... I can't be hurt again like that, I'll drown in it.**

Th: It's so hard to risk, to reach for the magic, it might disappear, like before? Feels like you'd die if that happened, hum? *(She nods and weeps)* So can you tell him, it's so dangerous, like swimming in deep water to risk letting you in, to hope you'll come close, can you tell him?

C: (She sighs deeply) **Yes, it's so risky. I'm not sure I can do it.**

Th: How could he help, right now, how could he help with that fear, Claire?

C: I need to know he understands, that he sees.....

Th: That he sees how scared you are? *(Turns to Peter)* Peter can you reassure your wife, can you help her with her fear? You look very sad right now, is that right?

P: Yes, (leans towards his wife) I know I disappeared, just when you needed me, after the baby was born. I know I let you down. I want you to try to hope for us, to give me a chance? I want to hold you, to take away the fear. (She bursts into tears) Can I hold you? (She nods. He stands up and pulls her to her feet and holds her.)

The session ends there and in the next session, Claire recounts and reprocesses a key incident where she felt her hopes for a safe attachment with Peter were dashed. She also touches her fear that others have been uncaring because she was defective in some way. Peter reassures her all through the session and all through the next week.

When the couple come in again, they talk of new moments of trust and closeness and move on to talk about the future of the relationship. They have moved into Stage 3, the consolidation of change.

Trauma Couple Transcript—Stage 2, David (the Withdrawer) is re-engaged

Th: What is happening, Carol? David is reaching for you, do you see him? *(She nods)* What is happening right now? **Evocative questioning-exploration.**

C: *(Looking down, very quiet voice)* **I don't know.**

Th: You don't know what it is happening—when he reaches for you and says, “Let me comfort you, can I come close?” Hum? This is what you spoke about in the last session-wanting him to be closer-and now... **Present stimulus again-reflect process-expand content.**

C: **I feel –irritated.** *(She glances at David and then turns to the therapist).* **See, he's crying now. I'm obviously toxic. He should stay away.**

Th: When you see him reach for you, you feel irritation and you feel afraid that you might hurt him? Is that right? And some part of you says-it's safer if he stays away- yes? For him and maybe for you too? It's too hard to let him comfort you? **Reflection-Expand into impact.**

C: **Yeah. I can't handle nice things, my stomach twists, I have nowhere to put it.**

(David weeps) *(Carol turns to the therapist)* **You see, I'm a disappointment no matter what!**

Th: What happens to you when he reaches, as he is right now-and tells you that he wants to help-to comfort. You say-if I let him close I will disappoint him, so you turn away? **Evocative questioning-reflection-expand into action-how emotion moves her.**

C: *(Long silence, she answers in a flat voice.)* **Don't know** *(long pause).* **Well, I get this ping feeling, it's like ping...**

Th: Ping, hum, like is that an alarm? *(She nods)* Do you believe him? **Inference-naming.**

C: **No, so I'm mad and yes , and so it's scary. He might get close, he might want sex, and I'll disappoint him. I should be able to respond to him. I'm untreatable.**

Th: I am going to try and make this clear, ok? So “ping” is anger. No one ever protected you and David sometimes withdraws too, and now he is here but- he hasn't been and there is anger about that-yes? *(She nods)*

Th: She is important enough for you that you can hold out your hand and wait for her– *(He nods.)* That's your way of helping her with her fear – and letting him know how precious she is? **Infer – frame his response positively – affirm her sense of self.**

D: Ah – ha.

Th: *(To Carol)* Can you hear him Carol, that he feels for you in your fear – and he is here. **Frame him as accessible and responsive – safe.**

C: **Yes** *(looking down).* **Well, I'm untreatable.**

Th: Ah-ha – him being here doesn't fit with how you see yourself right now – you see you as toxic, not able to give David what he wants – somehow defective. *(Carol begins to curl up in her chair)* What is happening right now as I say this –*(silence)* you are curling up – getting smaller . **Reflect process, reflect shame –evocative questions.**

C: **I should be able to respond – yes. I'm defective.**

Th: Part of you stands back and judges you – and finds you wanting – not entitled to his love, sure you will disappoint him if he really sees you – is that it?? **Reflect process, fear and shame.**

C: Right – yes – don’t know what to do with it.

Th: Like you said – you have no place to put his love – you can’t just relax and be comfortable, rest in his hands – you don’t deserve it – I remember the last session where you said you felt “dirty” and “stained” – yes? *(She murmurs assent)* So you want to stay hidden – all alone with all this shame.

Reflect shame– and how it moves her and impact.

C: It’s better if there is less of me – always feel dirty.

Th: The shameful things that were done to you somehow got you into feeling that you should be ashamed – and now you feel ashamed for not being all better – as if nothing had happened – as if you hadn’t had to fight a dragon. Hard to believe David wants to be there for you when you feel so unsure/so bad about you. **Heighten – expand, contextualize, concrete image – reflect shame – impact on her trust.**

C: Yes, who would want to be there for me – he needs a better wife.

Th: Can you ask him – if he wants a different – better wife? *(Therapist motions with her hand)*. **Shape enactment.**

D: Thanks, but I’d rather have you – even with the shadows (He smiles – reaches and touches her hand).

Th: Was there ever a time when all this shame and fear didn’t step between you and David? When the dragon didn’t step between? When there was another way out? **Evocative question.**

C: A moment in the very beginning maybe. In the very beginning maybe. I still trust David more than anyone. But, if I feel upset, everyone is the enemy.

Th: So what would you like from him now, Carol? Can you ask? **Shape enactment re: need.**

C: I’d like him to let me go through this, and be there, but not too close right now.

Th: You can’t let him comfort you right now, but you want him to stand beside you while you fight the dragon? *(She agrees and nods her head)* Tell him *(Therapist motions towards him)*.

Reflect, heighten, shape enactment.

C: *(She turns, makes eye contact with David, tears and speaks very softly)*. Stand with me...can I ask you?

D: (To the therapist) She is worth fighting for. (He turns) You are worth fighting for.

C: *(She smiles and turn to the therapist)* **He’s my boomerang. He keeps coming back. He gives me courage.**

D: It’s easier, now that I understand what is going on. I do hold back...sometimes...I don’t know what to do, how she’ll react. I get overwhelmed, kind of numb. But I’m here. I’m here for the long haul.

As this excerpt suggests, when David offers Carol a safe haven, the violation of human connection she has experienced prevents her from responding. There is no way to him, and to secure attachment but through trauma and its aftermath. Carol and David made considerable progress. They can now sometimes eat together; Carol is no longer consumed with shame if David sees her put food in her mouth. Carol has agreed to go for individual therapy and work specifically with her trauma experiences. They hold hands as they walk back to the parking lot after sessions, and he sees her irritability as part of the trauma and does not become injured by it. He is more responsive to her, and she can tell him when she can be touched, and when she “has no skin” and must be left alone. She can also break the one rule of survival in her family, which was “keep your mouth shut”, and tell him when she is flooded with fear. She says, “I take little steps...the closer I get the scarier it is, but... it’s happening. I never really expected to be, well, attached. Thank God he’s still there.”

NOTE: Clients need to be in working distance from emotion – in touch with but - not overwhelmed by.

From EFT Chapter of Gurman Handbook of Couple Therapy, 2013

Case Illustration: “Out of the Blue”

Trevor and Mandy came to see me because Trevor’s individual therapist, who was treating him for depression, told Trevor that he had to work on his marriage. Trevor, a handsome, high-powered executive in his late 40s, with a long history of many brief relationships, had been with Mandy, a rather quiet lawyer who was 10 years his junior, for 5 years. After much initial reluctance on Trevor’s part, they had gone to great lengths to conceive a child, who was now 18 months old. The infertility procedures had been hard on them, but they both very much enjoyed being parents to their little son. However, 6 months before coming to see me, Trevor had announced that he was unhappy in the marriage and in love with a colleague, and that he had to leave. Mandy was taken totally by surprise and completely devastated. But Trevor did not leave and after a few weeks the brief affair with his colleague petered out. He then realized that this highly manipulative person was attempting to get his support for her promotion. He expressed shame about the affair in the session, stating that it was completely against his own moral code and had nearly cost him wife, whom he loved, and his family. Mandy constantly pushed her short blonde hair out of her eyes and quietly wept through the entire session, telling me that she was “obsessed” with Trevor’s affair and still did not understand why this had happened. She described herself as alternating between surges of rage, relief that her husband was still with her, a desire for constant closeness and constant sex, and a “spacey kind of shut down.” As I listened to her, I was reminded of the state of emotional disorganization and seemingly inconsistent responses that have been observed in mothers and children when the mother is experienced as both a source of traumatizing pain and a solution to that pain.

As I asked about their relationship before this incident, Trevor shared that Mandy was the first woman with whom he had ever really felt close. Despite many brief relationships, he had never let himself “count” on anyone until he met Mandy. His parents had both been serious alcoholics, and he had left the family home to live with an uncle at 14 and then gone off to college. He had met Mandy just after his mother’s death, which had “thrown him off balance,” and had bonded with Mandy when she had helped him with the grieving process. Mandy had grown up in a very strict, religious home in which she was required to be “pretty well perfect” and had been jilted just before marriage by a long-term lover. After this, she had avoided relationships for many years until she met Trevor at an evening class and he had avidly courted her. She had been “amazed” that someone as attractive and confident as Trevor would want to be with her, because she saw herself as a “quiet, very ordinary person.” Mandy described their relationship before the affair as “great,” although she had been very tired for many months after their son had been born. She had been very “careful” to make sure, though, that she and Trevor still found time for lovemaking. The affair had been a total shock to her. She stated, “I thought we were bullet proof.”

Mandy and Trevor were very articulate, empathic and respectful of each other, and committed to their marriage. At first, I could not really see any rigid repetitive interaction cycle in their interactions. The affair was obviously an attachment injury for Mandy, but Trevor assured her

any number of times in the first sessions that he was sorry, very sorry, totally sorry. She said she believed him. They commented that they made love almost every day and enjoyed their evenings together after the baby went to sleep. Perhaps this couple did not need a full course of EFT. They just needed a couple of sessions to complete the reconciliation process.

Then I asked Trevor how he understood his apparently sudden and intense involvement with his lover. It must have been an overwhelming impulse. He thought for a moment, then commented that he had considered having the affair long enough to insist that this person go on birth control pills and that she prove to him that she was actively taking them. This did not sound like frenzied passion. He then went on to tell me, "It came out of the blue. I have no idea why I did this. I know I live in my head a lot. I think of lots of reasons why but I did this, but really, I don't know what came over me." Mandy pointedly turned her chair away, and her face became still and mask-like.

We began to talk more about the period of time after the baby was born, before Trevor began to be close with his colleague. Mandy wept and recalled Trevor telling her that she was not responding to his sexual cues, and she had then made sure they made love more often. Trevor agreed that he felt distant and "somehow rejected" during that time, but he could not really explain his feelings. "I would get mad, without even really knowing why I was mad," Trevor continued. "But the minute I got upset, she'd just change the subject or say nothing. There would be this silence. It sucked all the air out of the space between us." And then? "I would feel foolish and go buy her flowers. But then it would happen again. We would make love lots, so why didn't I feel close and desired?"

Mandy bursts into tears here. "Nothing I ever say or do satisfies you. I don't like it when you're mad. I just don't like fighting. I freeze up. How could you love me and do this? I get flashbacks all the time of his talking to that woman on the phone and telling me he is leaving. I can't sleep. Keep thinking about all this. I was suicidal for a good month or two. My first boyfriend left me and then you left me." Trevor comforts her. He says, "I am a bastard. I wrecked havoc here," Then in a quiet voice he adds, "All I know is that the affair felt like an escape. I felt empty and lost in our marriage. I should just be quiet about my feelings." The pattern that had left Mandy and Trevor alienated from each other and tipped both of them into a spiral of insecurity was suddenly apparent to me.

Step 2 of EFT is identifying the negative cycle, so I reflected on the pattern in their story and the moves in the interaction that I saw in front of me. Trevor was unsure of his emotions but felt rejected, disconnected. He tried to talk about this and became frustrated when Mandy moved away. As she shuts down more, he "gives up" on his feelings, becomes confused or tries to act in a conciliatory way. Trevor added that he then "goes analytic and cross-examines her, my motives, us, until I am exhausted." Trevor talked a little here about how Mandy was the first woman he had ever "needed" and to whom he really felt committed. He felt "off balance" when these vulnerable feelings would emerge. In past relationships, he had dismissed these feelings and the needs that went with them. With Mandy he could not do this. We began to talk about this pattern, in which the primal code of attachment needs and fear play out and direct the action but remain hidden and a "spiral of separateness" takes over. This pattern

could be labeled as demand-withdraw, but Trevor and Mandy have their own idiosyncratic, subtle version. Trevor did not even know what he was fighting about; he just knew he felt somehow empty and rejected. Mandy became more outwardly compliant but more emotionally wary and distant as Trevor became more upset. They both focused on the ball but could not see the game.

Step 3 of EFT is to bring each partner's underlying attachment emotions into this picture. Mandy reminded Trevor of the statements he had made as part of his announcement that he was leaving with his lover. "You said that you were happier single. That you were never happy with our sex life. That you never felt safe with me." Trevor responded, "I was just trying to justify what I was doing." "I didn't know how to talk about the emptiness. But the never feeling safe—that was true." So we talk about the emptiness and lack of safety.

As we unpacked this emotional experience, with interventions such as reflection, evocative questions, and heightening, Trevor first became angry: "I feel like I am responsible for the relationship. I ask for sex, you do it to please me. But I don't feel desired. And if I get upset, I can't find you. You change the subject. You go off and shut down." Then he got sad: "I can't connect, and I can't lean on you, trust you when I need to." He began to understand that when he felt "empty," he had "escaped" into his old strategy for relationships, which was to numb out, detach, and go off with someone new. Mandy said, "I never see your need. You are Mr. Self--Sufficient. You are the perfectionist. I am always afraid of hearing that I am doing it wrong. You don't like the way I clean, the way I dress. I am not passionate enough. I was always terrified of losing you, even before the affair. You judge me." She began to cry. She told him, "I need a shell to deal with the fear. It's like I'm back home trying so hard to be a good little girl and never making it. I just want to die, to disappear." Trevor leaned forward and held her.

Trevor and Mandy moved into de-escalation. They were able to integrate their sense of relationships patterns and underlying emotions, and could see these patterns as the problem that prevented them from being open and responsive to each other, and that set up the crisis of the affair. However, they still needed to create new levels of accessibility and responsiveness, and to heal the pain of the affair.

In Stage Two, the more habitually withdrawn partner usually goes one step ahead, so that this person becomes reasonably accessible before the other, more blaming, controlling partner is encouraged to risk asking for his or her attachment needs to be met. Both Trevor and Mandy withdrew at times. Trevor pushed for contact but then, when disappointed, felt "empty," shut down, and pretended for a while that everything was OK before getting openly frustrated again. Mandy was very anxious to please Trevor and to be close to him, but when she picked up negative cues from him, she habitually went into her shell, dismissing his concerns. The therapist then began the Stage Two process by encouraging Mandy to explore her attachment fears and needs more deliberately.

A summary of two the key moments and key interventions in Stage Two of EFT follows:

Step 5. Unpacking and Deepening Mandy's Emotions as Part of Withdrawer Reengagement

Trevor told Mandy how hard it was for him that she insisted he always “stay calm” if he had any issue in the relationship, and then went silent and did not discuss his points. Mandy stayed silent. Then she brought up an intellectual point, and a rather abstract discussion of closeness began. We refocused and began to unpack Mandy's emotions as she listened to Trevor's concern.

Therapist: What is happening for you right now, Mandy, as Trevor says this? As he tells you that it is hard for him for always be “calm” and to know how to deal with your silence at those times?

Mandy: I don't know. He's the most important thing to me. I don't know how I feel.

Therapist: But what comes up for you is a sense of how important he is. What do you hear him saying ? [Focus on emotional cue.]

Mandy: I hear that he is mad at me. That I am failing here. That is why he had the affair.

Therapist: That is what you hear, that you are -failing—disappointing him. How do you feel as you say that?—emotionally, in your body? [Focus on somatic sense.]

Mandy: I feel sick. Like I am going to throw up. The other day, when I burnt the muffins we were going to have for breakfast, it was the same. It's worse since the affair, but I think it's always been like this really.

Therapist: So what comes up is, he is so important to you, and he is mad, you are failing, you feel sick, and then what do you do with this feeling? [Focus on action tendency.] You go “into your shell”?

Mandy: I just give up. (*Throws her hands in the air and starts to cry.*) I have lost him already.

Therapist: And the feeling that comes with that? [It can only be sadness, shame, primal attachment panic.]

Mandy: I am terrified. Terrified. I have nothing to say. I can't say anything. I am not enough. And I shouldn't even feel this way. It's stupid. I shouldn't be so sensitive to his disapproval, especially after all this affair stuff. My mind spins.

Therapist: So, in these moments, when you sense that Trevor is in any way disappointed in you, you feel terror. It brings up all your fears that you are not good enough here, and then you feel stupid for even feeling this way. That is -unbearable—yes? So you just go still and silent. (*Mandy nods.*) Can you tell him, “I am so afraid that I am not enough for you—so scared.”

Mandy: (*Looks at Trevor and then points to the therapist.*) What she said. (*Laughs and then cries.*) Yes. That's right. I am scared, so I go into my shell.

Therapist: Trevor, can you hear your wife? What happens to you when she says this?

Trevor: I feel sad. I am hard on Mandy. I'm demanding. (*Turns to Mandy.*) But when you blow me off like I don't matter, when you just go silent, I can't handle that. I don't want you to be scared of me. Either way it seems like we are stuck. If I get demanding, you go into your shell and shut me out. If I numb out and pretend there is nothing wrong and that I don't need you, that still doesn't work. I guess we are both terrified here.

As Mandy became more engaged and began to articulate her longstanding insecurities, Trevor was also able to explore his emotions. He began to be able to articulate these emotions in statements, such as "I realize now that I cannot tolerate your withdrawal. I feel so alone, so helpless" and "The baby was your big project. Then you were so tired. I couldn't find you." Mandy was more and more able to order and articulate her experience coherently and to demand that they now deal more openly with the trauma of the affair, so that she could begin to feel safe with Trevor again. Trevor was more able to engage actively in the steps for the forgiveness of attachment injuries now that he had access to his underlying emotions.

Steps in the Forgiveness of Injuries Conversation

The therapist guides Trevor and Mandy through the steps in this conversation, heightening emotional responses and shaping enactments as they go.

Step 1 in this process is where the nub of the injury is outlined, and the traumatic nature of the injury articulated. Step 2 is where the therapist supports the injuring partner during any initial reactions, such as minimizing or defending. Step 3 is where Mandy, the injured partner, is able to voice her hurt and its attachment significance. She puts her finger on the core of this experience when she tells him, "The night that I keep going back to is when you said you were leaving, and then you blamed me for the affair. I was literally on the floor, and you announced that it was all my fault, and went off wondering about what your life was going to be like without me. I was irrelevant. How could you love me and do that?"

In Step 4, the injuring partner acknowledges his pain and explains his actions in a coherent way that makes them predictable again to the wounded partner. Trevor no longer says that the affair came "out of the blue." He says,

"I got lost. I didn't know how to talk about my feelings. I didn't know how to ask for comfort. And I felt so helpless. You didn't seem to want me. You were closed off from me; even when we made love it felt like we weren't connected. I got angrier and emptier and more and more numb. The affair was an escape and an attempt to get back to my old life, when I didn't need -anyone—didn't need you. When I woke up, I was horrified that I might lose you. Horrified at myself and what I had done. I understand that I broke your heart, and that I even blamed you for my craziness.

I decided that you didn't desire me. I turned into a sexual thing."

As Trevor opened up, Mandy could move into Step 5—a coherent, clear statement of her ongoing pain and attachment fears. The therapist supports, reflects, validates, and helps her stay engaged with and order her experience. Mandy tells Trevor, "All my worst fears came true. You were leaving me and it was all because I wasn't enough. I couldn't meet your needs. And then my dismay and my hurt didn't matter at all. I wanted to die then. And now, how do I know if your love is real? All that stuff did come out of the blue for me. Do I really know you? I get into this frantic state."

Trevor now cried with his wife and expressed his shame and his remorse (Step 6). He told Mandy,

"I told myself lies. I focused on the sex. This wasn't about sex. It was about me getting desperate and alone, and not knowing how to reach for you. You are so perfect, so beautiful, and I can see that all my flailing around and making demands freaked you out. I didn't know how to say, 'Let me in. I want to feel cherished'. So I turned away and I hurt you so badly. I don't know if you can ever forgive me. I am ashamed, I feel sick that I did this. I am afraid that you will never trust me again. I squandered our love. Now I want to make you feel safe, make you feel happy."

Mandy could now move into Step 7 and ask for the attachment needs sparked by this relationship trauma to be met. She said,

"I get frantic and spacey, not sure what to trust or believe. Not sure which way is up. I need a ton of reassurance from you. I need to cling to you sometimes. Right now, I just can't get enough caring and holding. And if I get mad, I want you to hear it. I have to know you are right here with me." And Trevor could move into Step 8 of this forgiveness and reconciliation process by responding to his wife's needs and so creating a safe haven for her. He says, "I am so grateful for a second chance. I want to hold and comfort you. I want us to be close. I will never risk losing us again. I am here."

Trevor and Mandy could now stand back and create a clear narrative of their relational problems and attachment injury and how they had healed this injury. They were able to continue to confide, with Trevor discovering and sharing more about his needs for emotional connection and how hard it was for him to admit this need, and Mandy opening up and sharing her fears and asserting her limits in the face of her partner's demands and perfectionistic style. They told me that they had a better relationship than ever before, but that this time, the big change did not come "out of the blue." Now, they knew how they had lost each other, and they knew how to create a sense of safe connection.

Key Articles and Chapters in EFT

The following can be found on a separate CD:

1. Attachment Injuries
2. Attachment Theory
3. Becoming an Emotionally Focused Couples Therapist
4. Bonds or Bargains
5. Extravagant Emotion
6. Introduction to Attachment
7. Listening to the Music
8. Made to Measure
9. New Era
10. Inside Blamer Softening
11. Status and Challenges
12. Attachment Theory: Individuals and Couples
13. Integrating Sex and Attachment

Contraindications for EFT

EFT is contraindicated when the therapist is unable to create basic safety in which to explore relationship issues. This lack of safety may be between the therapist and a client (e.g. the client is asking the therapist to engage in therapy in an inappropriate way, for example, labeling the other partner with a DSM diagnosis and focusing obsessively on this partners “deficiencies”) or between the two clients (verbal abuse in the session that the therapist cannot contain). The therapist should ask all partners in the individual session that is part of Stage 1 of EFT about the occurrence of violent or abusive behavior. If there is violent behavior, the therapist must also assess the victim’s depression, potential PTSD and suicide risk. If children are at any risk, the therapist is most often required to report this to the authorities, and clients must be notified about this potential breach of confidentiality if it appears that violence towards children is about to be disclosed.

Ongoing issues exist that will undermine progress in EFT are unacknowledged addictions, ongoing and undisclosed affairs, lack of engagement/investment by one partner. The therapist as a relationship consultant will discuss these issues with a partner in the individual session at the beginning of EFT. Undisclosed affairs are like a time bomb waiting to go off in a relationship and undermine the process of therapy. The therapist helps the partner recognize this and supports this partner to disclose the affair in the next session.

Ask yourself – “Will the potential exposure of vulnerability place a partner at significant risk or cause harm?” “Is progress and the creation of a more positive relationship possible here?”

The appropriateness of couple therapy in the case of violent behavior on the part of one or both partners is addressed succinctly in the article by Bograd and Meredos (1999) – Battering and couples therapy. *Journal of Marital and Family Therapy*, 25, 291-312.

The distinction made concerning different kinds of violence by Gottman and Jacobson is relevant. They used the designation “cobra” to describe a cold, instrumental that is used to control the partner. This is a more psychopathic characterological form of violence. These partners experience violence as normal and excusable and may also have criminal records. Substance abuse, the use of weapons, a history of violence and crime, open threats, sadistic or bizarre forms of violence and an obsession with control to the point

where any autonomy on the part of the woman is seen as a threat are all contraindications for couple therapy. Gottman and Jacobson used the designation “pitbull” to describe what the EFT therapist would view as more situational controlling behavior that arises as a way of dealing with attachment anxiety. However, these men were extremely anxious and domineering. They ignored court orders to stay distant and were not open to influence.

The partners who can very often be effectively helped in EFT are anxiously attached but have more ability to regulate their emotions such as jealousy and are more able to acknowledge how they impact their partner. In these couples, aggressive behavior is framed as part of the couple’s negative cycle and ongoing insecurity.

However, the violent spouse has to be able to take responsibility for his or her aggression and impact on the other and, if necessary, agree to additional treatment to address this issue. Generally, only low levels of intimidation on the part of the aggressive partner and fear on the part of the victimized partner are acceptable for couple therapy to be feasible. Studies have found that carefully delivered couple interventions were at least as more effective in addressing this violence as were gender-specific treatments (Stith, Rosen & McCollum, 2004, *Journal of Marital and Family Therapy*, Vol. 30). Babcock et al. (*Journal of Family Violence*, Vol. 15) found wife withdrawal predicted violent responses anxiously attached batterers (fear of abandonment?) while dismissing batterers were cued by wife defensiveness. (They used instrumental violence to assert authority and control). Both were more domineering than secures.

Bograd and Meredos note that, “A single act of moderate violence that is not reinforced by psychological abuse does not constitute battering.” They also stress that the therapist must join with the violent spouse if progress is to be made. Suggesting that safety strategies and defeating this behavior is in this spouse’s self-interest if he or she wishes to improve the relationship is crucial. A contingency safety plan must then be agreed to by both partners. Remorse on the part of the offending partner and a lack of significant fear on the part of the other are positive indicators that couple therapy is possible. Enrollment in an anger control or violent behaviors group treatment is also positive.

Short Summary of EFT Research

Q *uestion: Does EFT conform to any “Gold” standard in terms of research validation and the standards set out for psychotherapy?*

In terms of the gold standard set out by bodies such as APA for psychotherapy research, EFT epitomizes the very highest level set out by this standard. Over the last 25 years, the EFT research program has systematically covered all the factors set out in optimal models of psychotherapy research. The meta-analysis (Johnson et al, 1999) of the four most rigorous outcome studies conducted before the year 2000, showed a larger effect size (1.3) than any other couple intervention has achieved to date. Studies consistently show excellent follow-up results, and some studies show that significant progress continues after therapy. EFT has a body of process research showing that change does indeed occur in the way that the theory suggests. This level of linkage between in-session process and rigorous outcome measurement is unusual in the field of psychotherapy.

EFT is the only model of couple intervention that uses a systematic empirically validated theory of adult bonding as the basis for understanding and alleviating relationship problems. The generalizability of EFT across different kinds of clients and couples facing co-morbidities such as depression and PTSD has been examined, and results are consistently positive. Outcome and process research addressing key relationship factors, such as the forgiveness of injuries, has also been conducted with positive results. EFT studies are generally rigorous and published in the best peer reviewed journals.

In brief, EFT researchers can show that, as set out in the Johnson 2004 seminal text, *Creating Connection: The Practice of Emotionally Focused Couple Therapy*, EFT works very well, results last, we know HOW it works so we can train therapists to intervene efficiently and we know it works across different populations and problems. It also links congruently to other bodies of research such as those examining the nature of relationship distress and adult attachment processes.

Recent research involves outcome studies of couples facing trauma (the Dalton and MacIntosh studies, and a study on EFT effects on attachment security with an FMRI component.) The FMRI component shows that EFT changes the way contact with a partner mediates the effect of threat on the brain. There is an outcome study in progress of the new educational program based on EFT (Hold Me Tight® Program: Conversations for Connection). A pilot study has also just been completed at the VA in Baltimore on EFT with veteran couples dealing with PTSD.

Completed and ongoing EFT research consistently supports the efficacy of the Emotionally Focused Therapy model. To find the list of publications go to www.iceeft.com Research Menu.

Training DVD Segments Generally Used in Externship

Training DVD One: Healing Broken Bonds

This training video may be used to illustrate:

- Session One. Delineating the Negative Cycle
- Sessions 8 & 12. Withdrawer Re-engagement
- Session 14. Blamer Softening and Heightening emotion.

Training DVD 2: Couples with Trauma

Segment 4. 'How can she help you step out of the cycle?' Illustrates the beginning of Stage 2, blamer soften with a husband with severe trauma history and anxiety problems. Risks are made smaller.

Training DVD: Changing the Music, Changing the Dance.

Session 8. Moving into Stage Two with a Withdrawer. Interventions are labeled.

Training DVD 5: Re-engaging Withdrawers

Cycle 1 (after 36 minutes): Illustrates working with male client to deepen emotion.

Live sessions from the Externship Training DVD

Illustration of the model/interventions and discussion.

Attachment injury Video Clip (not available for sale)

Illustrates a negative cycle, an attachment injury, a snapshot of the healing process.

Note: Specific trainers may use other examples of recorded EFT sessions / interventions as well as or in place of the above.



DVDs by Dr. Sue Johnson & Other EFT Trainers



Working Successfully with Same Sex Couples (2012)

In two live sessions with Dr. Sue Johnson, *Working Successfully with Same Sex Couples, The EFT Path to Secure Connection* demonstrates how the power of EFT's attachment frame and interventions are equally relevant for gay and heterosexual couples. This 4 hour video includes voice over commentary and a panel discussion with three EFT therapists about responding to the unique challenges faced by same sex couples.

Emotionally Focused Therapy in Action ~ Individual Version (2011)

Emotionally Focused Therapy in Action ~ Institutional Version (2011)

(Institutional Version includes: 2 DVDs + Instructor's manual)

In this 3.5 hour DVD, Dr. Sue Johnson conducts an actual session with a challenging couple haunted by the "echoes of war". Sue consults with the couple's therapist, aided by video clips from prior sessions, and discusses key points with Dr. Victor Yalom. Then Dr. Johnson works with the couple in a brilliant demonstration of the subtlety and efficacy of EFT. In a single session, she helps them conceptualize their conflicts in attachment terms, gain an understanding of their negative cycle and begin to reveal some of the vulnerable feelings that underlie their explosive anger.

Commentary with Dr. Johnson and Dr. Victor Yalom before, during and after the consultation and session provides insight into her approach.

An Externship in Emotionally Focused Couples Therapy

This 3 DVD set of the September 2004 Externship on Emotionally Focused Couple Therapy (EFCT) with Dr. Susan Johnson and her colleagues from the Ottawa Couple and Family Institute, offers 12.5 hours of presentations, live sessions, discussions and exercises.

Disc 1 includes a Presentation: The Couple Therapy Field, The Theory of EFT including Attachment, and Steps & Stages of EFT, as well as EFT Exercise and Discussion.

Disc 2 includes a Live Session with Sue Johnson, Presentations: First Steps of EFT and EFT Interventions, and Discussion / Role Playing.

Disc 3 includes a Live Session with Gail Palmer and Sue Johnson, Discussion on Trauma and EFT, and Presentations / Discussions on Attachment Injuries and on Challenges in EFT.

Training DVD #1: Healing broken bonds (1993)

This DVD shows one couple progressing through the change process in EFT, from a destructive cycle of blame / withdraw to emotional engagement and the creation of a more secure bond. Excerpts from various sessions are re-enacted along with therapist commentary.

Key interventions used in EFT are shown. An excerpt of the first session assessment and the identification of the couple's negative cycle follows. Excerpts from sessions 8 and 12 illustrate the process of re-engaging the withdrawn partner in the relationship. A key change event in EFT, softening the more hostile partner, is shown in session 14, and excerpts from sessions 15 and 17 illustrate how this change is integrated and treatment terminated.

The DVD runs for approximately 95 minutes and is taken from real therapy transcripts. These transcripts are illustrated by actors to protect the identity of the couple.

Visit www.iceeft.com to order

EFT Training DVDs, cont'd

Training DVD #2: Couples and Trauma (2002)

This 2 hr and 33 minute DVD contains excerpts of a couple where the husband has been diagnosed with Generalized Anxiety Disorder and Post Traumatic Stress Disorder. The trauma was severe childhood physical abuse. The wife has also been diagnosed with clinical depression. Excerpts include part of a change event, "a softening" for the husband and a follow-up session nine months after treatment. There are comments at the beginning and end of the DVD by their therapist, Dr. Sue Johnson.

Training DVD #3: A Consultation in EFT - Shaping Change Events (2002)

This 1 hr and 22 minute DVD shows a live consultation with a couple stuck in a blamer / withdrawer pattern. Sue Johnson moves the partners into the beginning of withdrawer re-engagement and blamer softening, two regular EFT change events. The couple is then able to repeat these experiences in further sessions with the referring therapist, successfully transforming their relationship.

There is an introductory conversation with Sue Johnson and Kate Ciceri, the referring therapist.

Training DVD #4: Interventions in EFT - Changing the music, Changing the Dance (2003)

In this 2 DVD set, see interventions in Emotionally Focused Couples Therapy identified as Dr. Johnson uses them in three live sessions taken from the first and beginning of the second stage of therapy. Use this resource together with *The Practice of EFT* (2004) and *Becoming an Emotionally Focused Couple Therapist: The Workbook* (2005), to grasp the essentials of this powerful, empirically-validated approach to working with couples. Disc 1: 1 hour and 49 minutes. Disc 2: 35 minutes.

Training DVD # 5: Re-engaging Withdrawers (2009)

This DVD shows two complete live sessions that were conducted at Externships in Emotionally Focused Couple Therapy in 2008/2009, with Dr. Sue Johnson as the therapist.

Disc 1: Couple 1 - Session 8 of EFT with John and Julia 92 minutes

Disc 2: Couple 2 - Session 11 of EFT with Juli and Lee 85 minutes

These couples had never met with Dr. Johnson before these sessions and knew that they were being observed and had been recommended for these consultations by their EFT therapists. The couples are now entering Stage II where the therapist helps partners to reach for each other and create positive bonding events. The first task is to focus on engaging the more withdrawn partner (John in Couple 1 and Juli in Couple 2).

In EFT: Promoting Key Change Events in Emotionally Focused Therapy (2010)

This 90 minute DVD compellingly depicts Dr. Leanne Campbell's therapeutic work with three engaging couples (in role play). Interspersed with discussions with her trusted consultant Dr. David Fairweather, *In EFT* chronicles Leanne's day-by-day therapy experiences, and displays her empathic and focused style in helping couples to move toward more authentic emotional contact in EFT sessions.

In EFT is divided into three chapters. Chapter 1: In Pursuit of the Primary Emotion, gives us insight into "William and Mary" as we witness Leanne working compassionately and directly to deepen emotional experience with a quiet male withdrawer and anxious female pursuer. Chapter 2: Moving Toward Engagement and Softening, introduces us to "Cindy and Bob" where we see Leanne's focused attempts to engage a blaming male pursuer and guide him toward a gentler position which could create a safer context for bonding interactions to occur. Chapter 3: Coming Together in the Face of Loss, reveals the courageous determination of "Max and Joanie" in their attempt to rebuild emotional bonds in the face of profound family tragedy.

Visit www.iceeft.com to order

EFT Training DVDs, cont'd

Finding The Connection

This DVD set shows two complete live sessions that were conducted at an Externship in Emotionally Focused Therapy in 2010 in the Netherlands. The live sessions were carried out by Dr. Scott R. Woolley and Ms. Yolanda von Hockauf, both demonstrating Emotionally Focused Couple Therapy, as developed by Dr. Sue Johnson. (2 DVD set 2.8 hrs)

Caught in the Struggle: Emotional Dysregulation in the EFT Therapist

The attuned EFT therapist physically and emotionally experiences a couple's distress through limbic system arousal, right brain communication and mirror neurons. Through dramatized short segments of EFT couple therapy sessions, this DVD demonstrates the interplay between couple, therapist, and the therapist's triggered internal responses. The therapist puts her own struggles into words, and discusses her attempts to regulate her emotional responses to the couple.

This DVD is a collaborative project developed and performed by EFT therapists and supervisors who form the board of the Los Angeles Center for Emotionally Focused Therapy.

Hold Me Tight : Conversations For Connection

This 225 min. DVD shows three couples who, with the help of Sue Johnson, go through six of the conversations from Dr. Johnson's ground-breaking book, *Hold Me Tight: Seven Conversations for a Lifetime of Love*. This DVD can be used on its own as a roadmap for creating loving connection or it can be used in conjunction with the book. The conversations shown are based on Emotionally Focused Couple Therapy (EFT), a scientifically proven approach to improving relationships, shown to help 7 out of 10 couples move from frustration and loneliness into a secure loving bond. You will see couples, just like you, moving through six conversations.

Visit www.iceeft.com to order

Relationship Education and Enhancement Program



The **Hold Me Tight®: Conversations for Connection Program** is comprised of the following:

- ✓ The book **Hold Me Tight: Seven Conversations for a Lifetime of Love** (2008, Little, Brown and Company, www.holdmetight.com)
- ✓ The DVD **Hold Me Tight®: Conversations for Connection**
- ✓ The DVD **Creating Relationships that Last: A Conversation with Dr. Sue Johnson**
- ✓ The **Facilitator's Guide** for the **Hold Me Tight®: Conversations for Connection Program** (includes a CD with digital versions of PowerPoint slides, handouts and a flyer template)

SOLD SEPERATELY OR AS A SET

Hold Me Tight®: Conversations for Connection is an 8 session (two hours each session) or weekend format educational program based on the theory and practice of Emotionally Focused Couples Therapy (EFT). The first session focuses on the new science of love and what it teaches us. The next seven sessions focus on helping couples shape and use the seven conversations laid out in the book **Hold Me Tight**.

For more information or to purchase, please visit www.iceeft.com



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Phone: 613-722-5122 Fax: 613-722-0250 email: info@iceeft.com

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1. Print this form, complete the delivery information and indicate what you are requesting.
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<u>Emotionally Focused Therapy with Same Sex Couples (2012)</u>			
Individual Version (2 DVD set)	\$ 79.00		
Institutional Version (2 DVD set and Manual)	\$179.00		
An Externship in EFCT ~ 3 DVD set	\$199.00		
Training DVD #1: Healing Broken Bonds	\$ 79.00		
Training DVD #2: Couples and Trauma	\$ 69.00		
Training DVD #3: Shaping Change Events	\$ 59.00		
Training DVD #4: Changing the Music, Changing the Dance	\$ 99.00		
Training DVD #5: Re-engaging Withdrawers	\$ 99.00		
Caught in The Struggle (LA Center for EFT)	\$ 59.00		
In EFT (Drs. Campbell and Fairweather)	\$ 89.00		
Finding the Connection (Dr. Woolley and Ms. Von Hockauf)	\$ 79.00		
The Johnson-Gottman Summit	\$299.99		
Summit on EFT, Ottawa, Canada ~ May 2006	\$ 10.00		
<u>Dr. Sue Johnson at brieftherapy Lasing Solutions 2010</u>			
Couple Therapy in the 21 st Century. Keynote Speech	\$ 39.00		
<u>Emotionally Focused Therapy In Action (2011)</u>			
Individual Version (2DVD set)	\$ 79.00		
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You are invited to join and grow with us.

The Board and Trainers Committee want to expand ICEEFT, to facilitate greater communication and sharing within the EFT therapy community, and provide an opportunity for greater networking and growth of EFT in general.

Benefits of membership include:

- Periodic electronic/printable newsletters and access to archives
- Discounts for purchase of training DVD's (15%)
- Discounts for ICEEFT conferences (Summit) registration (15%)
- Opportunities for volunteer involvement and / or to submit questions, or other items for publication in the Newsletter
- Be part of the EFT Listserv (optional)
- Listing on the website Directory (optional)

Membership fees are:

- Lifetime membership ~ \$500.00
- Regular annual membership ~ \$75.00 + HST
- Associate* annual membership - \$75.00 + HST
- Student** membership ~ \$50.00 + HST

* Associate members are members who have not taken an externship. Associate members may not participate in either the EFT Listserv or be listed in the Directory.

** a "Student" here means a person registered in a post graduate program such as: psychology or marriage and family studies and will not be listed on the directory

To register for the ICEEFT Membership please go to
<http://members.iceeft.com>

We are asking that new members provide (or agree to) the following:

1. In general, support the Mission Statement of ICEEFT
2. Pay the membership fees as outlined.
3. Consider contributing to the Newsletter, volunteering on committees or other ICEEFT initiatives / activities.

Mission Statement

ICEEFT serves as a centre of excellence for the promotion of secure, resilient and successful relationships between partners and within families. Our mission includes the further expansion and refinement of the Emotionally Focused Therapy (EFT) model through process and outcome research. Another central aspect of our mission is to educate health professionals and to increase public awareness about the efficacy of EFT and its role in strengthening relationship bonds.