WORKING WITH ATTACHMENT AT EVERY STEP OF THE EFT MODEL

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Outline

• Melanie and Derek

• Attachment as the guiding principle of EFT for Couples

• Emotion as the music of the attachment dance

• Steps and stages of the EFT model
Melanie and Derek

- English couple migrated to Australia for Derek’s work as a medical specialist

- D: “Every night when I come in the door, she is at me! It is relentless. And the repetition of stories, criticisms and instructions is unending!”

- M: “If you listened to me, I wouldn’t have to repeat myself. If you could just turn your head to show me you are listening…” (her voice cracks) “I seriously wonder if the kids and I matter at all to you!”

- D: “Mmm…I think the side of my head is my shield.”
Therapist is thinking about....

- What negative cycle of interaction is this couple trapped in?

- How do both of them experience the relationship?

- What emotions are they likely to often experience?
Questions

• What are the likely mechanisms underlying this couple’s distress?

• What is therapist thinking about this couple’s attachment needs?

• How can we help this couple?
Theoretical background cont

• EFT is an integration of humanistic and systemic approaches to therapeutic change.

  Humanistic: focuses on present emotional experience and the potential to grow
  Systemic: focuses on patterns of interaction with intimate other
  Attachment: works with fundamental need to seek closeness with other

• (Salvatore Minuchin coming to tea with Carl Rogers and John Bowlby)
Empirical evidence

EFT for couples meets all the APA criteria for an empirically validated intervention.

- RCT: Does it work?
- Follow up studies: Does it last?
- Diverse populations: Who does it help?
- Process research: How does it work?
Do we need to teach communication skills and problem solving skills?

- EFT alone is as effective as EFT + communication training in improving communication and relationship satisfaction.

- EFT compared with Problem Solving Skills only: EFT couples did just as well.
How is EFT different from other approaches to couples therapy?

• Therapist does not primarily give coaching, insight or cognitive therapy
• Therapist is a **PROCESS CONSULTANT** and a choreographer of the couples’ relationship dance

Therapist is not the expert...each couple is the expert on their relationship.
Summary of EFT
(Johnson, Lafontaine & Daglish, 2015)

“EFT is a model where a therapist constantly helps partners to expand their inner emotional awareness, especially of their deeper, softer emotions, and to send new signals to each other that evoke new and more positive responses from each other.

These positive responses are then organised into a new “dance” of secure bonding. This dance redefines the partners’ relationship and offers them all the benefits that accrue from a stable sense of felt connection with an irreplaceable other.” (p. 394)
Benefits of secure attachment

- Retain emotional balance in times of stress rather than becoming flooded with anxiety or anger
- Tune into one’s own emotions and identify needs
- Offer consonant, coherent messages to others about fears and needs that evoke responsiveness
- Trustingly take in care and return to homeostasis
- Tolerate ambiguous or negative messages with less defensiveness
- Turn to the world to explore and learn
- Respond to others with empathy and sensitive care that constantly renews bonds. (Johnson, 2011)
Stages (in summary)

- Stage 1: Awareness (within and between)
- Stage 2: Bonding (accessibility and responsiveness)
- Stage 3: Consolidation
Stages and steps in summary

Awareness
• Step 1: Assessment
• Step 2: Cycle
• Step 3: Emotions
• Step 4: Reframe

Bonding
• Step 5: Experiencing
• Step 6: Observing
• Step 7: Attachment needs

Consolidation
• Step 8: Solutions
• Step 9: Review/Closure
Attachment
Early studies in attachment

The impact of child/parent and adolescent/parent relationships:

“an unthinking confidence in the unfailing accessibility and support of the attachment figure is the bedrock on which stable and self-reliant personalities are built.” (Bowlby, 1973)
Attachment

• Seeking and maintaining contact with a few *irreplaceable* others is a primary motivating principle in humans (Bowlby, 1988).

• Human beings are hardwired to bond with other human beings. We enter into close relationships in order to survive and to thrive (Johnson, 2013)

• Isolation is traumatising

• Separation distress is normal

• There’s no such thing as self-sufficiency---only *effective or ineffective dependency* (Bowlby)
Four characteristics of an attachment relationship

- **Proximity seeking** (wanting to be close to the attachment figure)

- **Separation protest** (resisting separation)

- **Secure base** (using the attachment figure as a base for exploration and play)

- **Safe haven** (turning to the figure for support in times of stress)
An attachment perspective

- Romantic love conceptualized as an attachment process (Hazan & Shaver, 1987)

- Partners serves function of
  
  **SAFE HAVEN and SECURE BASE**

  *for each other*
Three ways that adult attachment differs from parent-child attachment

• More representational (can hold partner in mind)

• More mutual

• Sexual
Do pair-bond partners replace parents in their roles as primary attachment figures?

- In adult relationships, **stage of relationship development is relevant:**
  Physical contact and proximity important in initial stages; provision of mutual support and care important in later stages.

- “Full blown” attachment takes approximately two years (Zeifman & Hazan, 1994; 2008)
Security builds over time (Zeifman & Hazan, 2008)

- Nearly all adults were peer orientated in proximity seeking and safe haven behaviours

- Those in relationships <2yrs named parents for separation distress and secure base

- Those in relationships >2yrs named partners for separation distress and secure base.

(These results consistent with other findings e.g. J. Feeney, 2004; Schachner, Shaver & Gillarth, 2008)
We are wired to seek closeness

• The human brain appears to respond to separation from a loved one, especially in times of stress or perceived threat, by sending a distress call throughout the organism that leads to attachment behaviour to seek reunion and to regain felt security.

• Modern neuroscience confirms that the human brain is wired to regulate affect by initiating proximity to loved ones (Coan, 2008).
Attachment and emotion regulation

• These (attachment) bonds, when they are characterized by a sense of love, safety, and mutual respect, help with the regulation of difficult emotions, which fosters autonomy and differentiation of the self (Johnson, 2008, Johnson, 2013).

• From an EFT point of view, emotion regulation is an important function of couple relationships and the deepening and restructuring of emotional experiences are key components of successful couple therapy (Johnson, 2004; Greenman & Johnson, 2013).
Accessibility and responsiveness

“In EFT, couples are encouraged by their therapist to seek each other out in moments of stress, sadness, loss, anxiety, and uncertainty, because of the basic assumption in this therapeutic approach that clear, unequivocal expressions of vulnerability followed by soothing responses from one’s partner foster intimacy, closeness, and general relationship satisfaction” (Greenman, Wiebe & Johnson, in press).
Accessibility and responsiveness are the building blocks of a secure attachment bond.

- Consequently, couples therapy is about increasing the security of the couples’ attachment bond by increasing the accessibility and responsiveness of the partners to each other.
Two basic questions

• “Am I worthy of care?”

• “Can I count on this person to be there for me if I need him/her?”

→ “Working models” of self and others
Assumptions

• **Attachment needs are universal**, although their expression is culturally defined. The way we seek and obtain support is defined differently in various cultures and even in different families and must be understood and respected.
Attachment styles

• Develop from ways of regulating distress with attachment figure across thousands of interactions

• Reflect rules that guide responses to distressing situations (fear, illness, stress, fatigue, loneliness)
Secure attachment

- Typically have received sensitive caregiving that developed positive models of self and other.

These individuals typically
- acknowledge distress and turn to others for comfort and support

- are comfortable with others turning to them for support

- are flexible about dependence versus independence
How does each partner protect the self?

Two universal ways to deal with attachment needs and fears when a safe connection is missing:
• Shutting down and minimizing emotions
• Heightening emotional responses and pushing the other for a response

“The essence of EFT as an attachment intervention is for distressed partners to discover how their ways of dealing with their emotions sends signals to their partner that tend to perpetuate attachment panic and insecurity in the other.” (Johnson, 2011, p.42)
Anxious attachment

May have received inconsistent care; parent anxious or unwell, which leads to a preoccupation with proximity to AF

- Hypervigilance for threat (rejection, abandonment)
- Difficulty soothing attachment fears and feelings
- Anxious clinging, pursuit, sometimes even aggressive attempts to obtain a response

“She’ll let me down. They always do. Why can’t she just be more attentive and then I wouldn’t get so mad”.

Sadly, these individuals are prone to bringing about the thing they fear most (abandonment).
Avoidant attachment

Focus on achievement; expression of emotions discouraged or punished; left alone to solve own problems; long separations from parents (boarding school, prolonged illness)

- Deactivation of attachment system/ Suppression of attachment needs
- Focus on tasks, uncomfortable with partners who seek “too much” closeness
- Defensiveness and stonewalling
- Cautious about depending on others; reluctant to have others depend on them

“I’m a bit of an island. I just shut down when things get too much.”
Fearful avoidant

• “Disorganised” in the infant literature

Attachment figure is source of fear/danger

• Fearful of closeness and also fearful of abandonment

• Often observed in trauma survivors

“You never give me the affection I want. Don’t come so close, you’re so demanding!”
Working models of self and other

Models of self and other (Bartholomew & Horowitz, 1991)
Attachment: Distance regulation

In secure relationships, distance is regulated flexibly according to need. Secure responses confirm positive beliefs about self and other.

With insecurity, proximity (closeness) is clung to or strenuously avoided. Insecure responses confirm worst fears about self and other.

For survivors of developmental trauma, proximity is fraught with confusion and danger, often resulting in overwhelming anger, fear and shame.
A map for therapy

- Attachment theory provides a clear definition of a positive secure bond and indicates this is the optimal outcome of couple therapy.

- Secure dependence fosters autonomy and self-confidence, leading to interdependence

- On an existential level we are all alone and scared to stand in the dark...if someone is standing beside us, it makes all the difference (S. Johnson)
Attachment Hx assessment

Childhood
• Who did you go to for comfort?
• Could you count on this person/s?
• Could you turn to this person/ these people when you were sick, afraid, lonely, sad?

Adulthood
• Previous romantic relationships/experience in this relationship
• Who can I turn to now?
Therapist as attachment figure

- Safe haven
- Secure Base

How?
"Before every session I take a moment to remember my humanity. There is no experience that this man has that I cannot share with him, no fear I cannot understand, no suffering that I cannot care about, because I too am human. No matter how deep his wound, he does not need to be ashamed in front of me. I too am vulnerable. And because of this, I am enough. Whatever his story, he no longer needs to be alone with it. This is what will allow his healing to begin."
R-I-S-S-S-C manner (p53-54)

- REPEAT key words
- IMAGES
- SIMPLE WORDS
- SLOW PACE
- SOFT VOICE
- CLIENT’S WORDS
“So you pull back, you feel so scared...so scared to let her know just how much her criticism hurts you...yes?”

(Tx repeats client’s own words using simple terms, soft voice and slow pace)
RISSSC manner helps client to access and process emotional experience.

Depth of emotional processing in session is a predictor of successful outcome.

EFT involves work with emotions rather than just an intellectual discussion about emotions.
Empathic Attunement and Reflection

- Empathy is the basis of EFT
- Reflect (“If in doubt, reflect”)
  - empathic reflections of each partner’s experience and feelings

“Honour your client’s construct of reality” (Rogers)

“A good reflection is not repetition but revelation” (Rogers)

“One first has to make sure one finds where the other is and start there.” (Kierkegaard, 1948)
Reflect verbal and non verbal cues

- I see the sadness on your face
- I hear the tension in your voice
- I see your frown
- Congruence between verbal and nonverbal cues?

This is so sad for you.

Empathic conjecture
I am picking up a lot of caution here...is something inside telling you to be watchful, to go very carefully?
Deep listening, no questions
Emotion is the music of the attachment dance
EFCT

• In 1980’s, emotion was seen as a troublesome intra-psychic variable that was not part of an interpersonal systemic perspective (? too dangerous to engage).

• Importance of emotion in marital interaction and therapy increasingly recognised in last two decades…From an EFT perspective now, we see emotion as too important to ignore.
EFT is congruent with empirical work of Gottman

- ESSENTIAL NATURE OF MARITAL DISTRESS IS ABOUT BEING OVERWHELMED WITH NEGATIVE EMOTION AND TRAPPED IN CONSTRUCTING INTERACTIONS

(Gottman, 1994)
Assumptions

• Rigid interactions reflect and create negative absorbing emotional states. Negative absorbing emotional states reflect and create rigid interactions (it is circular).

• Insecure attachment leads to negative interaction cycles and, in return, negative interaction cycles lead to insecure attachment (it is circular).
Assumptions

• Change involves new experiences and new relationships events.

• Partners are not sick, personality disordered or developmentally delayed. They are stuck. Most needs and desires are adaptive.
Adaptive function of emotion

- Primary emotions provide information about a given situation and organise us for action (Frijda, 1986)
- Emotions occur in response to a change in the environment
  - APPRAISAL
  - AROUSAL
  - REAPPRAISAL
  - ACTION (Arnold, 1960)

- Word “emotion” from “immovere” - to move: Emotions move us toward responses...
Emotion sequence

- Emotions occur in response to a *change* in the environment:

  Distressed husband sees *frown on wife’s face*

  - Appraisal (“Something’s wrong”)

  - Arousal (↑HR, uneasy feeling in stomach)

  - Reappraisal (“She’s mad at me!”)

  - Action tendency (escape—turns away to study newspaper)
Chains of emotion sequences

- Emotions occur in response to a *change* in the environment

Wife sees husband *reach for newspaper*

- Appraisal ("He’s not interested!")
- Arousal (feels hot and bothered, tightening of muscles around mouth)
- Reappraisal ("He never wants to listen!")
- Action tendency (fight back–angry shout)
Positive sequences also

• Emotions occur in response to a change in the environment

Husband sees broad smile on wife’s face

• Appraisal (“She’s happy!”)

• Arousal (↑interest, sense of anticipation)

• Reappraisal (“Something good has happened…I wonder what?”)

• Action tendency (to discover…moves toward her and asks questions)
Function of emotions
(Greenberg, 2006)

- Emotion is a **primary signalling system**

- Emotions tell us when something is wrong or that our **needs are not being met**

- Emotion is a primary meaning system and constantly give us **information about the state of** our intimate bonds

- Emotions provide us with **action** tendencies

- Emotions thus **identify problems for us to solve** and rapidly communicate that there are problems.
Examples:

- **FEAR**—prepares us for escape / ready for flight
- **ANGER**—overcoming obstacles / ready for fight
- **SADNESS**—invites withdrawal and help seeking
- **DISGUST**—expulsion of unwanted intrusions
- **HAPPINESS** and **LOVE**—move individuals toward others in gestures of cooperation

(Greenberg & Paivio, 1997)
Facial expressions

Emotions provide information to others through distinctive facial expressions (adaptive function)
(Darwin 1872/1955)

• Surprise
• Anger
• Sadness
• Fear
• Disgust
• Happiness
Types of emotion
(Greenberg, 2006)

Emotion Assessment

• 1. Primary
  • Biologically adaptive
  • Maladaptive

• 2. Secondary

• 3. Instrumental
Primary/secondary

- Primary emotions are original/core/basic emotions experienced in response to change in environment (e.g., fear, sadness, anger, happiness, disgust, hurt, disappointment, loneliness) Mostly adaptive

- Secondary (or reactive) emotions occur in response to other emotions/thoughts (resentment/frustration/anger, helpless withdrawal, hopeless despair, shame, embarrassment) Understandable, but often not adaptive
Primary emotions can be maladaptive

- Some primary emotions become dysfunctional in certain contexts and at high intensities eg.
  - blind panic
  - violent anger
  - happiness at another’s suffering
Secondary emotions

• Some social influences on secondary emotions

  • secondary anger when feeling primarily afraid (sex-stereotypical of men)

  or

  • crying when primarily angry (sex-stereotypical of women)

  (Greenberg & Paivio, 1997)
Instrumental emotions

- Emotions used to influence others
- One partner may have learnt that expressing certain emotions moves the other to action
  Eg. Expressing anger aggressively leads the other partner to back down
- Crocodile tears (observer is not moved)
- Expression of instrumental emotion typically has a superficial tone
- Not typically the focus of EFT
Clinical implications of an emotion-focused approach

• Attend very carefully throughout the entire session to
  • the faces of your clients
  • the tone of their voices
  • their body “language”
  • all the words and metaphors they use

“Words are handles to open the door to the client's emotional experience” – S. Johnson
Attend carefully to words and images

• “She shuts me out”

• “I don’t want to be seen as a parasite”

• “I feel so torn”

• “He only gives me the scraps of his time”

• “I feel so trapped”

• “It feels like there are multiple arrows coming for me”
Goals of EFT are to:

• access, expand and re-organize key emotional responses

• create a shift in partners’ interactional positions

• foster the creation of a secure bond between partners through the creation of new interactional events that redefine the relationship
Stage 1

Stage 1: Goal is de-escalation of the negative cycle of interactions

Step 1
Assessment
• Pen and paper
• Observe behaviours in session, will couple take therapist’s interventions? Consider contra indications.

Alliance
• Attachment as the guiding principle of EFT couples
• Therapist as attachment figure Step 1

Attachment themes (closeness and distance)
Listen and reflect

RISSSC manner, Empathy
Assessment: Is it safe to proceed with couples therapy?

Consider

- Aggression
- Affairs
- Addictions
- Axis 1
- Already left
Stage 1: Step 2

In trying to connect, distressed couples get caught in negative repetitive sequences of interaction where partners express secondary emotions (frustration, resentment, helplessness, anxiety) rather than primary emotions (sadness, loneliness, fear).
Validation is the cornerstone of EFT

• “The therapist first focuses on and acknowledges the legitimacy of where the client IS as a person before considering how this person might move to solve his or her problems.”

• “Therapist needs to provide safe, predictable emotional support and also show him/herself skilled enough to contain and redirect hurtful responses from the other partner.”
Intervention in response

- **VALIDATION** of secondary emotions
  (Bowlby: behaviour is *perfectly reasonable*)

Validation helps client take a step toward more primary experience

**To angry pursuer:** “It makes sense that you would get very frustrated when it feels you can’t get through to your husband”

**To defeated withdrawer:**
“Yes I understand you would feel helpless, like this is all too hard.”
Positions in the negative cycle

- **PURSUE / WITHDRAW:**
  - 70-80% of couples; usually female pursues
  - if male pursues- female withdraws, check for coercion/violence

- **WITHDRAW / WITHDRAW**
  - typically involves a “burnt out” pursuer
  - couple seems friendly (don’t fight) but usually report they don’t feel close; often don’t make love
  - this cycle is more deadly to a relationship
  - need to reflect back on the development of the cycle over years

- **ATTACK / ATTACK**
  - basically pursue/withdraw but in fight mode
  - these couples need containment
  - slow down the process by having them talk through the therapist eg., Tell me the story...
Cycle cont

• **REACTIVE CYCLE** (with separation)
  • withdrawer is now kicked into action and looks like a pursuer
  • need to trace the steps (“How did you get to this point?”)

• **COMPLEX CYCLE**
  • Come here-go away
  • Seen with trauma survivors (not a typical presentation)
Cycle

• Each partner's position in the negative cycle is thought of as his/her best attempt to get attachment needs met (closeness/connection; autonomy/safety)

• For some couples, the cycle is very easy to identify; for others it is more complex (eg., some withdrawers fight back some of the time; some pursuers become overwhelmed and withdraw some of the time)

• No position is absolute
Attachment reframes

The behaviours in the cycle are reframed (many times) to reflect the struggle:

Critical pursuers:
- Protesting lack of closeness
- Desperate attempt to reach partner
- Fighting for connection

Shut down withdrawers
- Avoiding disapproval and rejection
- Preventing conflict
- Protecting relationship
Fundamental reframe

“This hurts so much/you get so angry/the feelings are so big for you…. because s/he/the relationship matters so much to you.”
Tracking the cycle

• “If I were a fly on the wall at home when you fight, what would I see...what typically happens..?”

• Watch their interactions in session. Listen for comments pertaining to *closeness and distance*

• *When you feel...., what do you typically do?*
Example (systemic view)

• “So it seems like a lot of your relationship is taken up with you Melanie feeling lonely and afraid that you do not really matter to Derek. When you reach for him to try to get reassurance and closeness, it can feel for you Derek as though you are being pressured, and that you are often getting it wrong.

• When you feel pressured Derek, you tend to turn away, to shut down and try to “damp down” the pressure or the conflict. The more Melanie pressures, the more that you (D) turn away; the more you turn away, the more lonely you (M) feel and the more you pressure.

• (can say it all again starting with the withdrawer)
"I think I understand Derek...you feel pressured by Melanie’s remarks so that you withdraw to protect your self, to feel safe. But Melanie, you see Derek turn away, and withdraw, and you say to yourself, ‘Oh no, he’s not listening, I don’t matter to him! So you push harder to get on his radar. The more you push, the more you (D) feel unsafe and withdraw; the more you withdraw, the more Melanie pushes. This becomes a pattern...and it is this pattern that becomes your enemy..... This is hard for you both."
The cycle

- The cycle is framed as what the Tx wants to help them to understand and to interrupt.

- The **homework** is to watch what happens between them; to watch what happens in side (each)

Then....

- To try to interrupt it, do it differently, each to help the other change the way it goes between them. (de-escalation)
Stage 1 cont

- Step 3 underlying primary emotions that drive the cycle
  Evocative questions, heightening

- Step 4 Reframe negative behaviours as reaction to met needs; Helping couples own their part in the cycle.

- Therapist is always focusing on emotions, cycle or attachment needs
Evocative questions

Process questions (we don’t ask WHY)

• How do you feel when you hear him say….?
• What happened just now inside for you?
• Just before you lashed out like that, what happened inside for you?

• Where do you feel that sadness? What was going through your mind? What did you want to do?
Reaching behind the masks

• “Attachment theory encourages a therapist to reach, with empathic questions, reflections and conjectures, behind couple and family members’ masks and unpack separation distress, anger about rejections and hurts and the attachment longings that colour emotional reactions.”

    Johnson (2008)
Stage 1-step 3
Which emotion to focus on?

- Tx validates secondary emotion but then evokes underlying primary emotion
- Watch nonverbal communication. The body doesn’t lie.
- Focus on the most poignant aspect of experience (sadness, hurt, fear, longing to be valued and important).
- Focus on emotion that is salient in terms attachment needs and fears (of rejection, not measuring up, abandonment)
- Focus on emotion that seems to play a role in organising the negative interactions and restricts accessibility and responsiveness.
Expand/process emotion

Address attempts to exit the experience

• “Can you make room for that feeling?”

• “A second ago you had tears in your eyes. Can you stay with that and see what it is about?”

• “I understand that is so painful to feel that sadness that you push it away.”

• “What do you do with your feelings? How do you do that?”
Empathic conjecture (can be helpful when evocative questions are not drawing a response)

(draw on attachment theory and individual’s history)

To a withdrawer: “Even though you keep your distance, my sense is that part of you longs to feel close.” (tapping into adaptive attachment longings)

To a critical pursuer: “I wonder if under all your frustration and anger, there is ...maybe hurt? It hurts that Derek doesn’t appear to listen?” (note the language)

To a confused partner: “It must be disorienting to hear Derek speak of his softer feelings. It’s like he’s a different person?”
R-E-V

• Reflect  I see your tears/sadness

• Evoke  Can you tell me about what is happening for you right now?

• Validate (attachment-related)
  It’s understandable that you feel very sad hearing her say that she no longer feels close to you.
Practice RISSSC and R-E-V

Work with either Derek or Melanie to attune to his/her experience in the relationship. Reflect, validate, expand at least one primary emotion.

• If you are Derek, let yourself feel into the experience of being a medical specialist working long hours with critically ill patients. You come home to instructions and criticism. You came from a family (British military father) that expected everyone to “get on and cope”, most of the time alone.

• If you are Melanie, let yourself feel into the experience of being home half the week with two children under three, working the other half of the week in an accountant’s office, and persistently feeling that Derek is always tired, with his mind at work. You came from a family where everyone had to be loud to be heard. (youngest, four brothers)
Role play: Therapist instructions

Find out how Derek or Melanie experience this relationship. Take 10 minutes each, so both have turn as Tx. Offer a safe haven and a secure base throughout.

- Empathic reflection (verbal and non verbal)
- Evocative questioning
- Validation
- Empathic conjecture
- Heightening
- Use RISSSC manner throughout
Characteristics of the relationship at the end of Step 4

- Each partner’s experience of self and other is less constricted
- Each partner knows what s/he does to trigger the cycle
- There is greater awareness of how their interactions/cycle block engagement and leave them feeling powerless
- First order change (Watzlawick et al., 1967) that is, more fluidity in the system but the organisation of the interactions has not changed
Attachment fears and needs

Common attach fears
• Being rejected
• Being abandoned
• Not measuring up, being a failure
• Being unlovable
• Being controlled

Common att needs
• Acceptance
• Closeness
• Understanding
• To feel important
• To feel loved
• For your partner to reflect good things about you
• For appreciation
Change events in EFT

- Stage 1
- De-escalation of the negative cycle

- Stage 2 (restructuring the attachment bond)
- Withdrawer re-engagement

- Blamer softening
In Stage 2 we go slowly (Lots of RISSC manner)

- Access and process primary emotion
- Order and distill primary emotion
- And ask experiencing partner to turn and tell (enact/disclose). Help listening partner to respond and reach back.
Stage 2

- Stage 2: Goal is to restructure couple’s attachment bond so that the withdrawer no longer needs to withdraw and instead names needs and the pursuer softens and learns to ask for needs to be met rather than blaming/criticising.

Step 5 Help the withdrawn partner “walk around in his/her experience”. Enact to listening partner.

Step 6 Support listening partner to acknowledge and accept

Step 7 Expresses attachment needs clearly

(The second “round” of stage 2 works through steps 5 to 7 with the more pursuing partner)
Stage 2: Withdrawer re-engagement and blamer softening

• Here is where we ask questions like,

“How could your partner help you right now?”
“What do you need from your partner at the moment?”

• Asking these questions too early (Stage 1) typically flares the negative cycle, whereas when asking in Stage 2 (cycle is de-escalated) partners are more likely to be able to drop down from distilled primary emotion and talk about attachment needs and fears.

Derek: “I need you (Melanie) to reassure me that I am valued by you.”

Melanie: “I need to know that you do care and that you will be there for me when I need your support.”
Stage 2

• In Stage 2 we work with the withdrawer first. This is strategic to create sufficient safety for the pursuer to soften. Step 5 with the withdrawer typically blends into Step 7 (expressing attachment needs and fears)
Withdrawer re-engagement

- Therapist uses empathy to help withdrawer to come out from behind his/her protective wall/shell/shield
- “Derek, the pressure is so tiring for you. You protect yourself by withdrawing....can you tell me some more about what it is like for you when you turn your head away?”
- A previously more withdrawn partner shares attachment needs and wants from a now-engaged relational position. Derek says to Melanie
  - “Melanie, I am exhausted from all this pressure and withdrawing-I want you to feel loved by me. However, I also want to feel appreciated by you and I need you to give me some space and understanding.”
Withdrawer re-engagement (cont)

• Engaged withdrawer is able to hold on to new stance and doesn’t need to resort to earlier behaviour:
  • “I’m working hard at our relationship. I am really trying to understand what is important for you too.”
Withdrawer engagement

As more withdrawn partner “steps forward” into the relationship, the pursuer feels less afraid and more willing to take some risks to connect with his/her partner.

- Once engaged, the previously withdrawn spouse helps to lead the process toward secure bonding.... “Yes, I want you to trust me...give me a chance....I want to get it right with you”
- More openness and decrease in hostility (cycle de-escalation) from the pursuer invites the withdrawer’s approach.
- They help each other to create a new positions
Blamer softening

Pre-requisites:
• De-escalation of cycle
• Withdrawer reengagement

• A previously hostile, critical spouse accesses “softer” emotions and risks reaching out to her/his partner who is engaged and responsive. In this vulnerable state, the previously hostile partner asks for attachment needs to be met.

• A bonding event occurs that redefines the relationship as a safe haven and a secure bond.
Softening (cont)

• Criticism
She says: “You’re never home. I sit watching TV night after night on my own while you stay back at work. It’s so unfair!!”

Becomes----

• “I want you home in the evening, because I miss you. I know you are trying to develop the business... but I feel lonely just looking after the baby all day. Please, spend some time with me.”

He sees her differently, as vulnerable rather than dangerous. A new interaction is initiated.
Blamer softening (Micro steps)

- Shore up withdrawer engagement
- Explore possibility of reaching
- Explore fears of reaching
- Work with negative model of self/other
- Support reach
- Help partner to reach back
Blamer softening

- Typically the most difficult change event to effect. Takes time, repetition, support, especially with traumatised couples
- Work in small steps; empathy, conjecture about adaptive longings, heighten, evoke, enact in small steps
- “Yes Melanie, I understand, you feel so afraid to let him see how small and alone you feel. And yet, I think you also long to have him draw you close to him, you want so much to feel safe and held by Derek.”
- Ensure previously withdrawn partner is supported to maintain engagement; help him/her to reach back at each step “Derek, what happens for you as you hear Melanie tell you how afraid she is (he responds)...can you tell her that please”
Stage 2 and Stage 3

• Attachment needs and wants are expressed directly with a sense of empowerment and legitimacy (withdrawer) and from a position of vulnerability (pursuer)
• Powerful new bonding events occur which lay the foundation for a positive new cycle. Therapist tracks the new cycle of positive interaction to consolidate progress.

• **Step 8**  New solutions for old problems
• Talking about old problems in Stage 3 is different now because the attachment significance of problem has changed.
• **Step 9**  Consolidation (tracking the positive cycle, attachment rituals, farewell)
Attachment at every step of the model

1. Attunement, alliance, attachment themes
2. Cycle is reaction to insecure relationship
3. Primary emotional pain drives the cycle
4. Distress is all about the importance of partner and relationship
5. Exploration of insecure position in relationship
6. Partner listens and acknowledges experience of other
7. Attachment needs are expressed assertively (w’drawer) and from a place of vulnerability (pursuer)
8. New solutions for old problems (attachment significance has changed)
9. Attachment rituals to maintain closeness and security
Reminder: EFT in summary

- CYCLE
- EMOTIONS
- ATTACHMENT

Throughout therapy (beginning to end), the therapist is always attending to either the cycle, either partner’s emotions or the couple’s attachment needs (all three are inter-related).
The goals of EFT are to

- access, expand and re-organize key emotional responses (emotion)
- create a shift in partner’s interactional positions (cycle)
- foster the creation of a secure bond between partners through the creation of new interactional events that redefine the relationship (attachment)
Sue Johnson’s phrases

• If you are at the heart of the matter, walk around in it.
• Mine the moment
  (slow down, expand primary emotions and attachment significance)

Slice it thinner
(Slow down and work with small “pieces”)
• Catch the bullet (reframe negatives/criticisms)
• Block the exits (encourage/support engagement with primary emotion)
References


References


Recommended books for couples


Recommended texts


Certification as an EFT therapist

4 days **Fundamentals of EFT**

8 days **Core Skills of EFT** (offered in 2 blocks of 4 days) (Participants bring a recording of their work to present to the group)

Minimum of 8 hours of **individual supervision**

Reading+