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Support Material for Chapter 1, Stepping into Emotionally Focused Therapy (EFT)

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Summary of Key Ingredients of Stepping into EFT in Chapter 1

- An EFT therapist is not a coach or a wise teacher, rather a *process consultant*, with the tasks of creating safety for clients to identify the negative patterns in which they are stuck, to deepen the underlying emotion triggering these cycles, and to restructure these emotions and interaction patterns to reach the destination of secure attachment.
- EFT is an experiential, systemic, attachment-oriented integrated model focusing simultaneously on intrapsychic and interpersonal experience, identifying cycles/patterns of emotional responses as target and agent of change, and reshaping attachment bonds, and views of self and other.
- The systemic element of EFT is expanding to include more focused attention on intersectionality, minority stress and trauma, socio-cultural context, and ways to elicit and process contextual impacts in clients' experience.
- The EFT roadmap has three stages of client change – *de-escalation* or *stabilization*, *re-structuring*, and *consolidation*. There are three change events – *stabilization* in Stage 1 and *engagement* and *softening* in Stage 2.
- In Stage 1 of EFCT, the couple is helped to identify and de-escalate or stabilize the negative cycle. *De-escalation/stabilization* of the negative cycle is the first change event.
- In Stage 2 of EFCT, two change events reshape the attachment bond. The change event of *engagement* precedes the change event of *softening*. Together, these two change events restructure the attachment bond into safety and security.
- In Stage 3 of EFCT, partners consolidate this newly shaped connection, revisiting how they moved from disconnection to this new bond of safety and security. Partners also review how they can keep this new connection alive.
- EFIT has the same stages of change: *stabilization*; *restructuring attachment bonds/view of self and system*; *consolidation*. Change events also include *stabilization*, *engagement*, and *softening*.
- Efficacy of the model: Outcome studies on EFCT provide empirical validation that this approach to couple therapy is an evidence-based treatment and that the results are lasting. Research on EFIT is promising and currently underway.
- Nine process of change studies delineate *how* the change is created in EFT.
- Attachment orientations can change.
- Secure bonds, created through EFT, change how the brain responds to threat.

Summary of Five Cases and Their Typical Patterns

Typical repetitive cycles or patterns are identified to be the problem, as illustrated in the five cases introduced in Chapter 1 and to be followed throughout their change processes.

Jessica and Wayne have a demand/withdraw cycle, with Wayne, a black African American withdrawing and muting himself for safety in the world and in this relationship, while constantly vigilant to get it right with Jessica, and Jessica, safer in the world because of her lighter skin, getting exasperated and shutting down herself to keep Wayne from withdrawing.

Phil and Julie, two white trauma survivors, have a withdraw/withdraw cycle, with Phil highly avoidant of all emotional experience and Julie both terrified of closeness and recognizing a very muted longing for safe connection.

Sophie and Ella, a cisgender Asian/American lesbian couple with different cultural and family values, have highly escalated attack/attack sequences, with Sophie pursuing and Ella withdrawing and defending.

Sahra, identifies as an Afro-Ukrainian immigrant to the USA. She swings between depressive lethargy and bouts of anxiety. Her self-protective pattern of fluctuating between anxiety and numbing is called a *fearful avoidant strategy* in attachment terms, and it has helped her survive various traumatic experiences.

Max, identifies as neuro-divergent. He uses an avoidant strategy that has helped him survive numerous traumatic events. He is grieving the loss of a long-term relationship and is eager to process traumatic memories that continue to haunt him.

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Support Material Chapter 2, Key Ingredients of Change

Therapeutic Tasks and the EFT Macro-intervention

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Summary of Therapeutic Tasks and the EFT Macro-intervention

Chapter 2 gives a brief overview of the three main tasks in EFT and outlines and illustrates the five moves of the EFT macro-intervention, the EFT Tango. The three basic tasks and ingredients of change that enhance successful outcome in EFT are identified with the acronym **TEA**:

Task Alliance

The most important aspect of the alliance is that clients feel that the tasks of therapy have value and relevance to their concerns. In particular, are they finding tracking repetitive patterns of interaction, deepening emotional experience, and participating in engaged encounters to be on target with their hopes for change?

Emotional Depth

Depth of emotional engagement positively impacts therapeutic change. EFT therapists strive to engage clients at a level where they attend to a felt flow of present moment internal experiencing, and then to deepen even more into emerging edges of increasingly active, vivid, immediate, shifting experience and trustworthy new meanings and actions.

Affiliative (or Authentic) Encounters

Emotionally engaged encounters of open disclosures and responses that are understanding, warm and caring are shaped between partners in couple therapy. Engaged encounters are shaped in EFT with imagined, significant others, with the therapist, and between two parts of self. These encounters contribute significantly toward reshaping distressed relationships and restructuring despair, isolation, and rigidity into secure bonds and flexible, resilient, meaningful engagement in life, characteristic of secure attachment with others. When encounters are not responded to with affiliation, the EFT therapist encourages authentic responses, containing and validating until clients are able to experience affiliative responding.

The EFT Macro-intervention

A tango dancer herself, Johnson has named the EFT macro-intervention the EFT Tango. Repeating the five moves of the EFT Tango in an attuned flow with clients is a conclusive summary of how to practice EFT. The five moves of the EFT macro-intervention are as follows:

1. Mirror and reflect present process within and between.
2. Assemble elements of emotion and deepen core emotion.
3. Shape an encounter to share newly accessed emotional experience.
4. Process the disclosure with both the discloser and the receiver of the message.
5. Integrate, validate, and summarize the experience.

The EFT micro-skills used in the five moves are a combination of experiential (individually oriented) micro-skills detailed in Chapter 3 and systemic (interactionally oriented) micro-skills, described in Chapter 4.

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Support Material for Chapter 3, Experiential EFT Micro-Skills

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This support material for Chapter 3 provides guidelines, tips, and summaries of the experiential EFT micro-skills.

Box S3.1 Experiential Micro-Skills

Experiential micro-skills are used to create alliance, access, expand, and reprocess emotion, include:

Empathic Attunement – resonate before finding words to express empathic reflections.

Empathic, Evocative Reflections – essence of EFT, co-regulates and focuses.

Evocative responding – process enquiries and replays.

Validation – creates emotional coherence of client realities, differences, and emotional responses.

Heightening – expand awareness with RISSSSC: repeat, images, simple, soft, slow, specific, somatic signals, client's words.

Empathic conjectures – inferences, very close to client experience, yet slightly on the leading edge.

Therapist transparency – used judiciously, to support bond and task elements of therapeutic alliance and to normalize client experience.

Box S3.2 Mini Steps in the Active Process of Empathic Responding

Attune – imaginatively step into the world of another. Find emotional/cultural handles?

Resonate – get a felt sense in your own body of the most poignant part of the nonverbal and verbal stories. Most poignant can be the most emotional or a striking absence of emotion.

Find the words – to best convey your felt-sense understanding.

Check for confirmation – invite client to confirm or adjust/correct your communicated empathic understanding.

Be mindful of the power differential between client and therapist, and honor client's expression of feeling misunderstood or needing to correct your understanding.

Box S3.3 Five Functions of Empathic Reflecting and Responding

Empathy as shared activity:

- Centers the clients' context.
- Makes the leading edge of experience explicit.
- Orders and distills experience.
- Accesses core emotion within the content.
- Slows processing.

Box S3.4 Six Functions of Evocative Responses and Questions

- To assemble emotion toward accessing underlying emotion.
- To evoke attachment significance in distracting content.
- To evoke relevant content that needs to be made explicit.
 - Attachment injury.
 - Socio-cultural context.
- To engage clients with little access to feeling words or bodily felt experience.
- To order confusion into calming and agentic specificity.

Box S3.5 What Are Validations?

Validations are much more than general statements claiming, "Of course that makes sense." Validations link specific elements of emotion together, creating greater emotional coherence and normalizing in an attachment context. Examples below are only some of the possible ways to validate by linking various elements of emotion: trigger/perception; bodily feeling; meaning; action; core emotion; and thereby implying agency, hope, and new possibilities.

1. **Linking one's action tendency to another's action tendency (trigger).** In EFCT, this is essentially the same as linking one partner's action to the action of their partner, that triggers them:

“It makes sense that when her tone gets louder (partner’s action/trigger), you get quiet and want to leave the room (action tendency).”

2. Linking one’s action tendency to the meaning they make

“You don’t like to sense you’ve let her down, so when her loud voice says to you that you’ve let her down (meaning made), you get quiet and leave the room (action tendency).”

3. Validate different experiences of the same event by linking each partner’s meanings to the other’s actions:

“Right now, you each have very different views of what happened. When he said maybe he’d be better off without you and left the house (actions), you heard him pushing you away and rejecting you (meaning). And when she stayed home instead of following you to the hospital (actions), you took it to mean she didn’t care that you needed her (meaning), and you felt absolutely alone.”

4. Linking one’s bodily felt sense and core panic to the trigger

“It makes sense that your stomach sinks with despair (bodily sensation), and you freeze in panic (core panic) when you overhear your partner say on their phone, to someone you do not know, ‘I can’t wait to see you tomorrow’ (trigger).”

5. Linking stuck pattern (actions) to underlying core emotion

“It makes sense you are stuck in a frantic pattern of saving homeless animals (actions) when, as you say, their needs are more manageable to focus on than your own enormous cavern of grief and loss (core emotions) that you prefer not to notice.”

6. Linking emerging unacceptable core emotion to cue (trigger) and action tendency

“It is frightening to feel this anger! When you discover you are losing your eyesight (cue), you feel the injustice and the anger (unacceptable core emotion) at your attackers. It felt right to suppress this anger for decades (action tendency) so as not to be a rageful, angry man but you feel it’s intensity now.”

7. Validations can also be used to affirm action tendencies for their positive intention

When a client says, “It’s silly that I keep acting like everything is fine (action tendency),” a validation that helps to reframe is, “It was the best way you found up until now. You didn’t want to risk disagreements, and now you are starting to see that there may be another way you could do this.”

Box S3.6 Tips for Heightening

- RISSSSC manner heightens emotional *risk* and felt experience.
- Images evoke and heighten emotional experience.
- Reflecting somatic signals, such as voice, body, and breathing, heightens emotional experience.
- Balance heightening with emotional containment, with soothing prosody.
- Match, then heighten client’s tone with therapist varied vocal quality.
- Heightening core emotion points to relevant encounters.

In EFFT, the observing partner needs to know that the therapist is seeing them and holding them while heightening their partner’s emotional experience. It may be triggering for them; thus, safety through an alliance with both partners is maintained during the important moments of heightening one partner’s experience.

Box S3.7 How to Make Empathic Conjectures

- Resonate with clients on the *leading edge* of their experience: Listen for hints of threat, security, core emotion, or longings. Attune to your felt sense of their experience.
- Find words to capture the slice of experience/emotion that is hinted at verbally or non-verbally in the broader scope of their pattern, position, and context. Use proxy voice for maximum engagement.
- Express your hunch with tentativeness, to invite client to verify, disconfirm, or adjust your understanding.
- If client agrees with your empathic conjecture intellectually, check *how*, specifically, this matches their felt experience.
- Remember the purpose of empathic conjectures: to expand depth of emotional engagement, not to get client to agree with you or to explain *why*.

Box S3.8 Functions of Self-disclosure/Therapist Transparency

- Opens doors to discuss intersectionality differences when/if client wishes.
- Demonstrates therapist genuineness.
- Therapist engagement deepens client emotional experiencing.
- Normalizes dilemmas of being human and depathologizes clients' distress.
- Fosters non-expert role of therapist – as a process consultant and collaborator.
- Transparency of the therapeutic process helps to build/repair task alliance.

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Support Material for Chapter 4, Systemic EFT Micro-Skills

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This support material for Chapter 4 provides guidelines, tips, and summaries of the systemic EFT micro-skills.

Box S4.1 Systemic Micro-Skills

Systemic micro-skills are used to reflect patterns and shape new patterns of interaction/of regulating emotion.

Tracking Reflections of processes of interaction, making positions and patterns explicit. (Anxious hyperactivating or avoidant de-activating; pursue/demand – defend/withdraw.)

Reframing experience in terms of attachment context. “How is this relational?”

Seeding Attachment (Combines reframe and conjecture.)

Refocus/Redirect (“Stop, can we go back.”) Also known as *changing channels*.

SHAPE Encounters to share present positions, newly accessed emotion, make new requests, give new responses.

Slice Risks Thinner – Respect reluctance. (Frequently used in EFT Tango Move 3.)

Process Encounters – Explore the impact of the encounter on discloser and recipient, with evocative questions, reflecting, and heightening.

Catch Bullets – Contain aggression. (Interrupt, track, reframe/conjecture.) (Frequently used in EFT Tango Move 4.)

Summarize to integrate. (EFT Tango Move 5.)

Box S4.2 Tracking Reflections

In Stage 1 of EFT, the micro-skill of tracking reflection is used to link triggers and action tendencies, and in emotion assembly, to link all elements of emotion into a coherent whole. This helps the Stage 1 process of tracking repetitive interactional patterns: inner and outer realities mirror and create each other in increasingly rigid, recursive cycles.

In Stages 2 and 3, tracking reflections are used to heighten changes to the old repetitive pattern and to make explicit the beginning of a new, more positive pattern.

“The description of interactional patterns, like the descriptions of inner experience, continues throughout therapy and becomes more elaborated and differentiated as time goes on” (Johnson, 2020, p. 96).

Box S4.3 Reframing: From a Problem Mindset to Valid Attachment Intentions

Reframing could be considered the backbone of the de-pathologizing nature of EFT: The problem is not the person. The problem is the rigid, repetitive patterns of interactions that couples, individuals, and families become caught in their best attempts to preserve relationships and regulate emotions.

The change event of Stage 1 is *reframing the problem, not as a person but as the interactive pattern*. Reactive responses and repetitive patterns are seen to be fueled by core emotions that, when attended to, can become the fuel for change.

Reframes *contain an element of conjecture* about attachment significance.

Cycle Reframes in EFCT

Pursuing: Desperately trying to find the partner and make them respond!

Withdrawing: Overwhelmed with lacking a sense of approval and appreciation from partner.

Attachment Strategy Reframes in EFIT

Anxious hyperactivating: Seeking safety and connection.

Avoidant suppressing, downregulating: Moving on, without hurting or getting hurt.

Fearful avoidance: Seeking support, yet cautious and mistrusting of others.

Box S4.4 Functions of Engaged Encounters

Encounters are shaped throughout EFT, for different purposes, relevant to where clients are in the EFT change process. They are used to help clients:

1. Own recurring patterns and action tendencies.
2. Access or deepen core emotion.
3. Share core emotion in a newly, clear message.
4. Make a specific request to meet an attachment need that emerges from core emotion. This creates a corrective emotional experience that changes inner and interpersonal dramas.
5. Revisit and highlight a new response/new experience.

Box S4.5 S.H.A.P.E. Encounters: How to Choreograph Engaged Dialogue

Sharpen: the message to be shared.

Heighten: with repetition.

Anticipate: invite client to imagine disclosing and/or receiving the message.

Present: Direct the client to **present** the message.

Engage: Re-engage, re-focus if client exits.

Box S4.6 Special Conjectures used in Shaping and Processing Encounters

1. Respect Reluctance – *Slice Risks Thinner* while shaping an encounter to keep client engaged in the process at a manageable level of arousal.
2. *Seed Attachment* – Heighten core fear while conjecturing a safe image; a felt-sense of receiving a caring response that soothes that fear and meets one's deepest needs.
3. Contain Negative Messages – *Catch the Bullet* – Combine micro-skills of interruption, tracking, conjecture, reframe, and validation. Use in Moves 3 and 4 and at any point in therapy to protect a client from an aggressive, reactive remark.

Box S4.7 Catching Bullets to Contain Aggression

How to catch an aggressive remark and deftly reframe it with an attachment conjecture, before the stinging impact penetrates the others' skin and triggers a self-protective move of distancing or firing back:

- Interrupt escalation.
- Reflect present process without judgment.
- Reframe the reactivity by conjecturing at confusion, attachment threat, disorientation, or disbelief.

- If possible and appropriate, validate the attachment intention.
- Check with client that the conjecture is accurate, being ready to learn how to tweak or correct it.
- Refocus conversation.

Box S4.8 Bullets to Catch

Each of the examples below calls for an EFT therapist to interrupt to catch the aggression, reflect the present process, and reframe the aggressive comment as a reaction to something that was difficult to hear, and identify the reaction as possibly having a good intention.

1. In early EFCT, a partner becomes accusatory or sarcastic of something their partner says.
2. In early EFIT, an individual client dismisses or judges their own words as soon as they are spoken, or immediately reports perceived aggression from an imagined other.
3. In Stage 2 EFCT, a partner discloses a vulnerable experience and their partner reacts with disbelief and becomes accusatory or dismissive.
4. In Stage 2 EFIT, an individual client discloses a vulnerable experience and an imagined other or part of self becomes accusatory or dismissive.

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Support Material for Chapter 5, The Revolutionary Science of Love as an Attachment Bond

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Metaphors of the Three Secondary Attachment Strategies

Anxious Pursuer: Hyperactivating Attachment Fears and Needs

Imagine you are swimming in a deep lake, the sky is darkening, you are far from land, and realize you do not have the strength to make it back to shore. A motorboat drives by and you call out, hoping to climb on board. It drives past you and circles back. Again, you cry out but it drives by. You cannot tell if the driver of the boat has heard you. Numerous times it circles by you and each time you call out. It gets very close but each time, the driver ignores you and goes by. You become increasingly panicked and desperate, fearing you may drown alone in the cold waters, when someone was so close and yet out of reach. You become angry, suspecting the driver of the boat sees you and does not care that you are about to die (V. Kallos-Lily's metaphor, personal communication, 2012).

Avoidant Withdrawer: Deactivating Attachment Fears and Needs

Imagine you are crossing a field the length of two football fields where you know there are buried landmines. You can see the person you love, far in the distance, on the other side of the field, motivating you to risk attempting to cross the field. Carefully and gingerly, you begin to tread across the field hoping to detect signs of where the landmines might be buried. BANG!! You narrowly miss injury when one explodes, and it sets your heart pounding. In an effort to maintain focus, to survive this, you suppress the internal fright and carry on, appearing stolid and undeterred. Several more times an explosion goes off, and you narrowly miss injury. The trek across the field seems extremely dangerous and you wonder if it is worth it – or whether it will destroy you. You know you would feel much safer staying on the other end of the field, alone (G. Faller's metaphor, personal communication, 2012).

Fearful Avoidance: Simultaneously Pursuing and Fearing Closeness

Imagine you are alone, lost on a dark street in a strange city, where you know no one except your travel companion from whom you have mysteriously become separated. You do not speak the

local language and your mobile phone is without power. You have wandered up and down several streets, searching for your companion and you are becoming increasingly anxious. Suddenly, ahead of you, you see the familiar jacket, breathe a sigh of relief, and call out. They turn around and you discover it is not your companion but the menacing face of a person carrying a weapon. You turn and run down a back alley, heart pounding, palms sweating. Continuing on, once again you see the familiar hat your companion was wearing and you pick up your pace and call out, hopefully and desperately. The minute the person turns, you recognize the grim reaper, not your companion, and you turn again, this time running several blocks before you dare stop. Over and over again, the one you hope to count on becomes a face of threat and death!

Johnson likens this fearful avoidance attachment strategy to trying to dance to two kinds of music at once: simultaneously erupting in anger and being paralyzed with fear. There is an overall sense of needing someone yet trusting no one.

Expanded Details on Roadblocks to Internalizing Attachment Theory as a Guide

There are numerous factors which can present roadblocks for therapists seeking to internalize attachment theory as a guiding paradigm for therapy. A therapist new to EFT is likely to find it challenging to consistently hold an attachment perspective of a couple's unfolding drama of escalating and shutting down. Similarly, it can be difficult to de-pathologize an individual client's depression and anxiety with an attachment perspective that frames the problem as a self-protective, self-defining repetitive *pattern of disconnection*.

The challenge is compounded when the therapist's own emotions are aroused, and they lose their emotional balance. They may find themselves taking sides with one partner or may get overwhelmed with feeling pressure to solve an individual client's presenting issue (Mikulincer & Shaver, 2023a). Challenges can come from tacit, unexamined theoretical views that stand in opposition to attachment theory, as well as from personal experiences and unconscious biases. I first explore theoretical views that could block a therapist from adopting an attachment orientation, and second, consider personal experiences which could also interfere with internalizing a culturally humble attachment perspective.

Tacit Theoretical Views

Making your tacit theoretical orientation explicit and identifying your personal, emotional influences can enhance your capacity for integrating a culturally humble attachment perspective. Following are several theoretical orientations which might be influencing you.

Individualistic View of Human Nature and Therapeutic Change

Many therapists have been trained in an ethic of survival through competitiveness, self-sufficiency, individual growth, and independence. A worldview of interdependency is, indeed, a huge leap. For therapists who adhere, either tacitly or consciously, to the view that adults can be self-sufficient and must develop a capacity to soothe and love themselves before receiving comfort or love from another, it could require considerable vulnerability and courage to explore the therapeutic power of effective dependency. Vulnerability can arise with questions such as: "Am I not self-sufficient? Do I actually need others? Can I not do this alone?" Courage is needed in the face of thoughts such as, "I have taught people for years to love themselves first and foremost, to take responsibility for themselves and not depend on others" and "Depression and anxiety are individual problems, not relational issues!"

Therapists could fear that an approach which encourages *effective dependency* and leaning on another person in times of need could lead to excessive dependency or an inability to self-soothe. It might be a challenge to integrate the new direction of attachment theory and research that claims the relational and health benefits of interpersonal regulation to be greater than self-regulation (Gil-lath, 2015; Greenman & Johnson, 2022; Johnson et al., 2013; Shaver & Mikulincer, 2014).

Adhering to an individualistic theory of self-growth and self-regulation is likely to interfere with normalizing distress from an attachment perspective. In attempting to make your theoretical assumptions explicit, ask yourself if you are at ease with a therapeutic paradigm and theory that posit that we are wired for dependency. Check if your basic assumptions about therapy and human nature fit with the view that survival, both as individuals and as a species, hinges upon interdependency on one another.

Insight Orientation

Another challenge to adopting an attachment orientation can be tacit adherence to an insight orientation. Many therapists new to EFT become distracted by trying to help clients figure out why they feel or behave in a certain way (implying that therapeutic change comes from insight – from understanding why). EFT is not an insight therapy. Explanations do not deepen clients' engagement in present-moment experience and interpersonal processes. If you assume that explanations and insight lead to change, you might find yourself becoming distracted from the attachment significance of the present moment. When emotions are running high, you could become easily distracted and unwittingly digress into a client's stories of childhood, beginning to see childhood causes as "the real problem" to explore. An EFT therapist would first identify the problematic pattern and then access the underlying attachment fears driving that pattern.

Integrating the view of love as an attachment bond into an experiential, systemic therapy, such as EFT, is a significant departure from psychodynamic insight applications of attachment theory. Therapists with an insight orientation can find it challenging to grasp how attachment theory can be used experientially to create change. In an insight paradigm, one is more likely to see attachment theory as a way of explaining how current distress is related to one's past, rather than a systemic dynamic of ineffective patterns *of interacting*. An insight-orientated therapist in couple therapy might attribute a partner's mistrust to an unpredictable relationship with mother. Such an insight points to few possibilities for change, and neither does it move beyond the inability to trust the process of the couple's interaction. In contrast, an EFT therapist seeks to facilitate an attachment-based change process. For example, in the first stage of EFT, tracking positions and patterns can begin to facilitate present moment experiencing and change: "You don't trust—instead you hide—and the more you do that the more your partner criticizes. You are caught in a loop that leaves you both lonely and fearful." This is the beginning of recognizing and then shifting steps in a repetitive attachment dance. Attachment-based EFT provides the map toward changing attachment patterns that foster security with others and within self.

Limited by Diagnostic Labels

It can be challenging for therapists to integrate the attachment alternative to diagnostic labeling. For many therapists, it can be an immense paradigm shift to see emotional disorders and interpersonal distress as associated with legitimate, unmet needs for interpersonal connection and not as a personal deficit in a client. It can be difficult to move from implicitly seeing an individual's diagnosis as the problem, to perceiving the patterns of attachment strategies as both exacerbating emotional distress and providing a hopeful target for change. It can be quite radical to relinquish a

focus on individual shortcomings and to embrace the interpersonal, attachment view that hope and change begin with becoming fully acquainted with the current interactive distress-cycle. That is the path to shaping broaden-and-build cycles of attachment security.

In EFCT, if one partner seems more expressive and agreeable, the therapist could be tempted to see the other as the identified patient. Therapists might hold tacit views that one partner is dysfunctional, mentally ill, impaired, or somehow largely responsible for the problem, and thus, find it very difficult to hold a non-judgmental, attachment view of relational distress. In EFIT, some therapists might be reluctant to adopt the attachment-informed reframing of “disorders” as patterns of ineffective strategies for emotion regulation. As described in the introduction to this chapter, an attachment view moves the focus away from diagnostic labeling to identifying attachment strategies and patterns that are worsening many forms of emotional distress. This provides a growth-oriented, empowering perspective of various emotional disorders such as borderline personality disorder, overt narcissism, depression, anxiety disorders, addictive processes, avoidant personality disorders, and unrealistically positive self-appraisals.

Emily pauses to absorb how attachment research is strengthening her feisty childhood resolve to see individuals’ problems as systemic and relational, instead of faulting one person for being *a problem person*. While recognizing that in EFCT, there may be situations where one partner contributes more to the relationship distress than the other, she cherishes the attachment-based view that the real problem in relational distress is the increasingly distressing feedback loop of two participants struggling to regulate attachment emotions.

The “empirical evidence linking attachment insecurities to emotion regulation” (Mikulincer & Shaver, 2019, p. 7) also deepens Emily’s attunement to individuals’ nuances of emotional disorders. Different *attachment strategies for emotion regulation* materialize differently across clients. Emily can taste the difference between an anxiously attached individual’s depression, related to feeling helplessly alone, disconnected and disappointed by unreliable others, and an avoidantly attached individual’s depression, related to perfectionism, achievement-disappointment, and self-criticism (Mikulincer & Shaver, 2016). These differences, while not personal failings, are important to assemble and validate.

Fear of Imposing Personal Values or Unconscious Bias

Some therapists are reluctant to follow an attachment paradigm, out of concern that it does not honor cultural differences. They fear they will be imposing values of intimacy and emotionally vulnerable expressiveness on cultures where this is not the norm. EFT therapists can combine this legitimate concern with a commitment to grow their awareness of ways they impose unconscious biases of race and culture upon their clients, and to be constantly open to question their cultural humility and therapeutic alliance. Mesman (2021, p. 247) quotes James Baldwin, the great novelist and playwright who wrote about matters of race in *Notes of a Native Son* (1955/1984), “It is really quite impossible to be affirmative about anything which one refuses to question” (p. 131).

Attachment research is expanding across cultures and continuing to ask more critical questions (Mikulincer & Shaver, 2023b; Thompson et al., 2021). We cannot presume to understand any client’s culture until we get to know them. For example, one person who appears to be Chinese identifies as a Canadian, another as an American who grew up in Hong Kong, and another as Taiwanese. We need to not assume we understand, but to invite a client to tell us who they are and how they identify. EFT promotes a stance of openness and curiosity to attune to each client as a “culture unto itself, and the therapist must learn about and adapt interventions to this unique culture to formulate effective interventions” (Johnson, 2015, p. 101). Context matters. Each client brings unique cultural strengths that we need to discover, validate, and heighten.

Despite the established universality of attachment needs and responses and the centrality of emotion to attachment bonds across cultural contexts, EFT therapists are increasingly open to yet-unspoken elements and nuances of clients' experiences. Attachment may include networks of attachments, whether they be adult multiple-partner relationships (Edwards et al., 2023; Fern, 2020; Moors et al., 2019) or multiple-caregivers, known as *alloparenting* (Mesman et al., 2016). If an attachment-oriented EFT therapist disregards nuanced differences in their clients' attachment bonds or specific experiences of racial trauma and *minority stress* cues, they limit attunement with their clients, put the therapeutic alliance at risk, and may reach a therapeutic impasse.

Guillory (2022) encourages EFT therapists to consider both attachment threats which trigger cascades of emotion and self-protective patterns, as well as racial danger cues which directly impact one's experience in the world and in intimate relationships. Emily reflects on a video excerpt from the documentary series, *Couples Therapy* (Despres et al., 2019), to stretch her imagination to see how to acknowledge both attachment and racial threats to relationship security. The scene begins with DeSean, an African American male telling his therapist that his wife likes to go to fancy restaurants that he doesn't like because he gets treated badly there. His wife, a lighter-skinned woman of color, perhaps of Hispanic origin, immediately interrupts in disagreement. She tells him he is essentially overreacting and that he should "flaunt being black," and not let it get to him or be uncomfortable. The more DeSean describes that he gets treated badly as a person of color in fancy restaurants (his racial stressor), the more Elaine's voice raises. She questions him, dismisses his perspective of racism, and suggests he shouldn't let it bother him. She goes farther, blaming him for "acting unapproachable." Elaine's raised-voice dismissal of DeSean's lived experience and criticism of him for his racial experience triggers DeSean to initially defend himself, insisting that he does not act unapproachable, and after more protests from her, to relent and go quiet. His survival strategy as a marginalized person is activated in their relationship as well.

Watching this couple's interactive cycle, Emily imagines what she would do if she were the therapist. She realizes that catching the bullet of Elaine's dismissal and minimization, and validating the racial danger cues that DeSean faces, must come first. Tracking the implicit attachment threats of not being heard, appreciated, or taken seriously (DeSean) and not mattering (Elaine) will come later. Discrimination outside the relationship impacts the safety of the relationship itself, and in this situation, the racial bullet from Elaine needs to be attended to immediately. To catch the bullet, she imagines saying:

I notice you are interrupting DeSean and discounting his painful experience of being treated badly as a black man (reflecting present process). I hear it is difficult for you to listen to his real experience - perhaps you hope that by pretending it away it won't be real (conjecturing at positive attachment intention)?

The inflection in her voice is to convey tentativeness, while attributing a kind intention behind Elaine's harshness. Emily would continue, without waiting for Elaine to respond:

You jump in to interrupt him and push for what you want (more reflecting present process), but I'm going to stop you, because I want to give him more of a chance to speak – and give you an opportunity to hear from DeSean how difficult this must be—to face this plight out there in the world and not yet have a way to help you understand what it is like for him. Can you listen to DeSean for now, please?

As Emily is pondering how this may play out if she could catch that bullet and make it safe for more of DeSean's story to be heard, she attunes to the emotional experiences that may be getting

triggered for each of them. She thinks of how the attachment threats may be intensified by the racial stressors calling out to be acknowledged.

She imagines that the more Elaine may sense attachment panic, her body preparing for fight or flight, the more she disregards DeSean's reality of colorism (discrimination based on the darkness of his skin; Burton et al., 2010) and may begin to make meanings such as:

He doesn't care about me. I just want to ignore how he gets discriminated against because of his color. I don't want that to be true, so let's ignore it. I have to be strong – can't he just keep trucking on like I have to? Things that matter to me are not important to him. Maybe I'm not important to him!

From DeSean's perspective, Emily imagines that the more he experiences dismissal of his racial stress and his attachment panic at his experience of being disregarded, his body prepares for fight/flight and he may interpret Elaine's reaction to mean:

She ignores how being black affects me. She doesn't appreciate my experience. She's not happy with me as a black man. I am a disappointment to her. It's not even safe to be myself in my own home! What's the point in talking about my experience?

Honoring racial experiences and cultural differences also includes sensitivity to sexual-identity stress (Josephson, 2003; Trimane, 2022; Zuccarini & Karos, 2011) and awareness and respect for different display rules for emotional expression and emotion regulation (Ekman, 2007). Attachment theory supports the cultural sensitivity needed with each client and with each couple, as well as the necessary sensitivity toward each client's comfort with emotional expression (Dockett, 2022; Liu & Wittenborn, 2011). Attachment-based EFT therapists attune to the intersecting power relations and challenges of racism, sexism, poverty, and all experiences of socio-cultural minorities (Hill Collins & Bilge, 2020; PettyJohn et al., 2020), while eliciting and attending to emotional experience in *conversations with differing experiences of power and privilege*. Content about social location is important as the doorway into experience. When an EFT therapist hears the context such as class (*I grew up in poverty*), or race (*I identify as Spanish, Indigenous from Peru*), or gender identity (*I am gender non-conforming*), they invite the client to expand on what this means to them and how it impacts their life (Jacobson & Mustafa, 2019). EFT therapists will open the doors to invite expressions of the emotional stories of impact and response.

Buddhist Non-attachment

A final theoretical roadblock to adopting attachment theory as a guide can be Buddhist teachings on non-attachment. While non-attachment may seem contrary to the attachment view of love and the innate human need for connection, it is worth noting that unlike anxious and avoidant attachment, non-attachment does not imply a lack of connectedness or aversion to interdependence (Sahdra & Shaver, 2013).

Personal Factors

There are various personal factors that can interfere with a therapist internalizing an attachment perspective as a guide for therapy. To guide clients into corrective experiences, an EFT therapist needs to become culturally humble so as not to make assumptions that they understand their clients before they have engaged in deep listening. Therapist personal attachment experiences and strategies for

emotion regulation can also interfere with therapy. An EFT therapist must be comfortable with strong emotion, able to trust their own emotional experiencing, and courageous to seek consultation.

Cultural Humility or Implicit Bias

Attachment theory shapes a particular kind of therapeutic stance, providing safe haven comfort and support, and secure base safety for exploring difficult emotional experience. The EFT attachment stance is oriented toward creating a trusting relationship that mirrors the attunement and presence between parent and infant, in a collaborative, emotionally open, engaged, accessible, and responsive relationship with the client. To embody this safe attachment stance, described in Chapter 7, requires that a therapist be culturally humble. Barriers to cultural humility are unconscious or implicit biases therapists may hold, such as those explored in *The Enduring, and Invisible, and Ubiquitous Centrality of Whiteness* (Hardy, 2022).

Cultural humility requires a therapist to be aware of their own positions of privilege and subjugation. A culturally humble therapist honors different cultural contexts, varied lived experiences, unique stories of attachment, and diverse experiences of privilege and marginalization. As EFT therapists seek to embrace a culturally humble attachment perspective, they need to honor their own attachment fears and needs and grapple with the intense emotions that come with owning positions of privilege and marginalization.

“The one size fits all” view of attachment theory requires revision. Therapists need to educate themselves through reading, training, and videos, and be open to learn from their clients about culturally specific experiences of attachment. Hardy (2016) discusses challenges of:

practicing effectively in our world of rapidly shifting demographics. Each of us has to be poised and prepared to work effectively with clients and trainees representing a variety of backgrounds, demographics, and life experiences, including those who represent the so-called mainstream as well as those who are gender nonconforming, religiously devout, racially and religiously oppressed, and those who are refugees and immigrants. In our view, devoting acute attention to preparing culturally sensitive clinicians is an ethical imperative (p. 10).

Add to this ethical imperative the attachment priority to be transparent and to attune, evoke, and respect intersectionality differences between clients and between therapist and client. Therapists who wish to convey unconditional acceptance and an egalitarian attitude where the client is the expert on their own experience may be hampered by unconscious or implicit bias (Jana & Baran, 2020). Unconscious (aka implicit) bias is defined as associations we hold, outside our conscious awareness and control where we make rapid judgments and assessments that we are unaware of making. To create a safe haven/secure base attachment-informed therapeutic stance, EFT therapists are compelled to explore implicit, unconscious bias and racism buried deeply in their bones and in their souls. Oluo (2019) in *So You Want to Talk About Race* writes, “Implicit bias is the beliefs that sit in the back of your brain and inform your actions without your explicit knowledge. In times of stress, these unexamined beliefs can prove deadly” (p. 93). Implicit biases lead to microaggressions (Williams, 2020), subtle acts of exclusion (Jana & Baran, 2020), and a pure lack of empathic understanding. Like unacknowledged core emotion, implicit bias resides in our brains (Oluo, 2019) and in our bodies (Menakem, 2017), and informs our actions beyond our awareness. With humbling reflection, Emily recognizes times she has been impacted by stereotypes.

She also notices, while reviewing her video recordings, times that she has cut short the deeper listening that is part of cultural humility because of her expectations that she *should understand* what the client means. Inadvertently, she has missed opportunities to invite more, for example, from

Wayne who touched on the trauma of being a black man in America, “living in a world that is like warfare.” In Chapter 13 of *Stepping into Emotionally Focused Therapy*, 2nd ed., Emily explores a more culturally sensitive alternative to this missed opportunity for deeper listening to invite Wayne to say more about *his experience of* the world as warfare.

Unfamiliarity with Secure Attachment

Therapists might come to EFT without personally having experienced a secure connection or attachment bond in an intimate relationship. Thus, the target for change – secure attachment – might seem little more than theoretical. They may have little experience of the vulnerability and affiliative sharing which increases through EFT. They may not have experienced growing resilience and autonomy through relying upon trustworthy others. They might, instead, seek validation by striving to be self-reliant and competing for success. It is important for therapists to explore their own attachment insecurities because they can interfere with successful therapeutic outcomes (Mikulincer & Shaver, 2023a). Emily discovers time and time again that risking vulnerability with a trustworthy colleague or seeking and accepting support from another are creative ways to strengthen a felt sense of secure attachment.

An Unfamiliar Attachment Strategy

Therapists find it challenging to integrate the attachment paradigm when they cannot accept, or are unfamiliar with, one of the insecure attachment strategies of anxious hyperactivating (pursuing) or avoidant deactivating (withdrawing). They might not be conscious of their own automatic style of coping when under stress, or they might not yet have fully stepped inside the experience of the other’s strategy.

While discussing EFCT, one therapist said, “As a pursuer myself, I just cannot get into my withdrawers’ worlds. I cannot understand what makes them tick.” Another therapist said: I am a withdrawer in my own relationship, and I find I get so annoyed with my harsh pursuers. I just want to tell them to tone it down! I feel annoyed with pursuers and have sympathy for withdrawers. This continues to get in my way of validating each partner and tracking their repetitive pattern.

Both examples are common and legitimate growing-edge experiences in learning EFT.

Emily finds she can be very accepting of her anxious individual clients who ruminate and are extremely vigilant for signs of others’ judgment or abandonment because she also has a propensity to hyperactivate under stress. With more avoidant clients, she finds it more difficult to be unconditionally accepting and to see any value in suppressing and downplaying vulnerable emotions and needs. Unfamiliarity with and unacceptance of some attachment strategies are potential roadblocks that can be overcome by self-reflection, consultation, and risking engaging with others who show empathy and curiosity.

Personal Emotion Regulation

Therapists differ in personal styles of regulating their own emotions and engaging with others. They also differ in their personal comfort with intense emotion. When reactive emotions run high in session for clients, and perhaps in the therapist as well, it is helpful for a therapist to pause to recognize their own internal bodily reactions and the strategy for emotion regulation they are using. A more anxious therapist might become distracted from the attachment frame, get annoyed, or feel compelled to convince a client to take another perspective. A therapist who more readily defaults to avoidant strategies when under distress might become unwittingly distracted by content or other interesting details, rather than staying with intense emotions of sadness, anger, or fear or even with joy or surprise. Therapists’ level of comfort with intense emotion will have a big impact

on how closely attuned they can stay with each client and the present-moment interactive dynamic between partners or the dynamic of an individual client and their imagined other.

Courage to Embrace Attachment Theory as a Guide

Therapists seeking to work with a culturally humble attachment paradigm embark on an exciting journey – one that can also require a lot of courage. It could mean identifying and relinquishing some tacit presumptions of human nature, such as, “People need to make self-love and self-care a priority.” It might mean stepping back from familiar ways of doing couple therapy. It might mean risking a shift in your sense of the therapeutic role, as you move away from teaching conflict management skills or providing family of origin explanations to becoming a *process consultant*. Therapists seeking to internalize an attachment definition of adult needs and adult love could be compelled to expand or radically change their working theory of therapeutic change. In this quest, they are in good company of courageous and open minds and hearts. They are boldly venturing into new territories, as did Bowlby, Ainsworth, Shaver, Johnson, Crenshaw, DuGruy, hooks, Guillory, and you, dear reader, as you accept the challenge of becoming an increasingly culturally humble, attachment-oriented EFT therapist!

Therapists seeking to internalize an attachment theory of adult love need the kind of courage Bowlby (1990) describes in his biography of Charles Darwin. There, he speaks of the enormous courage it takes to develop a theory in the face of powerful, rival theories. Bretherton (1992) suggests that Bowlby could well have been speaking of himself. “Bowlby and Ainsworth, too, did not lack that courage,” she writes. “To explore the full future potential of attachment theory, others will need to exercise similar courage in refining, extending, and challenging it” (p. 771). And beyond theory – we need to internalize love as a life experience.

“Knowing love or the hope of knowing love is the anchor that keeps us from falling into that sea of despair...Rarely, if ever, are any of us healed in isolation. Healing is an act of communion” (hooks, 2001, pp.78, 215).

Summary of Key Tenets of Attachment Theory as a Foundation for Change

The overarching question in EFT is the attachment question, “Can we create safety in session?” and creation of safety requires culturally sensitive attunement. The culturally humble therapist appreciates that each one’s way of perceiving the world derives from their unique experiences. Everyone needs to be listened to on their terms (Jana & Baran, 2020). When a therapist is curious to learn about clients’ racial-socio-cultural context, familiarity with the laws of human love and bonding, summarized below, serves as a reliable and active guide to keep an EFT clinician “on track” through the moment-to-moment change process.

Laws of Human Love and Bonding

- Human beings are innately wired for connection and dependency. Seeking emotional proximity to an attachment figure when in need is a survival instinct.
- Secure attachment offers a safe haven of comfort and support, and a secure base from which one can confidently move out to explore and grow in autonomy. Belonging leads to becoming.
- Emotion is central to secure connection and to the experience of relationship distress. Attachment is a theory of emotion regulation and trauma.
- Emotional isolation is traumatic. Lack of emotionally engaged response triggers separation distress. There is a predictable pattern to how individuals protest the loss of an attachment figure.
- The elements of a secure attachment bond are defined by the acronym ARE, as in “Are you there for me?” “Are you *accessible, responsive* and *emotionally engaged*?”

- Safe and secure connection promotes what Bowlby called positive *internal working models* of self and other: “I am lovable and worthy of love; you are dependable and trustworthy.”
- There are basic strategies for connection. The secure attachment strategy of reaching clearly to a safe other for comfort and support is the primary attachment strategy. Insecure (secondary) strategies for connection are:
 - Anxious attachment strategy: pushing/demanding – hyperactivating, anxiously pursuing with desperate demands for a response, hypervigilant.
 - Dismissive avoidant attachment strategy: turning away/turning off – deactivating all attachment needs and emotions by down-regulating, withdrawing, numbing out, shutting down, and conveying a pseudo-independence.
 - Fearful avoidant attachment strategy: both insecure strategies are combined in sequence, frequently by trauma survivors, in a fearful avoidant pattern that conveys, “Come here, come here; go away!”
- Caring and sexuality are combined in adult attachment.

Emily’s Commitments for Inclusion

- 1 Acknowledge my positions of privilege: As a white, heteronormative, neurotypical, cisgender woman, acknowledge my positions of unearned advantage. Face that I was born on third base (Collins, 2016), situated to hit a home run, and also recognize how I am wounded/limited by white supremacy (Elliott, 2016; Morrison, 1992).
- 2 Take full advantage of the attuned listening foundation of EFT and increase my empathic curiosity about every client’s cultural context. Listen for the dichotomous hierarchy of difference (e.g., meanings and power differentials in terms of social construction of gender, race, religious identifiers, and so on).
- 3 Be consistently tentative and open to being corrected in my empathic understandings.
- 4 Keep client as the expert in the foreground: Whether an individual or a couple, the client is always the expert on their experience/their world/their perspective. I am a guest – a process consultant, seeking to create a secure base for collaborative exploration and creating coherence of the client’s lived experience of distress.
- 5 Attend to both culture and attachment. Stories matter. Culture matters. *Race Matters* (West, 1993/2017). Nightingale et al. (2019) exemplify this expansion with the storytelling elements of the EFT assessment process. Making space for storytelling can give clients more latitude to describe what is important about who they are, their cultural context, and their life experience.
- 6 Appreciate my limitations and never give up. Continue to sharpen my attunement to attachment threats and my skills at reprocessing emotional experience through in-session interpersonal encounters. While this may do little to change the pervasiveness of institutionalized oppression, it can have an impact on helping clients create more security in their worlds. Continue searching for ways that shaping *broaden-and-build* cycles and attachment injury repairs can speak to the impacts of racism and ongoing cultural trauma.

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Support Material for Chapter 7, Alliance Building and Assessment as an Attachment Experience

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Box S7.1 Clinical Examples of Typical Emotion Regulation Patterns in Individuals

A Hyperactivating Pattern: *It Bleeds into Everything*

Dembe identifies as biracial with a dark-skinned complexion. Her father is Ugandan and her mother, Canadian. She has a fine-tuned deactivating strategy – what she calls “growing a thick skin” – to survive the discrimination in her predominantly white childhood neighborhood and in her current professional circle. However, with her husband, Lewis, she let her defenses down and trusted they were “in it for life.” “We fought a lot – but I could always get him back.”

She arrived at her therapy session having been up until 3:00 a.m. talking with her husband who recently upended her world by moving out and filing for divorce.

Dembe: Anxiety, questions, and blame bleed into everything. (Twisting a tissue between her fingers.) Why did it happen? Do you regret leaving me? If you have some sadness, why wouldn’t you give it another try? (A plethora of questions pour forth, as though Lewis was listening, and she is unsuccessful at receiving comfort and reassurance.)

Therapist: Does it kind of open that whole chaos again?

Dembe: Yeah, it does. Couldn’t we have done this differently? Yeah, it just leads to more questions again, right? And it just starts the whole cycle of questions and why

wouldn't he have tried harder? It eats away inside and bleeds into everything else in my life! The blame and the pain – it bleeds into everything. My tough skin for the outside world is totally punctured by his sudden departure!

A Deactivating Pattern: *Suck It up, Push It in a Corner, Keep up a Wall of Anger*

Micah admits that he has taken a year to make the appointment, finding it very challenging to ask for help, but now on sick leave from work, he recognizes his need. He quickly wipes away a tear at the mention of his father's death seven years earlier, and flicks his wrist, making light of his depression and fear that his partner, Pierre, might have permanently relocated to a different city. As a gay man, he endures many insults. He is all too familiar with overt and covert discrimination. He has a well-honed vigilance for danger and works hard to ignore and suppress his own emotions, including the realization that his partner has moved out.

- Micah:* I try to put myself out there as being very confident and self-assured – and I'm not. Even little barbs or comments from people destroy me on the inside.
- Therapist:* And you manage to not let it show? Inside you feel destroyed and, on the outside, you look just fine?
- Micah:* Yeah, it's a big act. I've had to be very strong. I just have to suck things up and move on. I just put it over in the corner and don't deal with it... But I am angry... Pierre calls it my wall.
- Therapist:* Anger is part of your self-protective wall? On the inside you feel destroyed and broken up, and on the outside, you can be a wall of anger?
- Micah:* Yeah. (Big inhale and exhale.)

Anxiety and Avoidance in Conflict: *A Wounded Animal that Won't Let You Touch It*

Nico, in his late twenties, is stuck in lethargy and depression: I'm convinced that what is holding me back from progress is that I have places inside emotionally that I don't want to touch.

- Therapist:* As we started to drop into your experience of how sad it is to have, maybe, at best, a few drops of water in the desert, you said, "I don't usually let myself feel how sad it is to live like this."
- Nico:* Yeah. I likened it once to being a wounded animal. There is a wound, something that needs to be healed. But it hurts so much that the animal won't let you touch that area and fix it.
- Therapist:* (Empathic reflection in the first person.) Inside I feel like this wounded animal... (Personalizing the image.) I know I need to be touched. I know I need to let someone touch that place, but it's going to be so painful, yes? (Nico nods.) Just seeing that picture of this wounded animal that says, "Don't touch me—don't go there," what do you experience right now, as I am saying that?
- Nico:* Um... (Smiling.) I tend to disassociate... (Chuckling and drawing a wall with his hand.) So I can keep that barrier up.

Anxiety and Avoidance in Conflict: *Swinging Blindly to Connect/A Cold Hand Pushing Back*

Simone likens her experience to a cartoon where a little man is flailing and kicking, flailing and kicking, trying to make contact, and a bigger man is pushing him back, not letting him make contact with anything. Unemployed, depressed, and anxious, Simone feels hostile toward her previous employer and fed up with family and colleagues. Part of her longs for contact with others who would validate and understand her, and the other part says, “I am better off alone.” She experiences her attachment pattern of anxiety and avoidance in conflict as an internal battle between an anxious bodily felt tension in her chest, described as “a little man, swinging his arms blindly, trying to make contact,” and her bodily sense of a rejecting cold hand holding her back. A hyperactivating attachment strategy battles against a deactivating strategy. By separating the two internal parts, she is able to own each part’s position.

Simone: I do panic and flail frantically, wanting others to respond to me, and then I freeze in my tracks and push everyone away.

The above four individuals present different metaphors of attachment strategies and patterns for coping in the absence of safe contexts of available, predictable, responsive others for comfort and calming. “Social systems regulate the emotions of individuals” (Coan & Maresh, 2014, p. 223). Without a secure regulating system, individuals can get caught in hyperactivating patterns where fears and relentless questions bleed into everything. Alternatively, they might get stuck in deactivating, suppressing patterns where they absorb the pain, ignore the grief, “push it into a corner,” and block off inner brokenness with a wall of anger. Others are caught in patterns of fearful avoidance, with hyperactivating and deactivating strategies in conflict. They might live the chaos of a wounded animal, longing for help and comfort but pushing others away for fear of being hurt or feel like a little man flailing to make contact, yet restrained by a cold internal hand.

Box S7.2 Attachment Strategies as Positions of Pursuit or Withdrawal in EFT

While tracking the pattern with a couple, an EFT therapist seeks to identify which position of pursuit or withdrawal each partner takes. Identifying positions can be challenging. Trauma survivors frequently flip between positions. Gender-fluid and same-sex couples show fluidity in positions, given differences in socialization and socio-cultural trauma. Though positions may shift and morph, static labeling is never the goal. The goal of identifying positions is to engage partners in owning *what they are doing* and *what is triggering them to do this*; ultimately, the goal is to stop the automaticity of the pattern and share their underlying fears with each other.

Pursuers tend to take a critical stance when they experience separation distress, fearing disconnection and abandonment. They say things such as, “They are never there for me when I need them,” or “I can never trust she really ever wants to be close to me.” Withdrawers tend to shut down and revert to flight or freeze responses, fearing rejection and/or annihilation, and sensing their partner is disappointed in them. “Nothing I do is fast enough or polite enough for them.” “I wish we could just get along without the big heavy talks they want to have! It seems as if they just want to change who I am!”

Attachment strategies appear as positions of withdrawal or pursuit in couple relationships. To identify typical positions an EFT therapist is curious about:

1. What cultural-racial threats or traditions for one or both may be impacting their moves in this dance?
2. Who is dancing from a position of anxious pursuit for more emotional closeness; and who is dancing from a more avoidant withdrawal position to avoid conflict, discontent, or pressure to change?
3. How is this negative dance about attachment? Content can be compelling, but the attachment meanings that partners make invariably convey how any presenting problem is essentially about attachment. Attributions of being unimportant, of not mattering, of loss, abandonment, and rejection are common.
4. Is this a clear pursue-withdraw cycle? If the pursue-withdraw cycle is around sex, have I listened closely to what the pursuit for sex means? Are the pursuer-withdrawer positions different around sex than in the relationship generally?
5. What positions lie beneath an attack-attack sequence? If it is not a clear pursue-withdraw cycle and there are attack-attack sequences, are there markers of a more anxious pursuer and a more avoidant withdrawer underneath? From whom do I hear criticism, however subtle, as demands to be more present? (Marker of an anxious pursuer.) From whom do I hear defensive counter attacks that are essentially *push away messages* to stop demanding so much? (Marker of avoidant withdrawer.)
6. What are the emotional clues? Tuning into partners' emotional realities can help to identify positions and cycles. Pursuers typically express anger, exasperation, underlying fears of abandonment, and fears of not being important or cared for. Withdrawers typically express defensive frustration or a sense of futility (throwing up hands), and minimal emotion since they are more likely to suppress emotion and feel numb. They commonly speak of walking on landmines and nothing ever being good enough. Reactive anger and frustration are common to both.

A Closer Look at Areas for Assessment with Sample Questions

Assessment is more of a dialogue than a series of questions and answers. The questions below are sample questions to open a conversation. This is not an exhaustive list and is not intended to be used as a Q&A series. They are openers to expand upon with specificity and stories. EFT therapists intersperse questions with empathic attunement and curiosity, making empathic reflections, validations, and evocative responses to invite expansion. EFT therapists attempt to be mindful of attuning to the 4 Ps of EFT (**P**resent moment; **P**rocess within the content; **P**rimarily, core emotion; and **P**atterns of interacting) while listening and responding to clients, in an *accessible, responsive, emotionally engaged* manner.

The manner of clients' responses to the therapist's questions is considered as important as the answers themselves. Do they become extremely uncomfortable or nonchalant? Do they seem shocked or disorientated when the therapist asks, for example, "Who was there to comfort you as a child when you were afraid?" An EFT therapist takes time to track and elicit clients' present-moment experience. For example, "How are you doing as we discuss this just now? I noticed your voice got very quiet when... Your face brightened up when.... You flicked your hand as you said, 'Not such a big deal'." Reflecting emotional handles – images, bodily responses, voice tone, and so on – is also helpful to deepen clients' exploration.

With all clients, a therapist watches and listens intently for signs of engagement and depth of emotional experiencing (see Brubacher & Wiebe, 2019; Klein et al., 1969). In EFCT, the therapist attunes for signs of connection and disconnection in response to partners' comments. A therapist might use Move 1 to track and heighten a partner's warm or supportive response or pause to explicitly check how one partner is being impacted by their partner's response. Therapists segue between partners with evocative responses as in Move 4, processing:

- "I'm wondering what is coming up for you as you hear your partner say _____."
- "You looked surprised as your partner said _____. What is happening for you?"
- There could be bullets to catch as well: "I see you rolled your eyes as your partner described _____. Perhaps it is difficult for you to hear this?"
- At times of a particularly poignant response or a response that appears striking to a partner, a therapist may pause to shape an encounter for the client to share directly with their partner.
- Most of the following assessment inquiries are relevant for both EFCT and EFIT. Those specific to EFCT are identified.

Expectations for Therapy

In both EFCT and EFIT, hopes and goals for therapy can be elicited by asking:

- Can you please tell me what prompted you to seek therapy at this time?
- Can describe the changes you are hoping to create through our time together.
- In EFCT, the therapist will frequently acknowledge that partners' answers may be very different from each other and validate this as part of the exploration they are going to do together.

Identities

- "I am interested in hearing about the identities and things that make you uniquely you, that you want me to know" (racially, ethnically, socially, culturally, etc.).
- "Have you had experiences of being excluded, dismissed, ignored, or stigmatized?"
- "Have you had /do you continue to have experiences that make you feel unsafe because of socio-cultural factors such as race, gender, ethnicity, religion or other?" See Guillory (2022) for more assessment questions on the interplay between attachment and race/culture.

Sources of Comfort

- "Do you currently have someone with whom you can share personal problems or go to for comfort? If yes, who is it? Can you describe how you reach for comfort or support and how they respond?"
- "Have you lost key persons to whom you would go to for comfort or support?"
- "For comfort, do you/did you ever turn to alcohol, drugs, sex, pornography, gambling, food, shopping or other material things _____?" (Describe.)

Chemical Use

- "Do you use recreational drugs?"
- "How frequently do you use alcohol?"
- "Have you ever been criticized for your drinking or drug use?"
- "Have you ever felt guilty about your alcohol or drug use?"
- "Have you ever tried to cut down on your use of alcohol or drugs?"
- "How do drugs and/or alcohol affect you?"

Current Emotional Distress Patterns

- “Is there anything about your sleeping, eating or exercise patterns that concern you or you want me to know about?”

Leisure

- “Can you describe how you spend your leisure time or things you do for fun?”

Childhood Family

- “Can you choose three adjectives to describe your caregiver or mother or mother figure, from your earliest memories? What sort of relationship did you have? How is it to talk about this?” (This Move 4 question can be asked following client responses to any of these questions.)
- “Can you choose three adjectives to describe your father or father figure or second caregiver, from your earliest memories? What sort of relationship did you have with them?”
- “Can you recall whom you went to as a child when you were afraid or in need of comfort? Tell me about a specific time.”
- “Were your parents openly affectionate? Did they fight? Did they resolve arguments and get close again? How did or still does that impact you to-day?”
- “Tell me about other significant relationships that have been influential in your experience growing up.” (See also Furrow et al., 2022, Appendix B on attachment history.)

Religion/Spirituality

- “Do you have a religious or spiritual preference?”
- “Are there any specific aspects about your ethnic or religious values and/or experience that you feel would be helpful for me to know?”

Sexuality

- “Are you wanting to discuss your sexual relationship(s)?”
- “How satisfied are you with your sexual relationship? Are there ways this has changed over time?”
- If client is in a relationship:
 - “How satisfied do you perceive your partner to be regarding your sexual relationship? What tells you that?”
 - “Are you comfortable discussing your sexual preferences with your partner?”
- “What would you like me to know about your sexual orientation?”
- “If you identify as LGBTQIA+, can you tell me about where you experience support, and acceptance and/or where you experience threats?”
- “Would you like to tell me about your coming-out experience?”
- See Johnson & Moran’s EFT Sexuality Assessment Questionnaires (Furrow et al., 2022).

Abuse/Violence

- Inquire whether there are times an argument escalates to physical pushing, shoving, slapping, hitting, or throwing things. If so, inquire when was the last time this occurred.
- Inquire whether (and how) arguments may be different if substances are involved.

- Invite clients to share if they have had experiences of physical abuse, emotional abuse, and/or sexual abuse.
- Invite clients to share any other information they want you to know at this time that may help you to understand them.

Current Relationship

- There are many questions an EFT therapist can use in early EFCT sessions to evoke clients' experiences of their current relationship.
- Some of these questions may also be useful in EFIT if client has a significant relationship(s).
- In EFCT, a therapist will invite each partner to describe how they experience their relationship at the present time and their hopes for change. They will invite disclosure on the level of commitment to the relationship and the level of distress in the relationship. This can be discussed on a scale of 1–5 and checked again in individual sessions.
- Questions to evoke each partner's description of the pattern between them:
 - "How do you see things play out between you when things go well?"
 - "How do things go between you when you have a disagreement or when you are experiencing stress?"
- Classic EFT questions, to help a couple step back to share their view of their relationship moves are, "If I were a fly on the wall – what would I see? If we watched a video, what would we see?"
- "Who is likely to begin a conversation? Who is likely to leave a conversation first? Who is the one to invite repair after you have a falling out?"
- "Who makes the decisions in the relationship?"
- "How does it go between you if you need support or comfort from the other?"
- In EFCT, there will be various moments after reflecting and validating, that an EFT therapist will segue to the partner to explore their perspective. For example, "How do your partner's words resonate for you? Your perspective may be very different – What comes up for you as you hear your partner share?"

Relationship History

- Clients will be invited to reflect on their key relationships over time.
- In EFCT, partners are asked how their relationship may have morphed over time.
- Also in EFCT, it is important to invite partners to reflect on their specific relationship history and to identify potential experiences of attachment injuries. For example, "Are there any pivotal events that changed everything between you?"
- Likewise, in EFIT it is important to inquire about pivotal relationship events in their life that "changed everything" for them.

Describing EFT

How to Describe EFCT

A therapist can provide clarity of the EFCT process by opening with:

We will begin by hearing from each of you what initially drew you to one another and what has prompted you to feel you are stuck and in need of help at this time. No doubt you will each have different perspectives and that is ok. We will consider pivotal moments that seem to have changed everything between you. Together, we will identify the repetitive pattern that blocks you from having the relationship you desire. We will explore how stressors from outside your

relationship, such as race, sexual orientation, gender, class, religion, and so on, may be feeding this repetitive pattern that takes over your relationship and has you stuck in distress. I want you to be free to explore the survival strategies you need to protect yourself out in the world and look at how they are working in this relationship.

We will explore how you pull each other into an automatic self-protective spin, and work together to disempower this automatic pattern and make it safe enough to share softer, underlying emotions and needs that may not have words at this time. Sharing newly discovered fears and needs will pull your partner to respond differently to you, and together, you will change the automatic negative pattern into a positive one where you can become one another's safe harbour in the storms, challenges, and hostilities of the world.

Alternately, Johnson uses the dance metaphor to describe the EFT process to couples:

A relationship is a dance—and the rhythms and habitual steps of the dance have their own momentum—can take over. In EFT, we look at the dance you are caught in and how it leaves you both hurting and frustrated. We help you step out of your negative dance and create a new dance that is safer, closer, and more satisfying. We talk about emotions a lot because they are the music of the dance—we help you understand the signals you send that might make it hard for your partner to come close and help you send new emotional signals that pull your partner towards you and help you dance together in harmony. (S. Johnson, personal communication, n.d.)

How to Describe EFIT

To introduce the EFIT process, a therapist can include however much of the following that interests a client:

We will begin with me attempting to deeply understand what you want me to know about you. Together, we will identify your hopes and goals for therapy and pinpoint how you are currently feeling stuck in reaching these goals. I will engage with you to build a relationship where you can trust me to help you reach your goals. Together, we will identify your coping strategies and the habitual pattern you have developed to manage distress and difficult emotions. I will invite you to consider pivotal moments that seem to have changed everything for you and to explore how environmental stressors, such as race, class, gender, sexual orientation, religion, and so on, may burden you and imprison you in distress. We will explore the survival strategies you need to protect yourself out in the world. As we name the coping strategies you have developed to regulate difficult emotions, we will explore both how these strategies serve you well and how using the same strategies across many contexts may be getting in your way.

We will give special attention to emotion which serves as a bridge between inner experience and interpersonal relating. Together, we will discover how depression and anxiety and other emotional distress reactions are *disordered versions* of what is actually healthy responding. They are *best attempts* at regulating hidden or unmanageable emotion. As we become familiar with emotions you may have disregarded to keep life manageable, we will discover how to safely listen to them as an inner guide and to harness the power of these emotions to create your desired changes. We will explore your within/between patterns – that is, your internal emotional experience and your ways of interacting with the key people in your world. At a pace and depth that feels safe to you, we will explore and transform hidden, frightening or unacceptable emotions that are driving these automatic patterns.

Change in EFIT occurs *in relationship* – in the relationship between you and me and in our exploration of the relationships that populate your inner world. You will gain increasing

confidence to differentiate safe and reliable others from those who cannot be trusted. With a growing sense of finding some trustworthy others, you will find it more comfortable to accept that none of us can do life alone: As human beings we all need to have some reliable, trustworthy others in our lives for support and comfort, to hold our hand during the threats and emotional turbulence of life. Through this exploration, you will reshape your sense of self as a person of worth and competence, capable of forming positive relationships with others. I will be engaging with you all along this journey, fully prepared to walk with you through difficult times that you may have previously faced alone and to celebrate your strengths and steps of change. Together, we will help you develop secure connections with others and bolster your emotional fitness (flexibility and resilience) and zest for living!

More Details and Case Examples of How to Track Patterns in EFCT and EFIT

Tracking Patterns in EFCT

To collaboratively discover, in EFCT, each partner's behavior in the repetitive loop of the negative cycle that pulls the other emotionally off balance and into the cycle, an EFT therapist asks themselves, "What does Partner A do that triggers Partner B's reaction, and *vice versa*?" What triggers the dance of disconnection? The triggers can be very subtle for withdrawers such as Phil and Julie. For Phil, it might be seeing a particular look on Julie's face as she begins to practice her cello, and for Julie it might be seeing a look of tension on Phil's face just before he buries his head in his current novel.

The EFT therapist ponders, "How can I track and reflect this pattern to the couple, to accurately capture their repetitive loop of interaction?" Before offering a tracking reflection, EFT therapists search for a felt sense of the couple's pattern. They seek to resonate with the compelling attachment longings and needs that must be pulling partners into these drastic action tendencies. A big part of this is also attuning to *when* each partner's actions appear to convey threat to the other. Emily finds that the more she reviews her videos and practices linking action tendencies and triggers, the more she hears perceptions of threat and meaning making. She knows it is fine if she doesn't immediately assemble all the deeper layers of meanings, bodily felt senses and core emotion. She is enjoying the process of reflecting and tracking her clients' basic surface moves in their reactive self-reinforcing dances.

Following her resonance to triggers and reactions, Emily might offer, "So, Phil, the more you see Julie looking busy and absorbed in her music (trigger), the more you say to yourself, 'She doesn't have time for me' (simply repeating the attachment meaning he has shared), and you bury yourself in your novel (action tendency). And Julie, the more you see a slight look of tension on Phil's face (trigger), the more you freeze on the inside (bodily reaction), saying to yourself, 'He's not happy with me again; one day he'll be so upset I bet he'll leave' (again, simply repeating the attachment-significant meaning Julie has vocalized), and you slink off to your music (action tendency). Both of you survive in the relationship with lots of loneliness and a dread of losing each other and not being important to one another by pushing those fears aside and taking care of yourselves. You are trapped in a lonely pattern of turning away from one another at the most dangerous or difficult moments. Am I getting it?" Partners are given time to confirm or adjust the therapist's attempt at accurately portraying how their self-protective dance occurs.

Emily is challenged to identify positions with trauma survivors like Phil and Julie, who commonly use combinations of anxious and avoidant strategies known as fearful avoidance. She is puzzled as to who is the more anxious pursuer and who is the more avoidant withdrawer. She experiences that the pattern of behavior in the room is largely a withdraw-withdraw pattern, where both partners stay mostly optimistic about how well they are doing, leaving her with the sense of a pleasant version of the freeze and flee cycle described in *Hold Me Tight* (Johnson, 2008, 2022).

There are, however, instances where Phil seems to get triggered into rapid impatience. When Julie vaguely alludes to some pain she feels (a hint of possible attachment pursuit), he quickly interrupts to point out they have managed it all quite well and it is not so bad anymore (a hint of possible suppression). He also gets annoyed with Julie's holding back, interrupting to insist he is not leaving and to express frustration at her timidity and withdrawal. Emily reminds herself that given the degree of childhood trauma, including physical and sexual abuse and neglect from both sets of alcoholic parents, it makes sense that there is a chaotic fluctuation between pursuit and withdrawal. She remains curious and very attuned to every moment-to-moment nuance.

Tracking Patterns in EFIT

EFT therapists listen to identify the internal/interpersonal emotional regulation pattern an EFIT client uses. The pattern recurs in an automatic manner, usually outside of the client's awareness and certainly without a sense of having any options. With an open, accepting stance, an EFT therapist is curious to discover with clients how their pattern, at once, protects them, and also shapes self-defeating prisons. This curious stance is part of the experiential foundations of EFT which see clients as growth-oriented, resourceful, optimally interdependent beings.

Emily validates for Max how his withdrawal and freezing helped him survive the overwhelming moments of childhood abuse and his lack of safety in prison. Together they openly explore his avoidant attachment strategy. His capacity to distance from his emotions is a well-honed survival strategy that has gotten him through various traumatic experiences. His autistic spectrum characteristics and his facial damage and scars from his motor vehicle accident accentuate his matter-of-fact manner. When she checks if his voice just quivered, she is surprised to hear how close he is to his emotional experience. "Oh yeah, it quivered... I nearly cried." She feels rewarded for checking so closely and resolves to continue being transparent with him and to move close to the smallest nonverbal, paralinguistic hints of emotion.

With Sahra, Emily validates the strength in her anger and vigilance that mobilized her to leave an abusive relationship. She also tracks how she is currently feeling trapped by her own hypervigilance and isolating tendencies. The following Box S7.3 provides simple mini-steps for tracking patterns.

Box S7.3 Mini-steps for Tracking Patterns of Protection

Tracking the recursive, imprisoning pattern with couples or individuals can be broken down into a series of mini-steps to make the process simpler and more natural for a new EFT therapist (Johnson & Brubacher, 2016).

Name Trigger. With Move 1, reflect or evoke the threatening trigger that pulls them into the pattern (e.g., a partner's tone of voice or turning away; hearing loud or angry voices).

Name Action Tendency. With Move 1, reflect or evoke their typical move or action tendency.

Link Trigger and Action Impulse. With Move 1, reflect and clearly link the trigger and action impulse.

Shape Encounters to Own the Link. With a Move 3 encounter, help each client to recognize and *own* this action they take or feel an impulse to take. Ownership can be expressed in an encounter. For example, "I do lash out," or, "I do shut you out," or, "I turn away from everyone."

Validate the Link. With Move 1, in an attachment frame, validate the link between the cue (trigger) and the automatic behavioral response. "It makes sense that you lash out *when the most important person steps away* from you." Or, "It makes sense that you pull away when your *most important person comes at you* with fire." To an individual client, "It makes

sense you *detach and go numb* when you *share your experiences with me*. You have become so skilled at *shutting down to cope with the dangers and losses* of your immigration story.” (Attachment elements in italics.)

Optionally, Add Meanings Made. This will be discussed more in details of Move 2 assembly, in the next chapter, however, if clients express the attributions and attachment meanings they are making, you can also add them to Move 1 tracking and reflecting. You can evoke attachment meanings to help clients articulate how they are perceiving/interpreting their partner’s or another’s moves. It is not necessary in early sessions, but at times, it is an obvious opportunity. Following are examples of Emily evoking attachment meanings made:

Emily: (Evoking meaning Jessica is making of Wayne’s actions.) What does it say to you, Jessica, when Wayne forgets to do what he has promised?

Jessica: That he doesn’t care.

Emily: (Evoking meaning Wayne is making of Jessica’s actions.) Wayne, how do you make sense of Jessica’s string of questions followed by silence?

Wayne: That I’ll never make it with her – it’s just a matter of time and she’ll be gone!

Tie It All Together. In a tracking validation, link the trigger, the meanings made of the trigger, and the accompanying reactive emotions and behaviors.

Emily: (To Jessica.) When Wayne doesn’t do what he promised you he would do (Trigger.), you tell yourself that must mean he does not care about you (Perceived meaning – through an attachment lens.) And when he shrugs and turns away from you (Another trigger.), you exhale a frustrated sigh and turtle into stony silence (Reactive emotion and action tendency.)

Catch Bullets Where Necessary

In EFCT: This is done by reframing aggression as unspoken difficulty, pain, etc., as illustrated by Emily’s responses to Sophie and Ella, when Sophie makes an aggressive comment to Ella.

Sophie: You may as well be dead for all I can get out of you!

Emily: (Catching the bullet.) When you don’t know how to reach her, it’s so easy to turn the volume way up to try to get through to her, is that it?

Ella’s aggression is quite different, but definitely stings.

Ella: (Stiffening in her chair, mumbling.) It’s not worth listening to her!

Emily: (Catching the bullet.) I wonder if it is just too painful to hear that Sophie is disappointed

with you, that you just tune her out?

In EFIT: It is also important to catch bullets in EFIT when a client makes an aggressive or cutting comment toward self. For example:

Max: (Exploring his pattern of denial and “faking it.”) Clearly this was not the right way to do this! It was ridiculous!

Emily: (Reframing his accusation, to catch his bullet.) You see now there is another way you could handle this, yes?

Max: (Face brightening, sighs.) Oh – that’s right, I am finding a better way.

Expanding on *HOW* EFT Therapists Engage to Build Alliance and Begin Assessment

What is an EFT therapist's *way of being* (Rogers, 1980) in early sessions? The therapist's manner makes all the difference as to whether early sessions become a collaborative engagement with clients' emotional experiencing in the present moment, or a non-engaged insight-oriented conversation, unlikely to influence lasting change. The manner in which assessment questions are asked and responded to can also enormously limit or enhance the growing safety in the alliance. The Rogerian therapeutic stance of empathic responsiveness, unconditional acceptance, and genuine engagement provides a reliable and practical guide for *how* to move with the EFT Tango in early sessions, utilizing micro interventions of moment-to-moment empathic reflection and tracking, validation, evocative questions, reframing in the attachment context, catching bullets, and shaping encounters. This stance parallels the attuned and emotionally engaged interactions seen in secure parent–infant interactions. An EFT therapist embodies this stance with empathic resonance to self and to clients, engaging in the here-and-now, and transparently attending to the task aspect of the therapeutic alliance by confirming with clients if the process of therapy continues to feel relevant to them.

Offer Attuned, Engaged Presence

The key ingredient we have for developing the safe-haven, secure-base alliance is to be fully present, attuned, and responsive in each move of the EFT Tango. An acronym to help therapists get the *knack* for creating this kind of presence is NACC: Now and immediate; Alive, vivid, fully felt; Concrete, tangible, specific; and in the attachment Channel (Johnson, 2018). Catching signs of fleeting moments of emotional experience, lingering in the moment with that experience and bringing it fully alive by touching, tasting, sensing, feeling, and interacting with it, helps clients to fully taste, in the present moment, the words they are expressing.

Empathic responding grows out of resonating with another's experience. The therapist's ability to be fully present and engaged in a felt sense of the client's experiencing as it emerges is directly related to facilitating feelings of safety and security (Geller & Porges, 2014). At a preconscious, limbic level, therapists convey safety and down-regulate clients' arousal by the intonation and slow pacing of their voice. As Porges (2015) says, prosody is how one limbic brain sends signals of safety to another limbic brain, for we carry our heart in our voice and on our face. My colleague and friend, EFT Trainer Kenny Sanderfer, is also a *horse whisperer*: He teaches EFT therapists the same key ingredients of limbic resonance, and patient, empathic attunement that he uses to form trusting relationships with skittish, terrified, trauma-survivor horses who have lost all trust in human beings. Engaged resonance with each client's experience is possible because mirror neurons imbue us with an innate capacity to automatically (preconsciously) internalize the movements and emotional states of others (Gallese, 2001).

We are capable of reading other people's intentions and of feeling within our own bodies what they are feeling, suggests Stern (2004); not in any mystical way, but from watching their face, movements, and posture, hearing the tone of their voice, and noticing the immediate context for their behavior. Stern maintains that we are quite good at this *mind-reading* but our intuitions need verifying and fine-tuning. Nowhere is this more important than when honoring cultural differences. Verifying if our understanding is accurate as we reflect another's experience is the essence of Rogerian empathic reflection. Rogers (1986) said that he was *not* trying to *reflect feelings* but was trying to check if he was accurately understanding the client's inner world as they were experiencing it in the moment. While tuning into the individual experience of each client and doing one's best to move around in each client's world (Rogers, 1961), the EFT therapist needs to keep one foot

on solid ground to retain emotional balance. The attachment-based model of EFT can be that solid ground. Having confidence in the model, understanding the attachment and cultural significance of extreme emotions, such as exquisite pain, rage, or shame, needs to be balanced with a culturally humble awareness that some clients' REC experience may be outside a therapist's empathic imagination. To be culturally humble, one needs to slow their pace to give space for clients' voices to be heard. A therapist needs to continually show empathic curiosity and to take time to check with the client that they are accurately and respectfully attuning. A combination of confidence and humility can help an EFT therapist to fully participate in clients' experience without being overtaken by the intensity of that experience or the need to be *perfect as a therapist*.

Hearing relentless criticisms levied at a partner can agitate an EFT therapist. Being acutely aware of one's internal experience can remind a therapist to rely on the culturally humble attachment lens when feeling unsettled. When steeped in the process of romantic love, a therapist can step into the client's world with empathic imagination and appreciate how this anger comes from a threatened place, sensing that the greater the anger, the deeper the attachment panic. Comprehending intellectually how a distressed couple's hostile demands and criticism, or dismissive and cold "freezing out," are actually moves of separation distress can calm an activated therapist and help with forming an alliance.

When threats to the alliance arise, EFT therapists seek to be fully present, self-aware, and ready to repair ruptures. (See Chapter 12 in *Stepping into Emotionally Focused Therapy*, 2nd ed. for the resource of *felt-sense understanding*.) Tuning into one's own inner experience as a therapist can help to avert breaches in the alliance. For example, when Ella says, "I really don't want to be in therapy. It's going to cost thousands of dollars! I am just doing it for her. I hope we can fix this in a few sessions," Emily feels hackles rise on her spine. Part of her wants to assess Ella as uncommitted to the relationship; yet, she recognizes her own reactivity when a client is reluctant to invest in therapy. So, she chooses an attachment reframe to communicate acceptance and warmth, and to acknowledge the seed of security and hope she heard implied in Ella's flippant statement. "Wow, it sounds like Sophie is pretty important to you that you would be willing to participate in therapy *just for her*, when you find therapy so difficult and you worry so much about the cost!"

Ella softens. "Well, yeah, she is important. I hurt her pretty badly when I took on that new job, I know." Sophie looks relieved. "That's the first time I've heard her acknowledge that she hurt me!"

Emily finds this attachment reframe soothes the threat she felt by grounding her in an empathic stance with Ella and Sophie. She feels less judgmental of Ella and more hopeful for their work together. She recognizes two good people in front of her, caught in what feels like a struggle for survival. The alliance that was threatened for a few moments is secure once more.

Stay Close to the Here-and-Now

The therapeutic stance of active empathic engagement, which makes it possible to actively *feel with* another, tasting the reality of the other's emotional experience, could be described as a stance of closeness or distance to the present moment. One can stand far away in a past event or in an intellectual explanation, or one can move "closer to the here-and-now and the real" (Stern, 2004, p. 211). Practicing an experiential therapy, EFT therapists are called on to step fully into the moment of their own and their clients' present moment experiencing. This helps clients to engage in exploring the emerging awareness of experience *within* the self, and *between* the self and the other. It helps therapists to distinguish between lower levels of experiencing, where a client talks *about* events, ideas, or others from a personal distance, and the necessary increasingly engaged levels of exploring experience, where implicit feelings and meanings emerge and are distilled and integrated (Klein et al., 1969).

Emily has drawn for some time on the nonverbal markers of internal emotional experience, such as subtle facial movements, sighs, shifts in body posture, voice tone. She thrills with joy the first time she can resonate internally with some of the attachment panic Jessica must feel as Wayne shrugs and looks away, hanging his head, and simultaneously, with some of Wayne's sense of defeat as he does this. She can also resonate with some of the attachment panic Ella might feel as Sophie says, very logically and loudly, "I'm not sure she can ever be what I need." An EFT therapist is committed to gaining a felt sense of both the more anxious pursuing partner's experience and the more avoidant/withdrawn partner's experience. This entails grasping attachment theory cognitively, and also taking the plunge to step fully into others' experiential worlds to resonate with their attachment panic and, possibly, with the added sting of the impacts of cultural trauma.

Be Transparent about the Therapy Process

It is important for EFT therapists to be transparent about what they are doing and where they are on the path toward the clients' goals. One way of describing the map of change with couples is to share the self-help book *Hold Me Tight* (Johnson, 2008), its companion workbook for couples (Johnson, 2022), or the online *Hold Me Tight* program accessible at <https://holdmetightonline.com>. Other suggestions for transparency about the therapy process for EFCT and EFIT are given under the *Therapy Agreement* section earlier in Chapter 7 of *Stepping into Emotionally Focused Therapy*, 2nd ed.

Promote Task Alliance

Research on the significance of the task aspect of the alliance, mentioned in Chapter 2, suggests that it is critical to success in EFT that the client experience trust in the process of therapy, and that the tasks be seen as relevant and make sense to them. To enhance her clients' trust in the process, Emily consciously does two things: She invites clients' feedback and shapes encounters.

Near the end of the first session, she asks explicitly how clients feel about this way of working together. Throughout therapy, she continues to invite their feedback and to attend to *how* clients respond to her intervention. When a client says he doesn't like the way she helps him find the words for an encounter, she pauses, validates his experience, adjusts her pace, and responds with respect and clarity. During sessions, she monitors her sense of the trust and resonance with each client. At the close of most sessions, she encourages each client's expression of how the session was for them. With Tango Move 5, she summarizes the work clients have done, the risks they have taken, and asks what they discovered or experienced that they hope to savor.

She intentionally shapes at least one encounter (described in Chapter 2) in each session, beginning with fairly simple disclosures, paving the way for the typical process of EFT therapy. For example, she might have a partner turn and express their basic action tendency, "It is true I do tune you out when you get loud or tearful," or "I know I get critical when I can't get you to respond." Encounters create a new experience of contact between partners or with an imagined other in EFIT. This congruent contact is already a micro-shift of experience or a mini corrective emotional experience that is likely to give clients a reason to trust the process, or at the least, to be intrigued with the possibilities. In EFIT, Emily also tries to shape encounters with imaginal others (IOs) or between parts of self in each session. She is also conscious of processing encounters (Move 4), following many of the encounters between client and therapist that emerge spontaneously in each session. For example, "How was it, Max, to look directly at me and tell me, for the first time, 'It wasn't right! I was in danger and I was treated badly'?"

Speak Clients' Language

Emily is learning that in being open about the therapy process, she needs to use language that matches different clients' experiences. She discovers in early EFCT sessions that not all partners are comfortable hearing about how she is going to help them "feel connected and safe." She is discovering that, for some more avoidant withdrawing partners for whom closeness is quite threatening, "connection" is a triggering word. It is not at all what they are seeking in the beginning of therapy. Images of "connection" could evoke themes of demands and expectations which they are certain they cannot and do not want to fulfill. So, at times, after having listened to both partners tell her of their experiences in the relationship, she slices it thinner, and uses words that might feel safer for both partners, such as longings to be "respected, valued, and wanted."

Nurture Your Own Relationships of Support

Safety and security in close relationships can mitigate against discrimination, prejudice, racial attitudes, and internalized discrimination (Causadias et al., 2021; Mikulincer & Shaver, 2021), all of which can readily play havoc with a therapist's intention to show unconditional regard and open acceptance of their client. Thus, it is important for an EFT therapist to be embedded in *broaden-and-build cycles* (Mikulincer & Shaver, 2016) with colleagues who validate them in their imperfections, and support and challenge them in their growth to be culturally humble EFT therapists. EFT therapists explore their own implicit biases and attitudes of discrimination toward those who do not share their social locations. Internalized discrimination can easily remain outside of one's consciousness since "racism is embedded within societal structures" (Causadias et al., 2021, p. 4). EFT therapists' supportive cycles with colleagues can strengthen their courage and confidence to continue to monitor and invite client feedback on whether they feel understood, during alliance building and assessment processes.

Seek Cross-Cultural Experiences and Consultations

Emily volunteers as an assistant for trainings cross-culturally. She discovers she has much to learn from her colleagues from other cultures. It is a mutually enriching experience. She has also formed some peer consultation groups with colleagues across the globe. She is discovering that everything she learns about attuning to REC differences, is making her a better therapist – more conscious of balancing empathic attunement with empathic curiosity to evoke specifics about the clients' experience and increasingly aware that she cannot assume understanding before eliciting specifics. She is slowing her pace to respond to nonverbal elements of communication and to continually check for confirmation that a client is feeling accurately understood.

"Will You Give Us Tools?"

Therapists new to EFT frequently dread the question, "Aren't you going to give us tools?" While EFT does not involve teaching tools and strategies for behavioral change, there are two elements of EFT that can calm new EFT therapists in the face of this question. First, an EFT therapist begins with reflection and validation. "I understand that you are eager to make change as quickly as possible and want tools to get out of this painful place you are in." Pause, taking time to step into the world of impatience, despair, or hopelessness that your clients are describing or implying. Validate their right to be skeptical and impatient. Acknowledge that the question is legitimate and

important. In EFCT, a therapist can add, “Absolutely, we will be giving you tools – tools to send clearer messages to your partner so that your best attempts for the relationship don’t end up pushing your partner further away or firing them up in anger. Before we can learn the tools, however, we are going to explore together *how it is* that your relationship keeps getting stuck in the same old ruts. We will explore together the hidden emotions – like quiet background music – that keep getting in the way of you sending messages that your partner is able to hear and receive. Then we will find ways to change these emotions so they do not need to remain hidden, but instead, can be used to shape the new tools you are seeking. With your new tools, you will be able to send clear messages and to hear each other clearly, so that you will feel increasingly cared for and important to one another.”

Similarly, in EFIT, a therapist can assure clients, “Although I will not be teaching you specific behavioral tools, we will work together to shape the tools you need to reach your goals. Since change occurs *in relationship* – in the relationship between you and me and in our exploration of the relationships that populate your inner and outer world – you will gain new tools. Together we can create the tools to form relationships with others who are reliable, trustworthy and responsive, and from that base, to experience yourself as competent, loveable and worthwhile. We can shape the tools for you to have emotional fitness – resilience and flexibility and energy for life.”

Summary of Key Ingredients of Building Alliance and Beginning Assessment

The attachment frame guides the initial steps of creating safety, assessing the relationship process, setting a therapy agreement, and identifying the recursive pattern.

What EFT Therapists See and Hear in Early Sessions

EFT therapists see bonding mammals in need of safe connection, caught in a dissatisfying pattern of attempts to regulate distressing emotion, mostly unaware of their attachment fears and needs that are driving this pattern of interacting. As therapists build an alliance and begin assessment, they see and hear the real problem as a self-reinforcing pattern. They see clients’ relational and emotional distress from an attachment perspective, together with contextual impacts.

EFT therapists see and hear clients participate in building an alliance, sharing their hopes for therapy, and collaborating in assessment. They hear couple clients describe their experience of the relationship – both the parts they value and the places they are stuck. They hear individual clients describe how they are blocked from their longings. They witness individual and couple clients begin to explore and indicate their willingness to engage in the process of relationship repair or emotional fitness that the therapist offers. This alliance building and collaborative assessment is considered clients’ Step 1 of the EFT change process.

EFT therapists see and hear clients participate in naming their automatic patterns of reaction, their default strategies of hyperactivating or deactivating, and identifying what they perceive that triggers them into reactivity. EFT therapists know that part of clients identifying the trigger typically includes sharing the meanings they are making of the trigger or what it is about this trigger that they perceive to be threatening. They listen to their clients share their perceptions and meanings and also witness clients’ participation in simple encounters, as they own their action tendencies and triggers. Discovering their automatic, recurring/recursive pattern is clients’ Step 2 of the EFT change process.

What EFT Therapists Do to Build Alliance and Begin Assessment

(Helping clients take Step 1)

EFT therapists create safety and a collaborative alliance with a contextually sensitive attachment orientation. They observe the present-moment interaction, attend to signs of internal emotional experience and patterns of interaction, and look for indications of clients' openness to the therapist and willingness to engage in therapy. In EFCT, the therapist also attends to partners' reactivity to one another and to signals of the strength of their attachment bond. The main aspects of the intertwined process of assessment and alliance building are to:

1. Build a safe-haven, secure-base alliance;
2. Broach social identities and invite clients' stories;
3. Identify strategies for engaging (default action tendencies) and positions of hyperactivating or deactivating emotions and needs;
4. Identify strengths and competencies in relationship bonds and coping strategies;
5. Monitor factors that could interfere with alliance or contraindicate therapy;
6. Assess for compatible agendas; turn hopes and longings into achievable goals for therapy;
7. Review areas for assessment;
8. Form a therapeutic agreement;
9. Balance process and content;
10. Have individual sessions in EFCT.

What EFT Therapists Do to Identify Clients' Repetitive Pattern

(Helping clients take Step 2)

EFT therapists enlist clients to track the recurring pattern that is taking over the relationship (couples) or imprisoning and blocking them from their personal and interpersonal goals (individuals). With couples, an EFT therapist attempts to help clients name their dominant attachment dance, that is, to identify the moves of upping the ante or dismissing distress that each partner makes in their distancing or turbulent dance. Partners are helped to delineate their moves, the triggers for these moves, and the meanings each partner makes of the other's moves. Moves, triggers, and meanings all provide hints to the underlying attachment fears of abandonment or rejection that clients will access in Step 3.

Comparably with individuals, an EFT therapist helps clients identify a repetitive pattern for coping with distressing emotions. With validation and de-pathologizing, the therapist helps relationship partners and individual clients to pinpoint their typical attachment positions of anxious pursuit (hyperactivating attachment emotions and needs) or avoidant withdrawal (deactivating and dismissing attachment emotions and needs).

There is no pathologizing in this process. Therapists work with clients to validate how their deactivating or hyperactivating strategies and repetitive patterns are well-intentioned attempts to protect a relationship and/or to protect the self. Patterns are normalized for their good intentions and placed in the context of having become a prison that is becoming increasingly costly or dissatisfying.

HOW EFT Therapists Engage While Building Alliance and Beginning Assessment

The EFT therapist seeks to be fully present, closely attuned, and responsively engaged with each client in their relational contexts and with their cyclic dynamic. The process of attunement

described in this chapter is akin to the EAR of empathic attunement (Box 1.3). The therapist’s manner remains focused in the present moment with transparency about the therapy process and with language and tasks relevant to clients’ goals. Slow pacing is a key element in culturally humble attunement and balancing power differentials. EFT therapists do their best work in alliance and assessment when they seek cross-cultural experiences and nurture their own *broaden-and-build* cycles to support their confidence and give them emotional balance in the face of client ambivalence and turbulence.

Get Ready – The Clients Are Coming! Review Alliance, Assessment, Goal Setting

Review each of the five cases we are following in this book. Imagine you are Emily and you are reviewing each of these cases at the beginning of your therapy day. Of course, it is not realistic that each of them would be engaging in the same steps of therapeutic change at the same time but attempt to make some notes as you would if you were preparing to meet with each of them today. Can you identify the basic pattern for each individual or couple client, the basic goals each one has identified, and any key features you would want to keep in mind if you were going to meet with them today?

Wayne and Jessica

Sophie and Ella

Phil and Julie

Sahra

Max

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Support Material for Chapter 8, Heeding Attachment Alarms to Shape Stabilization, the Stage 1 Change Event

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Summary of Key Ingredients of Shaping the Stabilization Change Event

What EFT Therapists See and Hear during Stabilization

While assembling and deepening emotion to stabilize, an EFT therapist observes:

- Emotional danger cues triggering threat responses, internally and interpersonally.
- Rapid cascades of the elements of emotion triggering the distancing pattern between partners or the repetitive internal/interpersonal patterns in individual clients that maintain and exacerbate their symptoms. The elements in the cascade are an interpersonal cue/rapid limbic, pre-conscious appraisal of safety or threat; bodily arousal; conscious meaning making; action impulses and reactive behaviors.

What EFT Therapists See and Hear as Clients Reach Stabilization (aka Step 4)

As clients reach stabilization, an EFT therapist observes:

- Partners beginning to recognize and take ownership for how they get pulled off-balance into a repetitive pattern, and for how their behaviors pull their partner into the cycle.
- Individual clients recognize how they get pulled into patterns of hyperactivating or deactivating, and how these self-protective behaviors maintain and exacerbate distress and block them from processing their core emotions.
- Clients discovering, naming, and expressing the vulnerable emotions underlying their typical positions of pursuit/hyperactivating and withdrawal/suppressing.
- Clients getting a felt sense of the repetitive pattern and their moves in that pattern as a reframe for their current distress.
- With couples, a de-escalated, less hostile, more engaged, and hopeful relationship, where the default pattern of self-protection, when it appears, is less rigid and hurtful.
- There are emerging new views of a partner. A more pursuing partner sees that their partner is not withdrawing because they do not care, but because they do care very much about gaining their partner's approval, about being accepted and wanted, and they are overwhelmed by their partner's intense demands. More withdrawn partners see that their partner is not being randomly

hostile to shut them out and to point out their inadequacies; rather, they are distressed at their unavailability and lack of response.

- With individuals, more emotional balance, a clearer narrative of their key patterns, more openness, safety, and curiosity to explore difficult experiences.
- An emerging sense of hope and efficacy for couples and individuals alike.

What EFT Therapists Do to Guide Clients through the Stabilization Change Event

Emily reviews the process of de-escalation or stabilization in her own mind. “First, help clients name the steps of their dance of distress, identifying the automatic patterns of triggers and action tendencies. Next, assemble each client’s emotional responses so they can discover their core fears in the background emotional music that primes this dance of distress. This helps them to coherently name and deepen their core underlying fears. Finally, help clients recognize how their moves in the dance are linked to how they exacerbate their fears, thereby gaining deliberate control of the self-perpetuating pattern.”

Discovering the hope that comes with the first change event of stabilization is very exciting for Emily. She feels great relief as partners begin to experience the *pattern as the problem*, grasping that the true source of distress and loneliness is *not you or me – it is the cycle we get pulled into by our hidden fears*. She and her individual clients experience hope as they embrace a more coherent narrative of their distress and can outline key patterns and display more emotional balance. She rejoices that they are more accepting and curious, and able to explore previously frightening, difficult, unfamiliar, and unacceptable emotions and are more open to delve into their inner experience and interpersonal encounters. Time and time again, at the end of Stage 1, she witnesses couples and individuals alike, demonstrating a new sense of efficacy and hope.

How EFT Therapists Guide Clients through Stabilization

The therapist maintains the EFT stance of an empathically curious, closely attuned, and responsively engaged presence, tracking the clients’ cyclic dynamic in the present moment. To unpack the emotional process and access the underlying emotion, the therapist consciously attends to their own emotional balance, monitoring whether they are fully resonating with and immersing in the unfolding emotional responses of each client. The therapist draws on lived experience of common patterns of emotional experience, organizing interactions and tuning in to the underlying emotions and fears that are typical of hyperactivating and deactivating strategies and positions of pursuit and withdrawal. The therapist is careful to attune to each client’s unique experience of those commonalities and to contextual impacts which may be new for the therapist to understand. Facing one’s own existential fears and helplessness is an important aspect of responding from the heart with genuineness.

Get Ready... The Clients Are Coming! Review Stabilization

Imagine you are Emily and that you are reviewing your clients at the beginning of your therapy day. You made some notes at the end of Chapter 7 with regard to alliance and assessment. Now see if you can add more detail. Can you name a cycle reframe or emotional handle or “the more... the more...” dynamic to capture the basic pattern in each of the five cases we are following and identify your sense of the core underlying fear of each client, as well as any other salient aspects of the pattern that you want to recall for the next session? Remind yourself, as well as of the goals each

couple or client has identified and which you are seeking to reach, together. When you discover that you do not know how to answer any of these questions, as will happen in real life, simply identify that as something you need to remain curious to discover as you continue reading.

Wayne and Jessica

Basic pattern (clarity of trigger and action tendency; The more...the more)? _____

Each partner's core underlying fear? _____

Emotional / cultural handle to learn more about? _____

Goals? _____

Sophie and Ella

Basic pattern (clarity of trigger and action tendency; The more...the more)? _____

Each partner's core underlying fear? _____

Emotional / cultural handle to learn more about? _____

Goals? _____

Phil and Julie

Basic pattern (clarity of trigger and action tendency; The more...the more)? _____

Each partner's core underlying fear? _____

Emotional / cultural handle to learn more about? _____

Goals? _____

Sahra

Basic pattern (clarity of trigger and action tendency; The more...the more)? _____

Core underlying fear? _____

Emotional / cultural handle to learn more about? _____

Goals? _____

Max

Basic pattern (clarity of trigger and action tendency; The more...the more)? _____

Core underlying fear? _____

Emotional / cultural handle to learn more about? _____

Goals? _____

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Support Material for Chapter 9, Working with Emotion to Shape the Engagement Change Event

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Expanded Description of HOW EFT Therapists Facilitate Engagement

Therapist Presence

A genuinely engaged, fully accepting, empathically understanding, and emotionally balanced therapeutic presence is needed to facilitate the deep levels of emotional experiencing in Stage 2 change. A therapist exudes an accessible, responsive, and engaged presence through their vocal quality, as well as through nonverbal physical engagement, such as facial expression and eye contact. These features can be conveyed in online therapy as well (Brubacher & Liu, 2023). We literally carry the state of our heart on our face and in our voice (Porges, 2011); thus, an EFT therapist evokes and conveys that it is safe to explore Stage 2 depths of emotion that clients have not yet coherently visited. The varied intonation and melodic features of a prosodic voice convey the message that the body is safe (Porges, 2011).

Vocal Quality

An EFT therapist conveys an evocative, facilitative presence through the quality of their voice, leading clients to engage with greater depths of emotional experience (Furrow et al., 2012). A voice quality that evokes safety and greater emotional depth has varied intonation, pacing, prosody, and melodic soothing. First, it matches and then heightens clients' emotional tone. Rice and Kerr (1986) identified eight categories of therapist voice quality and found the *irregular* vocal pattern, according to therapist, client, and observer ratings to be associated with helpful therapy process. The irregular vocal quality fits with the emphasis in EFT upon therapists matching and heightening client's emotional tone with vocal tone, volume, and pacing. It slows at times and speeds up suddenly at others with variations in pitch, pacing, volume, and periods of silence. Some syllables are lengthened, there are unexpected inflections, and there is adequate energy. However, the *restricted* vocal quality, rated by therapist, client, and observer to be associated with poor therapy process, illustrates that vocal quality can convey a disengaged unresponsive therapeutic presence. While a restricted vocal quality adequately conveys the content, the effect is unsatisfying, distanced,

and appears uninvolved. Something is being held back; sometimes literally when the therapist's breathing is shallow. There is no color in the voice and any emphasis seems irrelevant to the client's experience. The restricted voice is often tense, harsh, or distorted.

Emotional Balance

The therapist needs enough internal emotional balance that they are able to exude an engaged, warm presence of empathy, acceptance, and authenticity to direct the vulnerable, intense processes of Stage 2 of EFT. "If you're going to tune into another you have to have your emotional balance," Johnson (2016d). To facilitate emotional depth, it is fundamentally important for the therapist to be emotionally balanced and attuned to self, as well as to their clients. Emotional balance for the therapist includes attending to their own bodily awareness. Therapists need to notice their own tightening muscles, pounding heart, churning stomach, twisting fingers, or crossing legs. As with clients, an EFT therapist needs to notice their own bodily and physical movements with gentle acceptance and curiosity. Fortunately, the interpersonal process of attuning can also help a therapist to be grounded. We are innately co-regulated, our joining with clients exactly where they are calms them, and that calming can help a therapist to also "settle in for the ride" in all its riskiness and potential.

Some of a therapist's own somatic cues may be signals of resonance that can help inform reflections to the client. "I felt my own stomach tighten as you gripped your belly and said, 'I can usually ignore the loss.'" Other somatic signals and a felt sense of agitation with a client, for example, may be best responded to with a pause and a conscious breath to regain balance. Since emotional experience is a two-way street and mirror neurons activate shared experience, any sense of threat, discomfort, or reactivity on the part of the therapist is likely to be detected and experienced by the client. Acknowledging one's internal state to oneself or verbally to the clients can be a way to regain one's balance and to re-attune more fully with clients. "I feel my own heart pounding as you share your anguish and exhaustion. Longing for acceptance from your partner in the moments of their anger at you must shake you to the core." Therapists' drawing on their own somatic awareness is an important part of moving in the EFT Tango.

Somatically Focused Interventions

Paying attention to the paralinguistics of communication is particularly important for the deeper work of Stage 2. EFT therapists attend to changes in vocal quality and somatic cues from clients (Furrow et al., 2012; Kailanko et al., 2022) to evoke and to engage with bodily signals or *somatic cues* of emotional experiencing happening in the here-and-now. *Somatic cues* are defined by Kailanko et al. (2021a) as embodied nonverbal communication such as facial expressions, tone of voice, or bodily movements. Interventions that focus on present-moment somatic cues of emotional experiencing deepen clients' experience of emotion and facilitate the emergence of new meanings, new motivation, and felt shifts. Somatically focused interventions include pausing to comment on an individual's somatic signals, such as facial expressions, changes in the eyes, or postural shifts. Repeating the somatic indication of emotional experiencing at a slow pace and with pauses and in a soft tone evokes deeper experiencing. For example, "Your eyes just shifted – I believe I see pain in your eyes as you shrug your shoulders and speak about her disappointment (pause). Pain in your eyes as you say, 'She is disappointed in me.'"

Of particular interest for the engagement change event is the finding that referring to somatic signals (cues) of emotional experiencing six or more times can increase client depth of experiencing

for those using deactivating, over-regulating strategies. Kailanko et al. (2021a) found that when therapists patiently repeat a somatic emotional cue, a withdrawn client begins expressing internal experience and slowly opens up to deeper reflections on their own experience.

Repetition of a bodily signal can help clients to gain access to disregarded core emotion and associated attachment-related emotional memories. As Sahra explores her new-found emotional balance in dealing with a highly critical colleague, she begins to feel a gnawing, then a knot in her stomach. Then she says, “I feel nothing.” Emily uses repetition and tracking to gently guide her to return to her bodily sensations and messages:

A knot in your stomach. You hear her tone of voice (repeating cue) and your stomach knots. You don’t recall what she said, but your stomach is in a knot. Notice that knot in your stomach just now. Her words make no sense but your stomach responds – it is in a tight knot. Something is happening inside – a tight knot in your stomach...

A past memory is evoked from that knot and Sahra exclaims, “It’s my father’s slap. He crushed me in a moment of terror. My mother was away studying. I awoke with a bad dream and went to crawl into his bed.” Tears streaming down her face, she says with a hint of outrage, “He slapped me and told me to go back to sleep!” Sahra weeps for the innocent pre-adolescent, “She is so frightened and so beautiful! Then I had no way to protect myself. Now I am so proud to be developing a voice to block critical, invasive comments from puncturing my skin.” Emily makes a note to return to this attachment-injurious memory with Sahra’s father and also to the residue of pain and emerging, validating anger triggered by her present-day colleague. In the moment, she chooses first to join with Sahra in her pride about her growing capacity to know who she is, to keep her emotional balance while also “developing a voice” and to protect herself somewhat from others’ aggression.

RISSSSSC Manner

One of EFT’s greatest tools is the acronym RISSSSSC for how to guide clients to *risk* exploring greater emotional depths. It is how we focus and deepen emotion: Repeat, use Images, Simple, Slow, Soft voice, Specificity, Somatic cues, and Client’s words.

- R*: The therapist intentionally *repeats* key words and phrases for emphasis. “Emotional handles” are poignant, emotion-laden words and phrases such as “crushed,” “no room in his heart for me,” and, “burned twice, staying out of the fire.” Repeating an emotional handle deepens the experience.
- I*: The therapist uses *images* or word pictures that evoke emotions more than abstract labels tend to do. “You feel as if you are walking a gangplank, and one slip and the sharks will devour you!”
- S*: The therapist frames responses to clients in *simple* and *succinct* phrases.
- S*: The therapist speaks at a *slow* pace to deepen client’s emotional experiencing.
- S*: The therapist uses a *soft*, low, soothing tone of voice to create safety; at times, will use a firmer tone to match a client’s emotional tone of assertion, for example.
- S*: The therapist continually seeks more *specificity*, more granular nuances of experienced emotion to more accurately capture client’s experience.
- S*: The therapist repeats *somatic* cues – clients’ bodily movements, reported sensations, voice tone and pace – to deepen awareness of meanings, bodily felt arousal, action impulses, and core emotion.
- C*: The therapist orders, distills, and uses *clients’* words and phrases in a supportive and validating way.

Reflecting signals of bodily arousal has always been a significant element of emotion to assemble in Move 2, but until recently, a fifth “S” for bodily sensations or somatic signals of emotional experience had not been specified in the RISSSSSC acronym for deepening client’s emotional experiencing (Kailanko et al., 2021b).

A case example of RISSSSSC serves to illustrate the artistry and slow pace of Stage 2. With her challenging withdraw–withdraw couple, Emily notices that Phil’s “aversion to feeling” described in his metaphor of “clinging to the dock” does not immediately make sense to her. Just as his partner, Julie, vulnerably describes a personally difficult moment, Phil steps in to say he is just “clinging to the dock.” Phil says that everything in him wants to let go and be washed away from this intense experience of feeling emotion while listening to Julie, but he clings on, trying with every ounce of strength to stay present. As Phil shares this metaphor of his internal experience, Emily stays closely attuned, slowly and softly repeating his words, evoking more specificity about the intensity of the wave that could wash him away, reflecting the tension on his face and his hands gripping the chair, and validating the risk in his image. She repeats over and over the tension in Phil’s face, his hands gripping the chair, linking it each time to Julie’s tears, his impulse to let go and be washed away, and his extending all this effort to stay present. “Clinging to the dock, gripping the chair, tension in your face and in your arms, gripping the chair, clinging to the dock, not to leave Julie alone in her tears, yet wanting to be washed away from this moment.”

Phil’s experience intensifies, as does Emily’s empathic understanding and felt sense of the enormous vulnerability he is risking staying present in the face of Julie’s pain, rather than exiting as he would typically do. Nonetheless, Emily is caught off guard by how deeply it speaks to Julie. “Wow, if he is willing to hang on to the dock this hard, seeing my emotion, when the waves are pulling him away and he just wants to stop feeling, I can tell he must care so much about me!” gasps Julie, glowing with joy.

A simple, soft, and slow therapeutic presence, along with the focus on the present-moment somatic cues and specific images and impulses, deactivates the client’s limbic system and creates the climate for Stage 2 deepening and risking. This therapeutic manner offers similar soothing and safety as that of an attuned parent’s facial expressions and melodic voice that match an infant facially, tonally, and kinetically (Stern, 2004). “Deeper experiencing is a *moment of change* accomplished by the client and is facilitated *through the manner* in which an open-ended intervention is used” (italics added; Pascual-Leone & Yeryomenko, 2017, p. 664). EFT therapists struggling to establish connection with clients are reminded, again and again, of the five Ss – simple, slow, soft, specific, and somatic.

With trauma survivors, it can be helpful to alternate between partners while exploring underlying emotions. For example, engage Julie a little in expanding her core emotions and safely disclosing them to Phil. Then give Julie a break while helping Phil to process how her disclosure affects him and probably also triggers some of his core emotions. Expand some of his underlying emotion and help him to disclose it. Stepping slowly and deliberately back and forth between partners can keep it safer and within each partner’s window of tolerance. Like taking one step and then the other on a ladder, it is a way to give reprieve so that the emotional intensity remains manageable and neither partner becomes so overwhelmed that they dissociate or go numb.

The freeze response in complex trauma-survivor couples is sometimes expressed by a partner as, “I can tell they are gone.” Emily notices that, frequently, partners are quicker than she is to detect when their partner has disappeared. She is learning that it is most important to trust their assessment, rather than to continue on speaking to the emotionally absent partner. For example, while Phil launched into a rather lengthy, emotionally distant description, Julie said, “I can tell he has left.” When Emily checked with Phil, he agreed, “Yup, I’ve gone back to the surface—where it is much safer to live—I can’t bear to stay in the emotion for long.”

In Stage 2, an EFT therapist deliberately and slowly paces emotional processing, and at all times, remains compassionate and stays *very* close to the client's experience. The therapist is more aware than ever of the need for continuous empathic reflection, tracking, and validation of clients' realities. It is most respectful and compassionate to validate surface, reactive emotions and action tendencies before assembling and deepening core emotion.

Situating Clients on the EFT Map of Change

"Do I truly grasp what it means to go beyond naming or labelling an emotion, to expand and deepen that emotion?" Emily asks herself. "And," she ponders:

If we get to the place of distilling (making a coherent whole of core emotion by linking the cue which triggers it, the bodily arousal, the painful attachment meanings, and the reactive action tendencies) and then deepening that clearly distilled fear, do I know how to take charge of the process and shape engaged encounters to facilitate disclosures and responses to these newly formulated emotions?

She hears alarm bells, questioning her own therapeutic competence, "Can I do this intense level of Stage 2 EFT therapy?" She also hears some *love sense* whispers of encouragement:

Stay in the attachment channel, moving with the EFT Tango in attunement to each individual's inner and interpersonal worlds, and to the interactions playing out between partners in session. Repeat the five basic moves: Grounding by reflecting present process; assembling and deepening; shaping messages of newly accessed emotion or extending new reaches; processing the experience of disclosing; and finally, summarizing and integrating the *new present process*. This is how I can follow the map of love.

Emily finds, particularly in Stage 2, that it helps to situate her clients on the EFT map before and after each session. She likes to note where they are in the microelements of Stage 2 change. (See Box 9.1 in *Stepping into Emotionally Focused Therapy*, 2nd ed.) She frequently makes a note, for example, that says, "More Step 5 W (withdrawer)" or "Revisit P (pursuer) Step 6 to see if they accept the new position the withdrawer took last session," or, "Slow down in Step 6 to validate nonacceptance as long as necessary." For example, Emily needed to provide much support to help the pursuer, Sophie, take in the fears which Ella disclosed as she deepened her attachment panic that she is losing her place as the one in whom Sophie finds her greatest delight.

After Emily believes that partners have taken Steps 5 and 6, she might make a note to herself in-session to, "Go for Step 7 request." After the withdrawer makes their Step 7 reach, she will make a note to deepen the more pursuing partner's fears to move toward the softening change event. Emily finds the Ds of distill, deepen, and disclose, followed by the Rs of reaching to request, respond, and receive, help her to flow with Moves 2, 3, and 4 through Stage 2.

Given the more fluid movement between Stages 1 and 2 in EFIT and the different relational contexts EFIT clients are exploring, with her individual clients Emily is more likely to make notes about a marker of stabilization or about lingering longer and more deeply in emerging new emotional experience. She may make a note such as, "ready to linger more deeply in core emotion," or, "revisit core anger," or, "shape encounter to share core emotion to an IO," or, "shape a clear reach." Near the end of a session with Max, she made a note about his engagement with his grief, remorse, and love for and from Léo, and his engaged encounters with an imaginal Léo, while also noting "incomplete processing of fear."

Situating her clients on the map of client change helps Emily to be focused on the key elements that she needs to deepen, whether it be expanding and deepening core emotion to disclose or

lingering in core emotion to access needs and to shape clear reaches of requests to have attachment needs met. In Stage 2, she checks:

Are my clients in the early part of Stage 2 where I must help them distill, deepen and disclose core emotion, or in the latter part where I want to support them to reach with a specific ask to shape a change event?

Distill, Deepen, Disclose for Client Steps 5 and 6

Through repeated experience with EFCT, Emily is developing a felt sense of how Moves 2, 3, and 4 can effectively help the experiencing partner to take the risks to distill, deepen, and disclose core attachment emotions, fears, and longings to their partner, thereby taking Step 5 of client change. She helps the partner with Move 4 to process their experience of receiving this newly engaged encounter. With another Move 3, she shapes an encounter for the receiving partner (in Step 6) to respond to these newly formulated ways of sharing. It is becoming very clear how the response from the receiving partner – whether it is acceptance or skepticism – needs to precede her using Move 3 to shape a clear reach and request to ask for what they need to soothe their core fear. Similarly, this process of encounters in EFIT with imaginal others, parts of self or the therapist precedes the kinds of encounters where EFIT clients can fully engage in a flow of corrective emotional experiences that reshape sense of self and other and foster emotional resilience.

Reach to Request, Respond, Receive for Client Step 7

Emily is learning how Moves 3 and 4 can be used to choreograph the unique Step 7 EFCT encounter – the process of choreographing the reaching to request, respond, and receive. She needs to be very focused to make a specific invitation for the experiencing partner to risk reaching to request what they need from their partner to comfort their core fears and attachment pain. She is discovering that this reach to request is helpful only after the fears have been felt deeply, have been disclosed, and she has helped the receiving partner to reach back with expressed acceptance or with an authentic expression about their difficulty in accepting this new view. After inviting the experiencing partner to make the Step 7 reach (“How can your partner help you with this fear?”), she asks the receiving partner to respond to the request. Finally, with Move 4, she processes the experiencing partner’s ability to receive and integrate their partner’s response. Analogously, Emily is also discovering, with the exceptions of abusive and unsafe others, how empowering it is to shape this reach in EFIT. With abusive and unsafe others, a statement of boundary is an empowering request.

By summarizing the encounters and corrective emotional experiences with Move 5, a therapist in EFCT reinforces partners’ competence to have these connecting conversations on their own. Heightening that partners are able to reach to request, respond, and receive, an EFT therapist expands the value of these moments. Move 5 in EFIT is also how a therapist summarizes the newly engaged change events and heightens a client’s competence and shift in view of self and other.

Emily recognizes how EFT flows between empiricism and art (Johnson & Brubacher, 2016). She is grateful for the empirically supported guidelines of the steps of client change and the specific interventions a therapist has for following emotion, evoking experience, and choreographing client steps of change. When she is overwhelmed with following the map of the journey from distress to secure bonds, she appreciates the artistry of relying upon her built-in emotional GPS that provides an internal, intuitive kind of guidance. It is difficult, after all, to remember all the twists and turns on the map while in the midst of the journey. She has been told to trust the unfolding process. The more she tunes in to her clients in the attachment channel, flowing with the five EFT Tango moves, the more confidence and flexibility she is developing.

Summary of Key Ingredients of Change in the Engagement Change Event

What EFT Therapists See and Hear as Clients Step into and through the Engagement Change Event

Signs of stabilization indicating readiness to begin Stage 2:

- a growing tone of safety between partners;
- emotional balance in individuals.

Emotional handles of a deactivating client's core attachment emotion:

- evocative images (drowning, bleeding to death, triggering a harm response, see me as a weapon, tone myself down, keep a tight control of myself, turtle);
- bodily movements (shoulder slumping, deep sigh) or reported bodily sensation (heart sinking, lump in the throat, knot in stomach, constantly reducing myself);
- sudden exits or interruptions.

New dynamics:

- a newly discovered desire for closeness and connection in the formerly withdrawing partner;
- pursuing partner welcomes the "new" partner or reacts with shock or mistrust;
- new clarity, hope, sense of agency, validating, and trust of emotional experience;
- withdrawing partner/avoidant individual stepping assertively into relationship, asking for wants and attachment needs to be met.

What Clients Do toward Engagement

In EFCT, the withdrawer takes the lead into Stage 2, diving more deeply into their emotional processes, disclosing the newly discovered core experience to the relevant other, and risking to request that their needs be met. Clients step through Steps 5–7. In EFIT, there are similar microelements of engagement, where therapists guide clients to disclose distilled and deepened emotional experience to IOs, the therapist, or between parts of self; to explore perceived responses from the relevant other; and corrective emotional experiences are created wherein clients are supported to send clear messages of needs.

What EFT Therapists Do to Facilitate Engagement

Use Moves 2 and 3 to Engage with Emotional Experience

- Help the deactivating client to engage with self and to bring the newly emerging internal experience fully alive.
- Help client to deepen, distill, and disclose their core, underlying emotions, needs, and aspects of self.
- Attune to core emotions common to withdrawers: pain (especially of feeling unaccepted or inadequate); helplessness (to be enough or to be good enough); despair; shame; grief; and exhaustion (at trying relentlessly and unsuccessfully to please the partner/others, or to keep the partner/others happy). Gradually, after exploration, therapists deepen the emerging fears (such as of rejection, of being judged, of losing, or of being annihilated or remade).
- Shape an engaged encounter for a withdrawing partner/deactivating individual to disclose core attachment fears and longings, facilitating them to take Step 5.

Use Move 4 to Process the Encounters and Move 3 to Shape Responses***In EFCT***

- With the engaging withdrawer who has just disclosed, use Move 4 to process the experience, asking, “How is it to share this core fear with your partner?”
- Help the recipient to process this engaged disclosure, asking, “How is it to receive this new view of your partner?”
- Offer empathy to the recipient for their response, whether they respond with acceptance or non-acceptance.
- Shape another Move 3 for the recipient to share their authentic present-moment experience.
- Validate both partners’ experience, supporting the receiving partner to take Step 6, accepting the new view of partner.

In EFIT

- Use Move 4 to process the encounter with an imaginal other, between two parts of self, or between client and therapist, beginning with, “How is it to share that core fear with _____?”

Examples:

1. With an imaginal other:

“How is it to share that core fear of being inadequate with your imaginal father?”

2. Between parts of self:

“How is it to share from your *Boxed-self*, that works to keep everything hidden, to your *Keep-going-self* that pushes on and wants to be heard – how is it to share that you are afraid that if you come out of hiding, you will be scolded and shamed?” Or, “How is it to tell your lonely, frightened, little-boy-self that you are so sorry you have been ignoring him all these years, and you want to hold him and love him?”

3. Between client and therapist:

“You’ve just shared with me your fear that I may be judging you for being so afraid of remembering. How is it then that you so courageously looked me in the eyes and shared your fear that I may judge you?”

- Use Move 4 to process the encounter with the recipient, by asking, “How do you imagine the other is responding to this new message?”

Examples:

1. With an imaginal other:

“How do you experience your imaginal father to be receiving your message of fearing you are inadequate in his eyes?”

2. Between parts of self:

“How does your *Keep-Going-Self* respond to your *Boxed-Self* who has just shared how hard they work to hide from you?” Or, “How do you experience your little-boy-self as you hold him and soothe him?”

3. When the encounter is with the therapist, the therapist responds with genuineness:

“My heart clenched to hear you fear my judging you. I appreciate you asking me. I have deep compassion for you and want you to feel safe to share this with me.”

- If the other responds with a bullet or non-response, catch bullets and validate.
- Use Move 3 to shape another encounter for the client to hear the imaginal other’s response. If an imaginal other or part of self is not warm, accepting and validating, shape an authentic response. Many more encounters can follow. For example, if an imaginal father is not accepting or receptive of the client’s fear, help him to share an authentic response, which will take away an edge of aggression. “Can you speak as your father and can you tell your son, ‘It is hard for me to hear your fear – all I can really hear is that you are complaining about how I parented you. I will try to listen more, but I am getting defensive here.’”
- Validate the client’s experience, preparing to continue to expand and process these important dialogues.

Use Moves 3, 4, and 5 to Shape and Integrate an Assertive Request

- With Move 3, linger in the core emotion long enough to help the withdrawn partner or a deactivating individual to clearly identify the attachment needs embedded in that core emotion.
- Invite client to make an assertive reach and request for their attachment needs to be met. Shape a specific type of Move 3 that is a *request*.
- Immediately following the client’s reach to request, use Move 3 to support the receiving partner to respond to the request.
- Use Move 4 to support the now-engaged withdrawer/newly engaged client to take in the other’s response.
- With Move 5, summarize and integrate this process of reaching, responding, and receiving, helping clients to complete Step 7.
- In EFIT, corrective emotional experiences are created wherein clients are supported to send clear messages of needs to imaginal others and between part of self. The therapist guides clients to receive and integrate imaginal and real responses, transforming views of self and other, and reshaping emotional balance, resilience, and empowerment.

How EFT Therapists Guide Clients through Stage 2 Engagement

Summary of tools to retain emotional balance as a therapist, to remain attuned to self and to clients, while doing the deeper emotional work of Stage 2 is:

1. Therapeutic Presence – Convey a safe, engaged, responsive presence with a resonant, prosodic, melodic vocal quality; retain own emotional balance to be an accepting, empathic, authentically grounded presence.
2. Use somatically focused interventions through the moves of the Tango.
3. Use the RISSSSC manner to encourage clients to take risks with self and other: Repetition, Images, Simple, Slow, Soft, Specific, Somatic Cues, Clients’ words.
4. Situate clients on the EFT map of change, locating which Stage 2 microelement of client change they are exploring. Make notes of where clients are and where they may need to go next. Keep the Ds of *distill*, *deepen*, and *disclose* and the Rs of *reaching* to *request*, *respond*, and *receive*, in mind.

- Continually monitor if clients feel you are acutely attuned to the nuances of their fears, longings, and needs within and between, including any emotional handles of contextual impacts. In all your EFT Tango moves, be sensitive and empathically curious to make room for contextual impacts and differences, using the EAR of empathic attunement to engage with empathy and cultural sensitivity, and to restructure through interpersonal encounters.

Training Videos available at www.steppingintoeft.com show similar dynamics and corrective emotional experiences. One specifically shows a couple engaging in the engagement change event, and two video series illustrate EFIT engagement and softening change events.

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Get Ready... The Clients Are Coming! Review Their Engagement

It is time to review the clients we are following as you have done at the end of Chapters 7 and 8. Realistically, each of these five cases would not be engaging in the same steps of therapeutic change at the same time, but for the purpose of exercising your emotionally focused muscles, make some notes as you would if you were preparing to meet with these five cases today.

You are preparing to begin the sessions with Move 1, reflecting present process, and you also want to hold their recent change events in your mind as you engage with them where they are today.

What are the key features you can identify of each client's engagement change event that helps you to capture the essence of their newly engaged position and the interpersonal impacts of their Stage 2 emotionally corrective experiences created through engaged encounters?

When you discover you do not know how to respond to some of these items, as will happen in real life, simply identify that as something you are curious to discover. All details of each of the cases have not been given here so you can be creative, or you can simply identify what you would want to discover in today's session.

Wayne and Jessica

Wayne's expanded engagement with a distilled/deepened core fear? (Give granular description or emotional handle): _____

Impact of Wayne's encounters disclosing core fear and/or request to Jessica:

Impact on Wayne? _____

Impact on Jessica? _____

Ella and Sophie

Ella's expanded engagement with a distilled/deepened core fear. (Give granular description or emotional handle): _____

Impact of Ella's encounters disclosing core fear and/or request of Sophie:

Impact on Ella? _____

Impact on Sophie? _____

Phil and Julie

Julie's (the most accessible of two withdrawers) expanded engagement with a distilled/deepened core fear. (Give granular description or emotional handle): _____

Impact of Julie's encounters disclosing core fear and/or request of Phil:

Impact on Julie? _____

Impact on Phil? _____

Sahra

Sahra's expanded engagement with a distilled/deepened core fear? (Give granular description or emotional handle): _____

Significant other(s) whom she addressed: _____

Impact of her encounters disclosing core fear and/or request of a significant other:

Impact on Sahra? _____

Perceived impact on significant/imaginal other(s)? _____

Max

Max's expanded engagement with a distilled/deepened core fear? (Give granular description or emotional handle): _____

Significant other(s) whom he addressed: _____

Impact of his encounters disclosing core fear and/or request of a significant other:

Impact on Max? _____

Perceived impact on significant/imaginal other(s)? _____

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Support Material for Chapter 10, Working with Emotion to Shape the Softening Change Event

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More Softenings in EFIT

Softening from a Spiritual Figure

An additional example of a softening *from* another comes for Sahra in a spiritual softening that occurs outside of therapy during a visit with a priest. With Move 4, Emily processes and heightens this real-life experience, helping Sahra to integrate and heighten this powerfully moving experience that offered her a taste of God's compassion. Weeping, with long pauses between her words, Sahra has difficulty recounting her experience. "The priest had the kindest, most tender eyes. He listened to my story and showed sadness and compassion for my trauma. My friends and my mother have dismissed my experience, but he listened and said, 'I am so sorry!'" Emily conjectures that it was as though, in the priest, Sahra saw God's tender eyes, and Sahra weeps more. This real-life encounter with a compassionate priest served as a moving antidote to years of pressure from her mother about a punitive God who was judging Sahra and giving her challenges as punishment for her sins.

In the following session, Sahra talks about valuing Emily's conjecture that these priest's kind eyes were like the eyes of God speaking lovingly to her:

I can never see God's kind eyes, but I just remember this conversation and I can take in, all over again, the warmth, the acceptance, the sense of being admired for who I am, for my values and my perspectives and for what I am accomplishing.

This becomes an ongoing spiritual resource – an encounter with God through a human encounter – that brings comfort during very turbulent times and existential dilemmas where she feels stuck between difficult choices. It is a powerful antidote to the image of a judgmental God punishing her for her sins and threatening her with hell that her mother had embedded in her psyche! Sahra draws on this new spiritual resource and continues to reach to her image of a present, listening, compassionate God, during many immense challenges and struggles.

Softening between Two Parts of Self

Sahra has a softening between two present-day parts of self that were previously disconnected – the *Boxed-Up Sahra* and the *Keep-Going Sahra*. From the EFT attachment point of view, there are no *bad parts* to get rid of; rather, parts may be disconnected or out of balance with ineffective patterns of emotion regulation. That is, an EFT therapist’s goal is not to help an individual client to eliminate a critical or dismissive part, but rather, as in EFCT, to stabilize and then reconnect two estranged or embattled parts. *Boxed-Up Sahra* is a small vulnerable part that automatically feels guilty and responsible whenever she is let down or mistreated by others. This is the part Sahra identifies with when she talks about her typical pattern of punishing herself when things go badly. It is an emotional jumble – a repetitive loop of punishing and feeling punished. She visits an entire time machine of interpersonal experiences of feeling pushed aside, and blamed and punished when things went wrong.

Keep-Going Sahra: (To protect *Boxed-Up Sahra*.) Keep going – don’t show the pain. Don’t let anyone know you are struggling. Never mind that your father was punitive and then absent; Mother was distant and depressed; your ex-partner became aggressive; immigrating to a new country is filled with grief and experiences of discrimination that you need to hide. Hide the struggle and just keep going!

While Emily assembles the emotional experience of *Boxed-Up Sahra*, they discover a “silent werewolf” that is filled with anger and longs to speak out about the abuse she has endured.

Keep-Going Sahra: I am afraid of *Boxed-Up Sahra*’s anger! I try to keep her silent and numb because there is no one to listen to us.

Emily: (Seeding attachment; heightening a sense of risk and possible safety.) You can’t imagine *Keep-Going Sahra* would ever stop and listen to you and give you love and care?

Boxed-Up Sahra: (Taking the risk to reach, weeping through her words.) Please listen to me. I need your attention and care. I need you to hear my heart-break, my anger and my despair! I am tired of being pushed aside, being squished into a box! I need you to give me a break and stop pushing me to keep going. Can you let me collapse and speak the truth of all my tears?

Keep-Going Sahra: (Gasping for breath.) I have been silencing you. You are right! I don’t want to ignore you and your feelings anymore. (Shaking head, face down; pause.) I didn’t really know you needed me... or that we could come together in the midst of this chaotic world! I was just trying to survive! I thought the only way to survive was to hide it all! I’m sorry for ignoring you all these years and for not being able to comfort you and help you. (Core longing emerging.)

Emily: What is it like to be telling *Boxed-Up Sahra* how you want to be there to listen, to comfort her? (Evocative question to process the encounter with a newly discovered intrapersonal relationship.)

Keep-Going Sahra: It’s – it’s like I can breathe now! (Hand gestures from center of chest.) It’s a huge relief to offer her comfort! I’ve been trying to hide her to make her be the strong immigrant woman she must be to survive, but I can listen to her too! We don’t need to hide anymore. We can face the world together! Together we will find others to trust!

Formerly Boxed-Up Sahra: (Vibrant with werewolf courage.) We can do this together. Together we can be strong, now that you hear how much I need you! I can help you lots when you listen to my emotions!

More Details on Deepening to Shape Softenings

Balance Heightening with Containing Emotional Experience

Emily is discovering that her best EFT work across all steps and stages occurs when she is mindful of the depth of emotional experiencing levels according to the Experiencing Scale (EXP; see Box 12.1 in *Stepping into Emotionally Focused Therapy*, 2nd ed.). Given how deepened emotional experience is fundamental to successful softenings, she continues to eagerly expand her repertoire of *how* to facilitate client's immediate depth of experiencing (Pascual-Leone & Veryomenko, 2017), while also attuning as closely as possible for any signs her client has exceeded their window of tolerance.

Considering that core fear must be heightened to a Level 4 and above (on EXP), this balance is important to expand the leading edge of what the client can tolerate, yet remain within their window of tolerance. The therapist focuses mostly on staying with emotion, deepening emotion, and choreographing affiliative (vulnerable and responsive) encounters. The risk for a client making a softening reach is enormous. Frequently, the therapist also experiences a sense of risk while needing to remain focused and grounded, judicially balancing heightening with containing to effectively direct the reach and response. A therapist needs to maintain their own emotional balance and attune to the self as well as to clients to creatively and supportively facilitate a softening.

It feels counter-intuitive to heighten client fears when the client may be feeling much better. Emily has noticed how much courage it takes to heighten a fear that both she and the client hope is diminishing. Bradley and Furrow (2007) discovered that this is not uncommon; in fact, they went so far as to call this an *attachment-related fear allergy* – one of five common obstacles that can derail the softening process. The therapist's emotionally engaged presence is key in this process. It is also critical that a therapist understands the process and trusts that heightening the fear is a fundamental part of this change event.

To create a successful softening, an EFT therapist is conscious of using the RISSSSSC manner of voice quality and pacing to hold, heighten, and reprocess attachment fears of self and other. Attachment fears are engaged and heightened in a context of sufficient safety while clients are guided through Step 5 (distilling, deepening, and disclosing fears) and Step 7 (reaching to request attachment needs be met). The therapist's vocal tone and pacing help to down-regulate and maintain the safety zone, while simultaneously stepping right into the most dangerous emotions with the pursuer and heightening them. This is how a therapist finds a balance between heightening and containing. Drawing from the warmth of their own heart, conveyed through their voice and body, a therapist creates the safe context for clients to explore heightened fear and to find the courage to risk reaching and responding with emotional vulnerability and intimacy.

Monitor One's Own Presence as a Therapist

An emotionally responsive therapeutic presence, evident in the therapist's personal involvement and vocal quality, is shown to increase depth of client experiencing and to positively impact the softening change event (Furrow et al., 2012). Thus, Emily attunes to her own breathing and her body as she begins a session and then attends, as much as possible, to her own somatic reactions, moment-to-moment while attending fully to the clients. Tuning into their own somatically felt experience helps EFT therapists to tune more deeply into their clients' experience and to use their bodily felt emotional experience as a guide in responding to and deepening clients' emotional experiencing within a safe context (Johnson, 2020; Kailanko et al., 2021). Therapist vocal quality and somatically focused interventions (Kailanko et al., 2022) are two measurable aspects of therapist

manner, captured in the acronym RISSSSSC, that facilitate the levels of experiencing needed for softenings. For more details on therapist vocal quality and somatic focus, see these discussions in the online support material for Chapter 9.

Build Emotional Intensity and Depth to Shape Encounters

The acronym SHAPE keeps Emily on track as she shapes emotionally heightened encounters for pursuers, first to share their fears, and second to access the need embedded in those fears, and to risk reaching to their partner with a vulnerable request. While not always following the exact order of SHAPE, Emily attends to specific ways she can build emotional depth and engagement before she invites the client to actually disclose their message to the relevant other. She *sharpens, with repetition*, the core fear or the request she is helping the pursuer to share, often several times; *she heightens and checks that the fear is felt in the present moment*; and she builds emotional intensity by asking the client to *anticipate* seeing an imaginal other and sharing this message with them. She does all this, slowly and deliberately before directing the client to *present* the message of fear or a request to meet their need. At all times, she seeks to keep the client *engaged*, refocusing if they exit or slicing thinner if it becomes too intense or the client holds back.

Summary of Key Ingredients of Change in Softenings

What an EFT Therapist Sees and Hears in Softenings

- Previously withdrawn partners or individuals remaining engaged.
- Anxious, pursuing partners or individuals *sometimes* withdrawing.
- Vulnerable emotions coming “online.”
- Exploring raw, vulnerable, fears and longings, revealing embedded attachment needs.
- In EFCT, an anxious, pursuing partner risking expressing attachment needs and requesting their partner to meet these needs.
- In EFIT, risking vulnerable disclosures and requests made to an imaginal other, between parts of self or to the therapist.
- After the EFCT softening, withdrawers’ and pursuers’ emerging with the same basic need to know the other is fully present and valuing them. There is a convergence of an avoidant withdrawer’s previous longing for acceptance and space, and the anxious pursuer’s longing for closeness, to a shared desire for connection.

What EFT Therapists and Clients Do to Co-create a Softening

Table 7.1 in *Stepping into Emotionally Focused Therapy*, 2nd ed. provides a succinct summary of themes of what therapists and clients do to co-create a softening change event in EFCT. Although Table 7.1 depicts EFCT only, the following summary encompasses both EFCT and EFIT, illustrating, yet again, how the model of EFT applies across modalities of couples and individuals, alike, even though the relevant other is not in the room in EFIT.

Theme 1: Accessing and Lingering with Core Fear

- *Therapist*, with Move 2, follows and expands a pursuing partner’s or individual client’s core emotion into greater depths and with more coherence. With Move 3, therapist shapes an encounter to disclose the core fear to the now-engaged partner in EFCT or relevant other in EFIT.

- *Client* deepens and distills attachment-related painful, fearful emotion in fresh and new ways, and with a high degree of vulnerable engagement, discloses the core fear to their partner in EFCT and in EFIT to a relevant imaginal other, part of self, or the therapist.

Theme 2: Heightening New Engagement

- *Therapist*, with Move 2 in EFCT, shores up the engaged withdrawer using evocative responding and empathic conjectures about the attachment experience. In EFIT, therapist lingers and deepens client's newly engaged emotional depths.
- *Client*, the engaged withdrawer in EFCT, confirms engaged presence and desire to attend to the other partner. In EFIT, client confirms and recognizes their engagement with newly engaged experience of emotions which previously felt too alien or unacceptable to feel.

Theme 3: Experientially Imagining the Reach

- *Therapist*, with Move 2 deepening and Move 3 shaping an encounter, seeds attachment with an evocative picture of risking to reach and being safely responded to and comforted. This picture of safe reaching and responding, framed as, "You can't imagine...", heightens the fear and the possible safety in the present moment.
- *Client* tolerates increasing vulnerability and experientially imagines reaching to a significant other (partner in EFCT; relevant other in EFIT) to disclose this vulnerable emotion.

Theme 4: Processing Fears of Reaching

- *Therapist*, with Move 2 deepening and Move 3 anticipating an encounter, processes and deepens the EFCT pursuer's/EFIT client's fears of reaching and disclosing core emotions and needs; using heightening, empathic conjectures, evocative responding; reflecting underlying emotions; reframing in context of attachment needs; and seeding attachment.
- *Therapist and client* collaborate: Therapist, with Move 2 deepening and Move 3 shaping encounter, guides client to explicitly explore, expand, and express in encounters, each of the following fears to distill what the pursuing partner or EFIT client needs from the other to feel safe and secure in this relationship:
 - The fear related to view of other. ("You won't be there.")
 - The fear related to view of self. ("I am unworthy of love.")
 - The fear of reaching for comfort and assurance.
- *Therapist's* adaptations for safety for EFIT clients are paramount. Therapists are attuned and creative in maintaining safety in encounters with imaginal, unsafe others, taking extreme care to hold other and not self as responsible, and to validate client choices and needs for permanent distance from an unsafe other.

Theme 5: The Actual Reach

- *Therapist*, with Move 3, shapes a unique encounter of a clear and specific "ask." Using evocative responding, the therapist directs a pursuing partner or an EFIT client to access their specific need from within their core fear and to reach from a vulnerable position to make a request for this need to be met.

- *Client*, while fully immersed in their attachment fear, takes the risk to reach and clearly ask for what they need to feel safe and secure in this specific relationship. For some EFIT clients, while speaking to an abusive or dismissive other, what they may need is permanent distance, or for the other to “listen to my need and make no response.” Some EFIT clients’ requests of another will not be met with the response they need in real life, but a corrective emotional experience is happening, nevertheless.

Theme 6: The “Other” Reaching Back

This is the *engaged withdrawer* in EFCT; in EFIT, the *other* is the one to whom the client reaches.

- *Therapist*, with Move 3 in EFCT, invites the partner to respond immediately to the request, without first processing the pursuer’s vulnerable experience of making the request. In EFIT, if the encounter is between client and therapist, then therapist offers their response to the request. If the encounter is with an imaginal other or between parts of self, then the therapist helps the client to imagine and/or express the response from the imaginal other or part of self.
- *Clients*: In EFCT, the engaged withdrawer reaches back to their partner with support and partners experience the ultimate bonding event. In EFIT, clients face their experienced or imaginal response from the relevant other in the safety of the therapeutic relationship.

Theme 7: Processing the Reach

- *Therapist*, in EFCT with Move 4, processes the reach and response between partners, now the engaged withdrawer and the softened pursuer, using evocative questions and reflections. Therapist also heightens the moment and facilitates the process by tracking and heightening the degree to which the softening partner is able to receive and integrate their partner’s response.
- *Therapist*, in EFIT with Move 4, evokes and validates the client’s experience of the other’s response or non-response to their request. Imaginal others’ responses are not always what a client longs for or they may not be realistic expectations of what the imaginal person would offer in real life. Nevertheless, the therapist shapes the encounter because encounters restructure emotional experience and shape new ways to engage with one’s own experience, with others, and with unchangeable circumstances and losses. Responses from parts of self may take several iterations to shift into a bonding event. Thus, therapists use multiple Moves 2, 3, and 4 to process the shift in view of self and other, depending on the response received.
- *Clients*, in EFCT and EFIT, engage in expressing their present moment experience of newly emerging safety and connection and shifting views of self and other. Encounters restructure emotional experience and shape new ways to engage with own experience, with others, and with unchangeable circumstances and losses.

Theme 8: Validating Attachment Needs

- *Therapist*, using Move 5, summarizes and integrates how partners in EFCT created this bonding moment and how an EFIT client reshaped their world to one with a new safety, new meanings, new views of self and other, and new interactional patterns. Therapist also validates clients’ attachment needs.
- *Clients* respond to describe their experience of integrating and savoring this corrective emotional experience.

How EFT Therapists Guide Clients to Co-create Softenings

In a manner similar to the Stage 2 work for the engagement change event (Chapter 9), therapists find their own emotional balance, drawing from the warmth in their own hearts, while also risking emotional depth and being judiciously directive. One of the biggest risks for therapists, or at least one that requires concentrated focus and directiveness, is to shape the specific “ask” – the encounter that facilitates the highpoint of an engagement or softening change event. In this encounter, the experiencing partner or individual is asked to risk asking clearly for what they need from their partner or the significant other in the encounter to meet their deepest need – the need embedded in their core attachment fear and longing. The RISSSSC manner of voice quality and pacing is particularly significant for these corrective emotional experiences, created by staying with vulnerable emotions, deepening emotional experiencing, and reprocessing attachment fears with carefully directed and processed encounters.

Get Ready... The Clients Are Coming! Review the Softenings

It is time to review the clients we are following as you have done at the end of Chapters 7–9. Realistically, each of these five cases would not be engaging in the same steps of therapeutic change at the same time, and in all five cases, many variations could appear. Nevertheless, for the purpose of finetuning your emotionally focused muscles, imagine as before, that you are Emily and you are reviewing these couple and individual clients at the beginning of your therapy day.

While you are preparing to begin the sessions with Move 1, reflecting present process, you also want to hold their recent softening change events in your mind as you join with them where they are today. Transformative shifts have been happening in each case and you are invited to write out a *brief* Move 5 summary of these shifts, as you would say it to your clients. Move 5 validates and integrates newly created experience, internally and interpersonally. It highlights the corrective emotional experiences to build confidence and agency.

Identify some key features in each client’s softening change event that captures what you hope to integrate with where they are today. Reflect on couples’ newly shaped bonds and on individuals’ newly restructured views of self and other. How can you highlight and validate the emotional/interpersonal impact for each client (couple and individual) of their Stage 2 emotionally corrective experiences created through softening encounters?

To formulate your Move 5, you might find it helpful to identify the request and the response, and the impact on both as you helped them integrate this new reach-response-reception. The following questions might be helpful, but you are also invited to simply formulate your own Move 5 summary validation.

Wayne and Jessica

Jessica’s attachment need, accessed within her core fear, and her request to Wayne: _____

Wayne’s response: _____

Impact on their bond as you processed this change event: _____

Now formulate a brief Move 5 validation of their change event: _____

Ella and Sophie

Sophie's attachment need, accessed within her core fear, and her request to Ella: _____

Ella's response: _____

Impact on their bond as you processed this change event: _____

Now formulate a brief Move 5 validation of their change event: _____

Phil and Julie are not described in this chapter on the softening change event. You are welcome to create a Stage 2, Move 5 validation for them, based on Chapter 9, in *Stepping into Emotionally Focused Therapy*, 2nd ed., where in Stage 2, both partners engage with their attachment fears, and Julie, the least avoidant, having some very subdued pursuing (fearful/avoidant) tendencies, risks making an assertive request to Phil – asking him to meet her attachment need in an engagement change event and thereby paving the way toward Phil's engagement change event. You could review:

Julie's attachment need that she accessed within her core fear, and her request of Phil in her engagement change event: _____

Phil's response to Julie: _____

Then, formulate a brief Move 5 validation of their change event and, optionally, *seed attachment* by envisioning Phil also accessing his attachment need and making a request of Julie:

Sahra

Choose a softening for Sahra from this chapter: _____

Identify an attachment need she accessed and a request she made to a relevant other, to a part of self, or to Emily, to meet this need? (What is her request?) _____

To whom does she reach? _____

What was the real or imagined response she received? _____

What is the corrective emotional impact/shift in view of self and other?

Max

Choose a softening for Max from this chapter: _____

Identify an attachment need he accessed and a request he made to a relevant other, to a part of self, or to Emily, to meet this need? (What is his request?) _____

To whom does he reach? _____

What was the real or imagined response he received? _____

What is the corrective emotional impact/shift in view of self and other?

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Support Material for Chapter 11, Consolidating Secure Connection in Stage 3

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Summary of Key Ingredients of Change in Stage 3 Consolidation

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Summary of Key Ingredients of Change in Stage 3 Consolidation

What EFT Therapists See and Hear in Stage 3

- Newly secure bond and *broaden-and-build* cycles.
- Expanded views of self and constructive engagement with others.
- Joy and celebration at the experience of secure connections and new views of self and other.
- Clear stories of how gains and growth have been achieved.
- Conscious awareness of how to continue shaping the future with this trajectory.
- Readiness to finish therapy, combined with fears of moving on without the therapist.
- Gratitude to the therapist.

What EFT Therapists Do to Help Clients Integrate Change (Take Step 8)

Using all moves and frequently Move 5, a therapist will:

- Reflect and heighten reports of how partners and individuals are creating *broaden-and-build cycles* to solve problems that were previously attachment threats and triggers for negative cycles of interaction and emotion regulation.
- Offer tracking reflections and heighten stories of slipping back into old strategies and patterns and yet, repairing and regaining connection and emotional balance.
- Validate the spontaneous ways that the restructured bond and the positive views of self and other are expanding across contexts and relationships in clients' lives.
- Build on the new security, by revisiting ongoing issues that used to trigger the problematic pattern.

What EFT Therapists Do to Help Clients Consolidate Change (Take Step 9)

In EFCT, therapists support partners to create stories of how they moved from distress to repair and stories of hope for their love relationship in the future. They highlight and encourage partners to build on their connecting rituals. Similarly, in EFIT, resiliency narratives are created and stories of the future are built with the resources of the *broaden-and-build* patterns. Rituals to strengthen and celebrate new interpersonal security and new views of self and other are reinforced.

How EFT Therapists Facilitate Stage 3 Integration and Consolidation

- Remain actively and emotionally engaged, attuning to clients' emotional tone, particularly joy and fears, and to their own felt sense.
- Ground self in the model for confidence and guidance.
- Celebrate clients' journey to secure connection, *within* and *between*.
- Resist the invitation to take primary credit for how far clients have come. Celebrate their joy with them.

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Support Material for Chapter 12, Recognizing and Following Markers of Emotion on the EFT Terrain

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Felt-Sense Understanding

Felt-sense understanding, described as feeling the other's experience in one's own body, is more than conceptual understanding. Attending to a felt sense of present-moment experience enhances therapy in the following four ways:

Felt Sensing Feeds the Therapist's Empathic Imagination

Research on the brain's mechanisms of mirror neurons facilitating empathy (Iacoboni, 2007; Stern, 2004) shows that when we observe another person, our own body experiences something akin to the other's experience. A felt sense of each partner's experience and of the relationship dynamic can be there, within the therapist's body, to be noticed. Iacoboni's quotation of Nietzsche emphasizes how a felt sense can feed the empathic imagination:

Empathy—To understand another person, that is to imitate his feelings in ourselves, we... produce the feeling in ourselves after the effects it exerts and displays on the other person by imitating with our own body the expression of his eyes, his voice, his walk, his bearing. (Iacoboni, 2007, p. 238)

Cultural differences play a part here as well. Attunement and resonance are much more than eye-to-eye contact and shared words. The *we-identity* of collectivist societies values bodily closeness over the Western ideal of face-to-face vocalizations (Keller, 2022, p. 70). An EFT therapist is challenged to open their heart and awareness and to attend to their own inner felt sense as partners attune and mis-attune. "Our nervous systems are constructed to be captured by the nervous systems of others" (Stern, 2004, p. 76). Tuning in to one's own physiological experience in the moment is, indeed, relevant and helpful for responding with empathic attunement to clients' moment-to-moment experience. Empathic attunement is the "most potent part of EFT... Carl Rogers believed that an effective therapist was not a technician, per se, but was able to be 'with' a client in an empathic and nonjudgmental way" (Johnson, 2011, p. 247).

Before a session, Emily asks herself, "How do I feel in the room with this couple or with this individual? What is it like for me in the room with Terrell and Asia?" She notices that she readily tunes into Asia's pain at feeling abandoned and left alone each time Terrell "slips away

and becomes interested in another woman.” She feels her heart ache as Terrell apologizes, faults himself for his actions, and then demands that his wife should trust him and give him another chance. As she slows down to notice her own overall bodily sense with this couple in the room, she recognizes pressure rising in her chest until she feels a racing in her heart and then her head. She listens to her physical sense of racing and notices that she feels some of the same pressure to get to a “quick fix” of rebuilt trust that Terrell is describing.

Noticing her internal resonance and using it to tune in to each partner in the moment, she remembers to trust the model. “Of course, Terrell, like me, feels urgency for a quick repair, and Asia needs the intensity of her pain and mistrust to be heard and validated.” She reassures herself to trust the step-by-step process. “Track, linger with, assemble, and deepen the emotional process playing out before me.” She reminds herself, “It is safe to validate each partner’s experience, even when they are significantly different from one another.”

Felt Sensing Helps a Therapist to Communicate Empathic Understanding

Felt sensing is key to empathic understanding and to formulating this understanding in words. Rogers (1961) and Rice (1974), who coined the phrase “evocative empathy,” describe empathy as “communicated understanding of the other person’s intended message, especially the experiential/emotional” (Martin, 2016, p. 4), that is, the feelings implicit in the message that have not yet been put into words. Felt sensing is part of each aspect of empathy with which Rogers was concerned:

1. Present-moment empathic attunement;
2. Finding words to formulate the empathically attuned understanding;
3. Effectively communicating the understanding to the client; and
4. Receiving confirmation from the client that the communicated understanding was accurate, or hearing from the client how to fine-tune the understanding until it becomes an accurate match for the client’s emerging experience.

Emily consciously slows herself down to await clients’ confirmation of feeling accurately understood. She considers:

Do I wait for a response that confirms I have communicated an accurate understanding, while also tuning in to the other partner’s present moment experience? Do I savour and taste the moment of communicated understanding and the impact on both partners? Do I notice how is it for me in my body that we have this shared understanding, and do I check to see if their partner is moving in or stepping back? What are the expressing partner’s non-verbal responses, and very importantly, am I monitoring the other partner’s responses to this communicated and shared understanding? Can I now be curious to get a felt sense of the other partner’s experience?

The need for continued resonance and conscious awareness of one’s felt sense, followed by explicit communication of these understandings and awaiting clients’ confirmation of feeling accurately understood, is important throughout sessions.

Felt Sensing Increases the Client’s Depth of Emotional Experiencing

An EFT therapist’s focus on their own felt sense can deepen attunement, and thus, increase levels of emotional experiencing in clients (Brubacher & Wiebe, 2019; Kailanko et al., 2022). To consciously focus on felt sensing, a therapist can ask themselves some of the following questions:

Do I have more than a conceptual understanding of a couple or individual client's recurring pattern and each one's attachment fears and longings?

Do I have a felt sense of how this pattern sneaks into the relationship bond and takes over the show?

Do I *feel* how each partner experiences this relationship?

Do I *have a felt sense of each client's fears and needs for self-protection* in addition to a conceptual understanding?

Do I attune to my own felt sense of how I feel when I am in the room with this particular couple or individual client? In particular, when my own felt sense is one of anxiety or boredom, can I consciously reflect on what threatens or bores me with this couple or individual (Siegel, 2010), without judging myself or the client?

Can I *feel a sense* of the trigger in the relationship or in the individual client's social context that sends them into numbness?

Can I get a felt sense of how the numbness or hostility seems to be this client's best option just now?

Can I see, for example, that the seemingly challenging or aloof client is simply coping with the attachment strategy that has served them well for a long time in specific historical or cultural contexts? For example, never having known the safety or comfort of counting on another person, it makes sense just now to be firing bullets or insisting on not needing anyone.

Felt Sensing Strengthens a Therapist's Confidence and Creative Competency

Paying attention to and trusting one's felt sense of the present moment can strengthen an EFT therapist's confidence and creative competency. Being fully present frees the mind (Siegel, 2010) and strengthens the secure base for exploration (Bowlby, 1988). The emotion-regulating function of attentive, engaged presence can provide safety and calmness for clients and therapists alike.

Since her supervisor first asked Emily what it feels like to be sitting in the room with Wayne and Jessica, she has been increasingly tuning in to her inner experience and reflecting on her felt sense of the couple or individual client. Thrilled with the impact this was having on her sense of EFT competency during a long day of therapy sessions, she sent her supervisor a quick text that read:

Thank you! It helped so much to slow down and to notice how my own sense of being overwhelmed was blocking me from trusting my attunement and competence. I had several sessions after we met. I was in tune and EFT happened! It was alive and I am energized!

Felt Sensing throughout the EFT Model

Felt sensing as part of the engaged empathic responsiveness of the therapist is a common denominator through all the EFT Tango Moves and client steps and stages of change. Imagine EFT interventions of empathic reflections, validating reactivity, mistrust, or hurtful action tendencies, and conjecturing about underlying attachment fears without the therapist having a felt sense of the clients' experiences. Consider the impact of a therapist without attunement to their own and the client's inner felt sense, evoking and then heightening a client's fear of not mattering or of living with the ongoing fear of marginalization. The correct words, without the soothing impact of the therapist's own resonance, will fall flat.

Consciously observing one's own bodily felt sense of resonance with others helps an EFT therapist to flow competently between conceptualizing and directing the unfolding process and responding in an emotionally engaged manner. The empathically attuned therapist keeps a finger on the pulse of their own internal experience and bodily felt sense, moment to moment in session.

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Support Material for Chapter 16, Forgiveness and Reconciliation with EFT'S Attachment Injury Resolution Model

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AIRM in EFCT: Attachment Injury and Racial Trauma, Case Example

Leon and Liliana illustrate the AIRM with an attachment injury and the additional complexities of racial trauma. They begin therapy as a preventive measure, sensing their relationship is a little shaky, and wanting to do what they can to strengthen it “so this one will last.” They have both been married previously. After a few sessions, Leon and Liliana have a clear awareness of their repetitive pursue-withdraw pattern, which they have named the *downward spiral*. Together with Emily, they identify their core fears that drive their cycle. In addition to the typical attachment threatening triggers between partners, Leon, a dark-skinned African American, and Liliana, a light-skinned Mexican American, experience different *contextual and cultural distress cues* (see Guillory, 2022; Nightingale et al., 2019) and impacts of *colorism* (Burke & Embrich, 2008) that unavoidably effect their relationship.

Shortly after beginning therapy, Leon and Liliana experience a relationship trauma – an attachment injury. Liliana discovers a picture on Leon's phone of him in bed with a black woman. She is immediately flooded with attachment panic and flips between bouts of hysterical crying and rageful outbursts. The pursue-withdraw pattern, which existed in the relationship before this event, intensifies dramatically. While not physically violent, Liliana repeatedly says, “I just want to hit him over the head with a pan and find out what's wrong with him! What is inside his head? How could he do this to me?” Leon's “identity crisis” as he calls it and pressure from his people that he should be with a black woman tug at him in many different directions. Seeing this woman that he truly loves, in such an extreme frenzy over his actions, overwhelms him. He repeatedly perceives that he is the cause of her pain. When she gets frantic, he wonders if she'd be better without him? He is overwhelmed; yet certain he wants to repair with Liliana.

An Attachment Lens

Looking through an attachment assessment lens, Emily sees a rather typical pursue-withdraw pattern that is intensified exponentially after the attachment injury erupts. Liliana is a highly anxious critical pursuer, hyperactivating continually and Leon down-regulates, preferring to remain calm

and rational and to talk calmly or to leave a tumultuous situation until they can talk peacefully. It is evident that they love and value each other immensely and have a special bond; yet, they can flip quickly into escalating pursue-withdraw patterns. Emily notices attachment threatening cues that ignite this pattern: Liliana is threatened when Leon takes time to quietly read or explore historical movies and when he spends time on his phone. Perceiving these behaviors as signs that she is not important to him, Liliana becomes increasingly demanding and harsh. Leon is threatened when Liliana raises her voice, questions him, or complains about his emotional distance. Her demands sometimes fire him up to fight back and sometimes push him to seek ways to get “some peaceful distance.”

Emily: So, I hear you saying that you’re trying to heal the injury and yet you keep getting pulled into the cycle you’ve named the *downward spiral*. And the spiral spins faster and faster, making the pain worse, is that right? (Both nod.) So, the more you, Liliana, bombard Leon with questions, the more you, Leon, do your best to answer her; the more Liliana continues to question, the more Leon answers, and then finally, Leon, you say to yourself, “She looks like she is in as much pain as ever, no matter how I answer her questions. And it’s all over something I did; something I am so embarrassed about!” Inside you struggle with your worst dread and fear – that you are not enough here – that you cannot make her feel ok – that you are the cause of her pain and she’d be better off without you. To Liliana you say, “You’d probably be better without me. Maybe I should just leave.” Liliana, to you this sounds like your worst fear: that you are not his chosen one and that he will leave. And you get even more hysterical, yes? If I hear you correctly, it seems the deepest pain for you, Leon, is your sense that you are the bad one here and she is rejecting you, yes? (Leon nods.)

A Contextual Lens

Looking through a cultural, contextual lens, Emily sees their different cultural backgrounds having direct impacts on their relationship and, in particular, on their attempts to discuss the attachment injury. Liliana, part of a large Mexican family, is very light-skinned. As a young adult, she married, settled into her career as a dietician, and raised two sons with her husband from whom she is now divorced. Leon grew up in the United States, identifying as a black man with “multi-cultural roots.” He describes going through his own identity crisis and wanting to learn more about his family tree. He has five children from two previous relationships with all of whom he maintains close contact. Leon and Liliana are very supportive of each other’s children.

Leon : The plight of being a black man in America is that culturally, familywise, for the sake of self-protecting you have to learn to behave differently than the rest of the world. As a black person and particularly a black man, you are taught to not be your full self, in order to preserve yourself.

Emily’s heart falls as she resonates, to the best of her capacity, from her white perspective, with the chilling reality of this fellow human being needing to hide his full self in order to survive! She thinks of the assault minority stressors have on one’s sense of self and what a huge impediment they can be to feeling safe and sound in an intimate relationship! *Needing to hide one’s full self to survive* echoes through her soul and prompts her to read more about the impacts of racial stress that evening. Her go-to books are Guillory (2022), Hardy (2022, 2023), and Jana & Baran (2020).

While Liliana identifies with her family traditions and Hispanic culture, she mostly passes as white. Her family is critical of her for being with a black man, challenging her that she is just “afraid to be alone.” “It’s hard because in my family, they are not into black people.” She laughs.

“I’m the first one with a black man. They think I’m too desperate for a relationship.” She adamantly protests, “Contrary to what my family thinks, I choose Leon because I love him and find him to be an amazing person that I don’t ever want to lose!” Emily attunes to Liliana’s disappointment and frustration with her family and to the pain she sees in Leon’s eyes. She resonates with this *subtle act of aggression that*, while unintended from Liliana, must have shot through Leon’s heart like a dagger. To catch this bullet, she says, “You chuckle as you say your family is ‘not into black people,’ perhaps to distract from your discomfort? (conjecture). I imagine, given how much you love and value Leon, that your own disappointment and frustration with them take over, and it doesn’t occur to you how painful this must be for him in this moment as you talk casually about this (more conjecture). Am I close, Liliana?” After Liliana, pauses and nods, Emily invites her to look at Leon’s eyes and she turns to Leon, “It must cut to the core to be reminded of how her family excludes you, Leon. What comes up for you as she chuckles while telling this painful reality?” She pauses and Leon speaks fluidly about his pain. Emily processes and validates each of their reactions. She uses Move 2 to assemble Leon’s experience and to put words to the sadness in his eyes, shaping an encounter to Liliana. She asks them both, “I wonder how the two of you can discuss this painful experience of her family’s rejection, on your own?”

Stabilizing Current Cycle with Relationship Trauma and Racial Trauma (Client’s AIRM Steps 1 and 2)

Emily relies on the EFT Tango to guide her in stabilizing the interactive cycle that is fraught with details about Leon’s affair. There are times when the cycle gets highly escalated, with Liliana demanding and pushing and Leon bristling in defense and insisting on his privacy. These are wobbly moments for Emily as she almost gets pulled into Liliana’s fears and doubts about Leon’s claims that he does want to be with her. She draws on her knowledge of the de-escalation phase of the AIRM to regain her own emotional balance and to remain focused and attuned. The model helps her to recall that this reactivity is an expected dynamic when partners begin to discuss an injury. Client Steps 1 and 2 of AIRM’s de-escalation phase commonly involve the injured partner (IP) recounting the event with intense reactive emotions and the offending partner (OP) reacting, in turn, with defensiveness or minimizing. Knowing this is typical of clients’ stabilization process calms her and she stays grounded in Move 1, reflecting present process with the specific content of the affair.

The map of de-escalation in the AIRM also helps Emily to recognize the couple’s resources and progress. She notices how clear Liliana is about her love for Leon, and how much she values him, despite her outrage. “He is my first love!” Liliana declares. Emily is struck with the attachment significance of this injury for Liliana: Liliana is in pain because of how important Leon is to her.

While assembling Liliana’s hurt (anger, sadness, shame, and fears) about the affair, Emily is focused on heightening the attachment significance of the injury (AIRM Step 3). Coherence about the significance of the injury being about Leon’s importance to Liliana is a fundamental element of stabilizing the cycle around the injury. Grasping his attachment significance to Liliana is also a prerequisite for Leon to take Step 4 of the AIRM, that is, to engage emotionally in describing how the injury evolved. Emily is encouraged to notice that, with her constant empathic curiosity, Leon is becoming increasingly open to discuss his racial stress and to engage in exploring his own pain (anger, sadness, shame, and fears) around the injury, even though his typical position is to withdraw when overwhelmed.

The complexity of racial trauma from outside and within a relationship compounds the task of repairing an attachment trauma, specific to the relationship. While Emily reflects and validates the content and process around this specific attachment injury, she does not lose sight of the reality that Leon, in addition to carrying the pain and shame of having wounded the woman he loves, is

also carrying the painful weight of daily racial trauma and *racial battle fatigue* (Smith et al., 2011), what he calls the “plight of being a black man in America.” *Racial battle fatigue* is the cumulative exhaustion of living with ongoing and repeated racial trauma that is defined as

dangerous events and real or perceived experiences of racial discrimination. Such experiences may include threats of harm and injury, humiliating and shaming events, and witnessing racial discrimination... Although similar to posttraumatic stress disorder, racial trauma is unique in that it involves ongoing individual and collective injuries due to exposure and re-exposure to race-based stress. (Comas-Días et al., 2019, p. 1)

Reflecting the present moment reactions between Leon and Liliana (with Move 1), Emily contains and stabilizes their reactive pattern that is now heightened with the attachment injury in full view. The EFT map assures her that it is well worth taking time to stabilize a cycle with the explicit impacts of the attachment injury and the racial trauma before trying to move toward any resolution. Reflecting the present moment interactions, she helps each of them, in turn (with Move 3), to own their action tendencies in some simple encounters with each other, while she functions as the safe haven/secure base. Her role as a source of comfort and safety is imperative, given the immense pain they are both holding. She recognizes that they cannot be expected to empathize with each other at this point of escalation. The EFT map assures her that if they can each feel safety and empathic curiosity from her, they will be safe enough to continue to disclose to each other and to gradually stabilize their pattern of reactivity so as to set the stage for repairing the relationship wound.

With Move 2, Emily assembles and deepens each of their experiences, one by one. She is careful, in this Stage 1 exploration, to validate Liliana’s reactivity, core anguish, and fears while also attuning to and validating the pain and panic that is alive for Leon. Both partners, following an attachment injury, are living with emotional pain – fear, anger, sadness, shame, and regret. To herself, Emily says:

If I can join with Leon and Liliana, attuning to their each of their experiences and assembling each of their emotional experiences into a coherent story, I can return to Move 1 and help them take ownership for how the *downward spiral*, as they call their pattern, is blocking them from healing their injury. Then I will continue to track and reflect the present pattern that is blocking repair. I must also make space to assemble Leon’s story of racial trauma to deepen their understanding of each other and to strengthen their bond.

She helps Liliana, with Move 2, to assemble her rage and panic, that pours out in relentless questions and shrill accusations, including the expressed desire to hit him over the head to find out what is wrong with him! After assembling this emotion, they distill the core attachment significance in this rage and panic: her fear of losing her greatest love.

Using Move 2 with Leon, Emily does two things: She assembles his experience in response to Liliana’s questions and accusations; and she invites him to tell more about his “plight of being a black man.” Assembling his experience related to the injury of his turning to another woman, they acknowledge and assemble feelings of shame, self-doubt, and helplessness, linking them to his action tendencies to end the conversation, and sometimes to offer to leave the relationship, when his answers seem to give Liliana no relief. Emily trusts partners will be calmed and regulated amidst this difficult relationship trauma if she assembles action tendencies, meanings made, and bodily reactions to each one’s specific trigger, and shapes encounters (with Move 3) to help them share directly with each other. Seeing Liliana in relentless pain and hearing her loud voice are key triggers for Leon that push him to offer to leave if he makes her so unhappy. Liliana is triggered by

almost any movement or breath or sound from Leon, and particularly by seeing him on his cell phone. These triggers pull her to begin the endless cascade of questions. “His answers satisfy my curiosity,” she says, “but not my heart.”

Liliana’s blatant complaints and dissatisfaction with Leon trigger him to feel excluded from her love and never accepted as part of her family or her *inner circle*. Simple encounters Emily shapes involve Liliana owning, “I do bombard you with questions. I can be really mean, I know!” Emily shapes an encounter for Leon to disclose his action tendency and the emotional logic in it.

Leon: I do end up offering to leave you when you are so upset with me. I see this terrifies you, but it seems like the right thing to do, if I am the cause of what makes you so unhappy.

Delineating their cycle, with each of their fears and longings, gives the couple hope that together they can rebuild the trust and get to a place of feeling truly understood, wanted, and securely connected. This hope is enhanced as Emily continues to reassure them that they are moving in that direction, even though they have not yet rebuilt the trust. Validating they have not yet rebuilt the trust, they will later tell her, is very calming. “It felt so good to hear we aren’t there yet, because I felt we were supposed to be there already,” Leon says in a closing session.

Assembling Leon’s daily experience of racial trauma becomes a significant aspect of cycle stabilization and his incremental withdrawer engagement.

Emily: I’d like to go back a moment. Leon, I notice pain in your eyes again when Liliana speaks about her family not accepting you. Pain, yes? (Leon nods.) What is it like for you to hear Liliana talk causally/lightly about how her family does not accept you?

Leon acknowledges hesitantly at first that it does hurt. Emily is reminded of the stories of exclusion he shared in earlier sessions – as a child in the neighborhood and as a person at work – experiences of marginalization and pain of being excluded. She validates the pain and the fatigue that comes with this racial stress. Emily makes a note to return to invite Leon to share more about his fatigue and pain, after she is more confident there is enough stabilization that Liliana can be present to hear from him more deeply. She will take time to linger with Leon in his racial battle fatigue and pain of racial stress, because she wants him to experience Liliana’s interest in his story and she wants Liliana to get a deeper understanding of Leon’s emotional world. Not only does he live with the attachment threats of the woman he loves being angry at him; he also lives in the outside world with daily racial stress cues. Without referring to it as racial battle fatigue, Emily recognizes this stressor, through a cultural lens. She lingers with his description of being exhausted and shapes an encounter for him to share with Liliana how exhausting it is to live in a dangerous world that judges him and excludes him, and how he feels similarly at home when she fires up in fury and starts yelling at him – like there’s no place he is safe and wanted and can relax.

Leon: I’ve lived this exclusion all my life. The world is like warfare – never safe, always suspect – seen as a criminal.

As Emily shows empathic curiosity and invites him to tell more about his experience of the world as warfare, Leon offers a painful picture, confirming, Emily thinks, why James Baldwin said, “To be a black man in America is to live in constant rage” (Simons, 2020).

Leon: I feel people looking at me, immediately assuming I am dangerous because I am black. Or they simply count me out – like they literally believe I have nothing to offer. People

assume I am not intelligent or have no education when in reality I am a data scientist. I was told as a kid I'd never amount to anything - that I wouldn't make it past 20. That was hard. The way people talk to me, if they do, they assume I am not intelligent or cultured, when in reality I am a history buff and a lover of music. I love watching historical films and listening to all kinds of music. People stereotype me as a thug or troublemaker who is up to no good, who is a deadbeat dad, when in reality I love my kids. I look forward to every moment I get to be with them.

Emily feels her own rage at this discrimination. She also appreciates that Leon can paint this troublesome picture so vividly for Liliana to hear. Following Move 2 assembly, linking Leon's triggers (Liliana's laughter about her family's exclusion of him; her tears; her accusations), his trembling shoulders, his meanings and his action tendencies, Emily distills and deepens his core emotion of shame and remorse linked to his action tendency to leave or offer to leave. She shapes an encounter for Leon to share the overwhelm in his trembling shoulders that is evoked by her family's distrust of him and "Liliana's unending pain that I have caused."

Emily: (Tracking and reflecting.) Your trembling shoulders are saying, "I get overwhelmed when I see Liliana's pain, and I feel so bad." So, when you say to Liliana, "Maybe I should just leave - maybe you'd be better without me," inside you're trembling with overwhelm that you've hurt her, yes? (Checking if her tracking is accurate for him.)

Leon: Definitely!

Emily: Can you tell her that right now? Can you let her know that at the end of the *downward spiral*, even though on the outside you might be saying, "Maybe I should just leave," that actually, on the inside you're trembling with overwhelm?

Leon: Yeah, um. On the outside I might seem cold, but inside I'm overwhelmed at thinking that I should just leave and make things better for you.

Emily: (Repeating, in proxy voice, to heighten and keep the message alive.) I tell you I should just leave and make it better, but on the inside, I'm overwhelmed, yeah?

Leon: Yes!

Emily: And can you tell her what you get overwhelmed with? (Evoking specificity.)

Leon: (To Liliana.) Just watching you hurt because of me. That's what overwhelms me.

Emily: You're telling this lady that you love so much, "I'm overwhelmed to see your hurt, because of me! And so I say maybe I should just leave you." (Leon sniffs and wipes away some tears.) It's hard telling her that, right?

Leon: Oh, yes. It's not something I want to do or say. But in those moments it feels like the right or best thing to do.

Emily: Ahhh, can you tell her that, too? Can you look at her and say, "This thing about you might be better off without me is not something I want to say."

Leon: It's not something I want to say, it just feels like the right thing, you know. (A new meaning for his action tendency in the cycle emerges and begins to shift her view of him, a key element in stabilization.)

Emily: How is it to tell her that? (Move 4.)

Leon: Difficult. (Sniffing and wiping away more tears.)

Emily invites him to say more about "difficult" and then she reflects what he shares: Difficult indeed! You live in the outside world being misunderstood and minimized and here with Liliana you are showing her how difficult it is to be hearing from her tears, her anger, and her family accounts that you are just not enough and that you are making things worse for her!

Leon: Yeah.

Emily: And what happens inside for you Liliana as Leon shares his anguish, feeling misunderstood, minimized, judged as not good enough, seen as the one who is causing you pain, that he finds no other option, but to offer to leave so you don't hurt so much? What happens to hear him say from his trembling shoulders and with tears on his face, "Offering to leave is not something I want to say to you,"?

Liliana: It feels very deep because usually when these things happen, he is very cold and inexpressive, more like mad, and to hear it now, it feels totally different - like he cares. When he tells me he wants to leave, it feels like, "Okay I'll get rid of her and that's it." But right now, it feels like if he leaves, he will feel the pain of not being with me.

Emily: Right. You can feel that. As Leon turned to you and said, "This isn't something I want to say. On the outside I may look cold, but inside, I'm overwhelmed with your pain and feel I don't want to say this to you." You really trust him about that, right? You're saying you can feel that he really doesn't want to leave you even as he says, "I may as well leave you then."

Liliana: Yeah. It feels different. It feels like if he leaves, he will really miss me.

With this moment of Leon's engagement, furthering the stabilization and connection between them, Emily turns to Liliana with more Move 2 to evoke and assemble the specific moment of injury and the crux of the injurious meanings she is making.

**Crux of Injury: The Bond Shattering Moment that Needs Repair
(Client's AIRM Steps 3 and 4)**

Liliana: I knew he talked to people and played around on the phone but to know that he really had sex with this person, to see a picture of them in bed together, I don't think he thought about caring for one second how much it would hurt me!

Emily: So, you're saying, if I am hearing you right, that in your heart, you can't imagine that he thought about you in that moment. The worst of it is your sense that he didn't think about how much it would hurt you, is that it? (Reflecting present process of the crux of the injury – the attachment meaning.)

Liliana: Right. Right. It, felt like, he would throw everything away for a stranger.

Emily (validating): You're feeling angry and you're saying the worst of it is when you say to yourself, "He didn't think about us." Those are the dreadful drums that beat in your head. "You didn't think about us. You didn't care about us." And you're angry, and you're telling him that it hurts so much to have those fears, yes?

With Emily's patient validation, Liliana deepens her emotional experiencing and discloses with deeper vulnerability.

Liliana: I think it hurts so much because he is the last person that I thought would hurt me. What hurts the most is my panic that you could go away and never come back; that I could lose you!

Emily: And what does it say to you that this other woman is a Black woman? (Evoking meaning making of the trigger.)

Liliana: (Eyes brimming with tears and speaking in a near-whisper.) It says that I'll never be able to be his chosen one, and I will lose him.

After more Move 1 reflecting Liliana's present process, as she reacts to the discovery of Leon's affair, Emily recognizes that Liliana's comments could be triggering Leon to feel shamed and blamed. She pauses to check in with him. She wants him to feel supported and unconditionally accepted as he manages two kinds of threats: (1) the racial distress of being excluded by Liliana's family and living with daily racial stress as a black man; (2) the attachment threat of having hurt his partner and carrying the pain, shame, and remorse for what he has done and the fear of never being able to repair the wound.

Emily: I just want to check in how Leon is doing, because he's been speaking so clearly about how important you are, and how he wants to build the foundation with you and I want to check how he is doing. I'm wondering if you are feeling on the hot seat here, Leon? What happens for you as Liliana talks right now about her interpretation that you didn't even think that turning to this other woman would hurt her? And how terrified she is that she will never be your chosen one?

Leon: Um, uh, yeah, definitely on the hot seat, but I'm really listening, like I'm trying to take in what she's saying. I think it's important that I sit here and listen. The only way I can truly understand what I've done is to really take in what she's saying and how she's feeling, so I can feel that, too.

As escalated as this couple can become, Emily's heart skips several beats as she hears how Leon intuitively senses this *key part of the interpersonal healing process*. He senses that as the offending partner, he needs to hear how his injured partner is feeling *in order that he can feel it too!* This will be part of the *forgiveness and rebuilding trust conversation*, Steps 5 and 6 of the AIRM, the crux of the repair process. Emily notices this couple has great potential for attachment injury repair in the moments that Leon's search for attuned empathy is stronger than his action tendency to disappear in shame or to fight back in defence.

Leon: I am trying to listen because I am the one who did this to her. A lot was going on for me, but when you're *in the middle of things* sometimes, you're not aware yourself of the exterior damage you're doing to *somebody that you love and that loves you*.

Emily senses this openly congruent statement of *hurting someone you love* to be a powerful attachment message of possible comfort to Liliana. She wants to slow down and shape an encounter for Leon to share it directly with Liliana. She also hears Leon allude to his untold story of being *in the middle of things*. Here she faces a choice point. She asks herself, "Will I do Tango Move 2 with Leon and assemble more of his emotional experience, perhaps saying, 'Tell me about the things you were in the middle of? Perhaps more about the identity crisis you referred to earlier?' Or will I do Move 3 and shape an encounter for Leon to share these beautifully soothing words, '*Somebody that you love and that loves you*'?" She opts for Move 3 to shape an interpersonal moment of connection, while also making a note to return later to his story of being in the middle of things.

Emily: Leon, I want to come back to hearing more about your story of being in the middle of things, but first, you just said some very powerful words and I'd like to savor them. You said you're not aware yourself of the damage you're doing to *somebody that you love and that loves you*. (Sharpening a message to share.) Liliana, I wonder if you would be ready to hear Leon turn and tell you this? (Anticipating an encounter.) He says he's really listening to you, but that when he gets caught up in the middle of things, he is

- sometimes unaware of the damage he's doing *to somebody that he loves and that loves him*. Do you want to hear him tell you that? (Liliana looks expectantly into Leon's face, and he speaks immediately.)
- Leon:* I didn't realize or wasn't unaware of how much I was hurting you, the one I love, and how I was making you feel bad. (Liliana looks directly at him, with soft eyes, filling with tears.)
- Emily:* (Move 4 processing.) How is it to tell her that right now? There come her beautiful tears again that are so difficult for you to see (reflecting present process of a common trigger for Leon). What is it like telling her that right now? (Leon smiles.)
- Leon:* Um, it's uh, I don't know how to describe it. It feels like the truth is really made between us! (Sending and receiving authentic, clear messages is an affiliative experience: open, vulnerable and engaging.)
- Emily:* Wow! Liliana, what it's like to have him say it feels like the truth is resonating between you? What happens when he turns to you and admits he has hurt you deeply? Says he didn't realize how much he was hurting the person he loves. What are your tears saying right now?
- Liliana:* That I believe, I believe in him. I believe that he did not want to hurt me. I believe that he just got caught up.

Confirming Readiness for the Forgiving Injuries/ Rebuilding Trust Conversation

Emily returns to Leon's comment about being in the middle of things. He is understanding the attachment significance of the injury – that in Liliana's eyes the crux of the injury is about how important he is to her. Now Emily wants to assemble Leon's experience more, so he can elaborate on how he could betray her in this way (completing Step 4 of the AIRM).

- Leon:* I was confused with the racial, political turmoil in society. You were my best friend but my black identity mattered too. And I felt confused. Did I need to be with her? How could I find out? I was confused. I wanted to talk with you, but I got overwhelmed by your anger and pain. When we fight, I pull away. I got afraid I couldn't make you happy, that I only made things worse. And I stepped back and I went to her.
- Liliana:* (She has been listening intently and lets out a big sigh!) I know this guy! I get it!

She now sees him in a more predictable light. Leon's honest disclosure is an essential ingredient for rebuilding trust and it is a clear marker of his growing engagement. Leon and Liliana can identify their moves and fears in their protective pattern, which is triggered by danger cues from the attachment injury, and from the societal racial trauma. This is stabilization. They are rarely getting caught in their *downward spiral* of Liliana weeping frantically or bombarding Leon with questions and Leon getting overwhelmed by her pain and questions, and eventually offering to leave if he is the source of so much grief. When the spiral approaches, they are increasingly able to step aside and remind each other of the core elements they have discovered together in their conversations *to assemble and stabilize*. Liliana reminds Leon of the attachment significance of the injury, "It is you I want but I'm Hispanic and sometimes I put too much salsa in my panic!" They are stabilizing and Leon adds, "I like salsa."

Leon reminds Liliana of how, when he loves her so much, he was able to betray her as he did. Each time he shares it, he feels a tolerable amount of shame and remorse. "I turned to her because I was confused about me and overwhelmed with doubts that I could make you happy. In our downward spiral, I just seemed to make things worse."

Summarizing Their Stabilization

Emily, with Move 5, summarizes how far they have come, “Look how much work you’ve done already! You can name so clearly this is the spiral that you get caught in. Your best attempts to try to talk through this event and repair things – to rebuild the trust – have been getting derailed but your rapid repetitive pattern of questions, answers, escalating demands, and emotional overwhelm is slowing down. You are beginning to have some new conversations where, Liliana, you are taking in that Leon didn’t want to hurt you and sincerely wants to rebuild trust. You are beginning to understand that when he walks away or offers to leave the relationship, he doesn’t want to leave you, but he is overwhelmed and feels helpless to make you happy. You are starting to trust that. And, Leon, you are taking in that she is not angry because you are faulty or inadequate in her eyes, but that her anger is code for her panic she that will lose you. You are beginning to trust again that to her you are a very special person that she is fighting for – fighting to keep you in relationship with her! She reaches you with her message that you are her first love, even though she was in a previous relationship for many years! You are beginning to trust that indeed, you are her first love! In these new conversations, Liliana, you talk about how good it feels to be sharing openly with Leon without screaming or yelling or trying to explain. And, Leon, you are feeling connected when she trusts that you would truly miss her if you left her.”

Confirming Engagement of OP

Before approaching the second key dialogue of attachment injury repair, the *forgiveness and rebuilding trust conversation* (client Steps 5 and 6 of the AIRM), Emily helps Leon to complete his withdrawer engagement which has been slowly emerging. She knows he will need to be engaged to tolerate the depth of Liliana’s vulnerable disclosure of pain and fears over what he has done.

Leon: What puts alarms in my system are her complaints – not her requests for reassurance!

He shares with increasing vulnerable and assertive engagement how destabilizing Liliana’s complaints and questions can still be.

Leon: I feel like I am losing myself and the end zone keeps moving. I’m overwhelmed – feeling unwanted, misunderstood, and overwhelmed to see you hurting because of me. There is nothing I can say. You don’t hear me! I need you to stop the yelling and talk – hear me and see my goodness. Can you be my old *best friend*, like in the beginning of our relationship when we could talk without you freaking out and yelling at me? Please? (Making an assertive reach, with vulnerability and wiping tears.)

Liliana’s response is that she will try, that she doesn’t want to yell at him so much, and that she will listen more and not ask so many questions.

Facilitating the Forgiving Injuries Conversation (Client’s AIRM Steps 5 and 6)

Emily struggles to assemble and deepen Liliana’s vulnerable emotions to shape forgiving injuries/rebuilding trust encounters (Liliana’s Step 5 of the AIRM). She sees that Liliana is reluctant to discuss the injury and needs much support. Liliana protests, “I don’t want to remember. I don’t want to trigger the old.” It is very difficult for Liliana to vulnerably engage with her fears and to share them with Leon. Emily has recognized this hesitancy in many couples. There is such relief to have stabilized and to have occasional connecting conversations.

- Liliana:* (Starting out in a strong voice.) I just want his reassurance every day. I love him with my life, but... (She stops herself and begins to weep.) But I'm not sure if he is with me for me. Maybe he thinks I ask questions just to get information to use against him and it's not that. It's me getting information to try to be a better person; to be someone he wants.
- Emily:* (To assemble Liliana's tears and fears, reflecting in proxy voice.) If I can be a better person, he'll want me. It's hard to trust that you already are the lady he wants, yes? (Conjecture/ seeding attachment.) It's really hard to trust that? That fear is still there, yes? Is it ok if we visit that fear? (Liliana nods.) Do you feel it as a fear in your body?
- Liliana:* Yes! It takes me to day one. I...I...I really have the emotions like day one. It is so vivid! (Fear so heightened she feels what she felt the day of the attachment injury.)
- Emily:* (Evoking.) Say more about vivid.
- Liliana:* The picture on the phone. His confusion that he was going through about who he is.
- Emily:* You still hurt with that vivid, alive memory. I see your arm shaking just now.
- Liliana:* I get this twitch in my arm when I'm anxious. It shakes. It's like me fighting to hold on. I just want him to know that he hurt me and that was a moment that I never thought I was going to go through with him.

Emily shapes an encounter for Liliana to disclose this deepened engagement with her pain and fears and losses of the injury with Leon.

- Liliana:* I hope you know that I don't want to hurt you, but I still feel the hurt. I try not to...but it hurts. (Weeping.)
- Emily:* (Move 4, processing the encounter; repeating to heighten and contain.) Just slow down and notice how it is that you just said to Leon so courageously, "I don't want to hurt you, but I still feel the hurt." How is it to be looking in his face again and telling him, "I still hurt"? It must take a lot of courage. You try so hard not to feel. What's happening in your body as you say, "I try not to, but I still hurt"?
- Liliana:* Just, um...anxious...and scared. (She feels the fear of her pain at a Level 5 or 6 on the EXP scale. See Box 12.1 in *Stepping into Emotionally Focused therapy: Key Ingredients of Change*, 2nd ed.)
- Emily:* So...so just look at him again. You feel anxious and scared that you've just admitted to Leon that your fears and your hurt are still alive with vivid images of him being with her. So anxious letting him know you are still hurting from his secret affair. And so scary to wonder whether he still wants you. And now you're saying to Leon, "It's risky. I don't really like to feel it, but I still feel the pain and the panic."

To facilitate Leon's engaged response (his Step 6 of the AIRM), Emily processes with Leon, with Move 4.

- Emily:* What's happening inside your body, Leon, as she's taking this big risk to let you know as much as she doesn't want it to be true, that she still hurts and shakes with fear that she could still lose you?

Leon describes how he braces himself. That is a good sign he is engaged with his present moment experience. Emily shapes an encounter for him to respond to Liliana.

- Emily:* So, can you look at Liliana and tell her, "I get it Liliana. I brace myself because I get how my turning to this other woman terrified you. I get how terrified and hurt you are." Can you just let her know that you can feel it in your own being?

Leon: Yeah, definitely I'm bracing myself when we approach this. I can hear the genuineness of how you feel. And I can see you and I get you. You're not wrong or bad to have these feelings considering what happened. I did betray you. I felt confusion in where I was and what was going on. And I lost my way. It is especially painful to hurt someone I love. I can feel how much you are hurting. I am so sorry I hurt you.

Emily: And Liliana how is it to hear Leon's message? "You're not wrong. You're not bad. It's normal that you would feel this way after I cheated on you... I lost my way and hurt someone I love." What's coming up for you as he tells you this?

Liliana: It just calls calms me down and makes me feel close to him. And more at peace.

Emily reflects Liliana's words to heighten and savor, and then invites an encounter in reply: Can you tell Leon how his words are calming you?

Liliana: It's good to hear you expressing yourself. Always hearing you talk is reassuring. It calms me down and helps me feel you understand what I went through. And I imagine you went through something too, not only me. (She is opening to hearing about his experience, as she feels he understands her pain and she feels his empathy and his soothing remorse and care.)

Emily feels it is important to be flexible with the model – knowing it need not be strictly linear. Although they are in the midst of the forgiving injuries conversation, she hears Liliana has a growing desire to understand more of what Leon was going through. After heightening this shift in their *forgiveness and rebuilding trust conversation*, Emily responds to Liliana's attunement to Leon as a longing to understand him better, to invite him to expand more on what he was going through at the time of the injurious event. She senses it is safe and important for Liliana to hear more from Leon and she trusts this will bring them even closer to each other.

Leon: There's so much chaos as a black man in America and I wanted our home to be peaceful. I just wanted us to have peace ...not all these battles between us. Outside it's like warfare you know...like war out in the workplace... ..out with other people. Home should be a place of peace and we were having moments where these battles were ensuing. When we were getting into battles it made it even worse. (Liliana nods.) A lot of times it just didn't feel peaceful at home. Even if we weren't arguing, some storm was brewing... And...and home should be a sanctuary... your partner should be a sanctuary.

Emily: (Processing Leon's disclosure with Move 4.) How are you doing? What's happening in your body, Leon, as you tell Liliana that very honest message and you see her beautiful face looking right at you?

Leon: Good to share with her. I did seek refuge... away from you. I am so sorry!

Emily: (Turns to Liliana. Move 4, processing impact of Leon's disclosure.) What happens when he makes more sense out of this for you? Right in this moment what happens as you look at him and hear his open honesty?

Again, Liliana confirms she is calmed and feels closer to Leon.

Consolidating and Integrating the Repair (Client's AIRM Steps 7 and 8)

Following this dialogue of forgiveness and rebuilding trust, Emily consolidates the repair process, guiding Leon and Liliana through consolidation (Steps 7 and 8 of the AIRM), where Liliana

reaches for more reassurance and Leon responds with gratitude that he is now making a difference for her. Together, they create a new narrative of the event.

Liliana: That f'ing picture does bother me. But the fear of not being able to be with you ... to lose you... That's the worst: the panic that you could go away and never come back.

Leon: I can imagine how you feel. You did feel like you'd lost me – I know – but you haven't lost me, you never have. (Liliana is smiling.)

This becomes a bonding moment of reaching–responding–receiving.

Liliana: I feel relief talking to you about it, but also hoping for understanding that I wasn't trying to hurt you and put you in danger – that I was trying to tell you how much I care. Can you understand how much I love you? And can you assure me you don't judge me for getting so enraged with you and bombarding you with all those questions...Can you assure me it is me you I want today and always? That you really believe in us? (Reaching with a clear request – helps to consolidate the bond.)

Leon: Absolutely! (He reaches out to hold her and she dissolves in tears.) I'm getting a whole new feeling with these tears. I feel like I'm on the same alignment with these tears. We've gotten a lot stronger. They chuckle as they snuggle together.

Liliana: These are tears of joy and relief. Not tears for you to fear.

Attachment injury content and REC trauma need to be considered by EFT therapists. As Emily follows the AIRM with flexibility and cultural humility, she is assured that it is a reliable model to keep her focused and effective in helping couples to repair relationship-specific attachment injuries. Just as we need to boldly name the moment of attachment injury, we need to explicitly explore the individual and collective impacts of ongoing minority stress. As Leon says, minority stress is “ongoing and everlasting.”

Box S16.1 AIRM Steps: Client Tasks and Emily's EFT Tango Moves

Cycle De-escalation Related to the Injury

Step 1

Injured Partner's Task: Articulate the injury and impact of an event in which they felt betrayed, abandoned, helpless, and experienced a shattering of trust in the relationship. The recollection is not calm but is painfully alive.

Therapist's Intervention: Primarily with Move 1, process injured partner (IP)'s account of the incident of injury, helping them to repaint the scene and articulate the “never again” impact. Validate reactive emotions. Emily keeps her balance during these recollections, by expecting that they are typically very anguished accounts.

Step 2

Offending Partner's Task: Respond to the IP. The offending partner (OP) frequently discounts, denies, or minimizes the incident and their partner's pain and moves into a protective stance.

Therapist's Intervention: Primarily with Move 1, process OP's response and support them to hear their attachment significance. Emily is constantly reassured by research that shows

the OP's reactivity is common. It helps her validate and normalize the present moment process without panicking or thinking she is going in the wrong direction. "Of course," she says to herself, "the offending partner is filled with shame and panic at what they have done, and it must be incredibly difficult to hear their partner describe the pain they have caused, without becoming reactive and wanting to minimize."

Step 3

Injured Partner's Task: Integrate the narrative with their emotional experience and access their attachment fears, shattered trust, and longings associated with the injury event.

Therapist's Intervention: Primarily with Move 2, *support* the IP to stay in touch with the attachment significance of the injury. Assemble emotions and access the core pain of the experience. Here, Emily, keeps a keen, attuned focus on assembling the concrete, vivid crux of the injury with the attachment meaning at the core of their shattered assumptions about the reliability of their partner.

Step 4

Offending Partner's Task: Begin to hear and understand the attachment significance of the event as a reflection of their importance to their partner, not as a sign of their inadequacy or defect. Expand on how it evolved, to become predictable again.

Therapist's Intervention: Primarily with Tango Move 2 (and some Move 4 to process) support the OP to assemble their emotional reactions, and to become accessible to the attachment significance of the incident. Evoking their engagement and sense of responsibility ask them to elaborate on *how* the incident evolved. Emily recognizes how important it is to help the OP to truly hear and absorb that the injury is because of their importance to their partner. She monitors and heightens the OP's emotional engagement with their attachment significance to their partner and with the gravity of the trust-shattering moment, before she courageously asks, "How is that you were able to do this very hurtful thing to your partner?"

New Cycles of Emotional Engagement: Forgiveness and Reconciliation

Step 5

Injured Partner's Task: Move toward a more integrated articulation of the injury and expand on how it threatened the attachment bond. That is, the IP tells the story of the injury, linking their core pain more clearly to the shattering of the trusting bond in that one traumatic moment. There is a sharper, more vulnerable expression of the loss in that cataclysmic, *never again can I trust them* moment.

Therapist's Intervention: Primarily with Move 2, process the IP's core emotional experience of the injury. With Move 3, direct the IP's expression of the pain, loss, attachment fears and longings to the OP, letting partner witness their vulnerability. Emily relies on slow pacing, the RISSSSSC manner, and very conscious heightening to shape increasing depth of emotional engagement, vulnerability, and openness. In particular, she shapes disclosure of the profound loss of the trusting bond in these very transformative encounters.

Step 6

Offending Partner's Task: Become more emotionally engaged. Access a “felt sense” of partner’s pain and be visibly moved by it. Express core emotion – empathy, regret, remorse – and acknowledge responsibility for their part in causing the pain.

Therapist's Intervention: Process OP’s core emotional responses (sadness, remorse, regret, empathy for IP) to facilitate a “felt sense” of partner’s pain. Promote owning responsibility, expressing empathy, regret, and remorse – while staying attuned and engaged. To shape and process these encounters, Emily focuses first on Move 4 to attend to how the OP is impacted by their partner’s disclosure. She heightens and then with Move 3 shapes encounters for the OP to disclose their empathy (feeling the other’s pain), responsibility and remorse.

Consolidation of the Restored Bond

Step 7

Injured Partner's Task: Risk asking for attachment needs to be met – usually the comfort and caring that was unavailable at the time of the injury. Occasionally during these healing moments, the formerly injured partner will say, “That was it – seeing that remorse and empathy is all I need.” Other times they may say, “That is absolutely what I needed at the time! That you could see how badly I was hurting and not disappear and make excuses, but rather feel my hurt –and show me right then and there your regret and your care!”

Therapist's Intervention: Process, with Move 4 and then with Move 2, assemble and deepen the IP’s accessibility and responsiveness to their partner’s emotional expressions. Emily asks herself, “Are they accepting their partner’s apology? Is it reaching them? Are they sensing their partner truly understands and feels their pain?” With Move 3 invite and support the IP to ask for what they need (and frequently needed at the time of the injury) to rebuild trust.

The immense relief and connection between partners at this point, is frequently so palpable that Emily finds it almost counter-intuitive to invite more of a reach at this point. Knowing, however, that inviting a specific request can deepen and consolidate the repair, she shapes one more encounter for the injured partner to ask their partner for the reassurance they need and then processes the OP’s responsiveness to the IP’s expressed needs.

Step 8

Offending Partner's Task: Respond in a caring manner that acts as an antidote to the traumatic experience. Relationship is redefined as a safe haven.

Both Partners' Task: Create new narrative of event.

Therapist's Intervention: With Move 5, integrate and summarize partners’ reaching and responding and evoke creation of new narrative by partners. Heighten the interpersonal process of repair. Emily reminds herself that her role is still important at this point. She stays actively engaged as she summarizes and integrates the specific healing reaches and responses that the partners have just made. She heightens how their vulnerable disclosures and engaged responses are the antidote to the relationship trauma and heightens this *two-person healing activity*. She invites them to create their own narrative of the event from the experience of their newly secure bond.

AIRM steps, client tasks and therapist interventions are validated in outcome and process studies (Makinen & Johnson, 2006; Zuccarini et al., 2013).

Box S16.2 Steps of the AIRM from the Injured Partner's Perspective

Presented here are the steps of EFCT AIRM as conveyed from an injured partner to an offending partner, created by L. Buchanan and intended to be sung to the melody of “Habanera” from Bizet’s opera *Carmen*:

Because I told you about my pain (Step 1)
 Despite your minimizing and denial (Step 2)
 Then I could share about my attachment fears and longings (Step 3)
 And then you told me that you understood (and something of
 how it came about) (Step 4)
 And so I was able to integrate and show my vulnerability (Step 5)
 Then you engaged and owned your part and you expressed your
 deep remorse. (Step 6)
 And then I was able to ask for comfort and caring (Step 7)
 And you responded in such a caring way that I could say that we were one
 And once again had an attachment bond. (Step 8).

(Brubacher & Buchanan, 2014)

AIRM in EFIT: Attachment Injury Resolution with a Parent, Case Example

Sahra has an imaginal encounter with her mother where their AIRM dialogues repair an attachment injury from her childhood. Although she doesn’t expect her real mother, were she still living, to have been able to respond with the assurance, validation, and vulnerable self-disclosures she imagines emanating from her heart, the corrective emotional experience through this encounter strengthens her shifting view of self. Additionally, the imaginal experience of eventually hearing her mother’s vulnerability, after many dismissive and cold responses, shifts her sense of her mother and their relationship.

Prior to this session, Sahra has stabilized the imprisoning patterns of being mistreated and dismissed, making repeated futile attempts to please and help her mother, and, in turn, doubting herself and her loveability. She has engaged newly with herself and in this imaginal relationship with her now-deceased mother, has a more powerful, positive view of self and an assertive sense of deserving her mother’s compassion. Her longing, however, to experience her mother’s support and compassion remains unmet. Mother continues to feel distant and cold, filled with doom and gloom.

Emily: You describe feeling such relief to recognize that you do deserve you mother’s support and compassion even though you have not received it! And how does it feel inside for you to sense her distant coldness, filled with doom and gloom? (Replaying the trigger and evoking an emotional sense of incomplete resolution.)

Sahra: (Speaking slowly; pausing between words.) It feels constricted. It feels heavy inside. As if I’m stuck. It’s like a stuck kind of physical feeling where the muscles are tight and you don’t have the flexibility and you don’t have the movement. It just feels very tight. (Clenching her fists in front of her torso the whole time.)

Emily: (Mirroring Sahra’s clenched fists in the core of her body; reflecting the bodily arousal of her emotional experience and validating the constriction she feels.) That tight constriction sounds like your picture of your mother, yes?

Sahra: It does (Chuckles.)

Emily: She has that holding—

Sahra: Exactly.

- Emily:* What is it like to have this sort of clutching, holding you back?
- Sahra:* It's how I survived. After Aabo (Her father.) left, Mother was doom and gloom and I just held back. Just hid my opinions, hid my thoughts or ways of doing things, in many ways conform or just give up. And you know, it separated me from myself.
- Emily:* Yeah, your voice sounds very sad! (Reflecting the leading edge of emotion.) All your thoughts and dreams just got strangled, separated from you!
- Sahra:* It hurts! Hard to breathe.
- Emily:* (After more assembling and heightening of Sahra's pain of her internal experience of constricting herself, just as she felt constriction from her mother.) Let's see if we can shape a message to an image of your mother, to tell her how she held you back, how she kept you from yourself.

Emily sharpens and heightens Sahra's message and helps her anticipate how her imaginal mother looks as she prepares to speak to her.

- Sahra:* OK. Mom (Big sigh.) there was a time when you broke me! I said I thought I wanted to ... um ... to ... to become a pediatrician and you never supported that idea. (Pausing between words.) I don't know why you didn't support it, but you didn't. And you chastised me for not being able to spell "pediatrician." And you got upset. After Aabo left, I always had this sense, whatever I'd suggested, whatever I had thought I'd like to be or had a dream or a hope for myself, you always found a way to, to derail it. But for me, for you to say, "You can't spell it, you can't be it," crushed my very sense of goodness and my little girl dreams and hopes. You cut me off. Stopped me cold.
- Emily:* (Heightening with RISSSSSC: Repeating the image of attachment-salient emotion, simply, in a soft tone, slow pace, echoing Sahra's assertive tone in a slightly stronger voice, using her word *crushed*; crushed by the attachment figure she looked to for validation.) Tell her again, "You crushed my very sense of having dreams."
- Sahra:* (Weeping as she speaks.) You just crushed my very sense of hope and goodness. You crushed who I am—someone who likes to think open, think options and you just crushed it—like now I don't have hope. I got here. I am a pediatrician, but you just killed my hopefulness and joy, my trust in who I am. You just arrested that.
- Emily:* (Move 4.) How is it inside for you to be giving her such a clear picture of how she crushed you? (Replay cue.) How do you feel towards her right now? (To evoke internal experience, to access core emotion.) I see your tears and your trembling voice. (Tracking bodily arousal.)
- Sahra:* It's heartbreaking and maddening!
- Emily:* Tell her again, "How dare you do this to me!" (Heightening core anger.)
- Sahra:* How dare you treat me like someone you could control like a puppet! You didn't know me. You didn't understand me. You didn't know who I was anymore because you crumbled when Aabo left. You never asked who I was. When I said I wanted to be a pediatrician, I was taking a big chance in sharing it with you and you crushed it.
- Emily:* (Repeating to heighten.) Right, "I was taking a big risk sharing it with you and how dare you crush it!"
- Sahra:* How dare you do that to me!
- Emily:* Can you feel inside what it is like to be saying this to this image of your mother, "How dare you laugh at me and crush my dream?"
- Sahra:* It's just that tightness (Gasping.) And you did it in front of the whole family too! (Sobbing; gasping for breath.)

With more Move 4, Emily checks how it is for Sahra to be sharing this.

Sahra: Good. I am glad she is hearing me, but I need to hear back from her.

Emily shapes an encounter for Sahra to hear back from her imaginal mother. There follow several encounters between Sahra and her imaginal mother, Inna. Inna struggles to acknowledge Sahra's hurt. She is dismissive and defensive. Emily remains calm, trusting the process. This initial minimizing and defensiveness has unfolded many times in her injury repair work with couples.

Emily: (To validate Sahra's need and to gently confront Inna, while also validating Inna.) You didn't know how she needed you?

Sahra as Inna: No.

Emily: As Inna, you had no idea that Sahra needed you to hear her hopes and dreams; to cheer her on?

Sahra as Inna: No.

Emily: As Inna, you didn't even know that you hurt Sahra so deeply? (Validating Sahra's pain and betrayal.)

Sahra as Inna: I knew she was upset, but I thought it was because she couldn't spell the word. I didn't know it was because of what I said! And what's the big fuss now after all? (A cold, flippant voice.) You are a pediatrician, to-day. You got there. Didn't need me cheering you on!

Emily: As Inna, you didn't know Sahra needed you, her mother, to keep her safe, to believe in her. You didn't know that?

Emily: (Move 4, returning to Sahra.) As Sahra, how are you doing as you hear this image of your mother totally missing what you needed and deserved from her?

Sahra: She totally missed it.

Emily: Yes, she did! (Refocusing on processing Sahra's present moment experience, with Move 4.) What's it like to hear that she just doesn't get that you needed her? (To evoke core attachment emotion.) She totally misses that you need and deserve to have a mother supporting you, not humiliating you! (Switching to present tense to bring the emotion alive in the present moment.)

Sahra: It's my worst fear coming true – that she isn't there for me. She doesn't get it. She never reaches out to try to understand. She just assumes I'll be fine, even as she makes fun of me in front of all my aunts and cousins!

After Sahra persists, with Emily's support and guidance, to send clear messages to this image of her mother about the depth of her pain, Sahra perceives that her imaginal mother is beginning to truly hear how badly she crushed and constricted her young, beautiful, feisty daughter, and that she eventually takes ownership to elaborate on how it evolved. With Emily's guidance, Sahra replies from her image of her mother, Inna.

Sahra as Inna: When Aabo left, I gave up my dreams. I dropped out of medical school and I didn't want you to hope for things that may never happen. I wanted to protect you from dreaming big. I was so crushed and without realizing it, I crushed you too. (Weeping.)

Sahra: (To Emily.) I'm not sure if these are Inna's tears or my own tears. I think we are both weeping – weeping for little Sahra.

Emily's eyes fill with tears too. She feels Sahra is ready to move to the *forgiving injuries/rebuilding trust conversations*. She doesn't know if Sahra's imaginal mother will respond with the compassion, empathy, and remorse that Sahra needs, however, she trusts the model. She has confidence that if Inna remains cold and aloof, Sahra's clear messages of need and longing will expand her sense of self and will restructure her working models of self, other, and system.

Sahra: Growing up I had the sense you weren't there for me—I needed a mom, not a mother. I needed a mom who would sit with me and ask how my day was ... But you were preoccupied.

Emily: (Proxy voice, to heighten.) I needed you so much! (*Sahra:* I did.) And you weren't there for me. (Heightening.)

Sahra: I did—I needed you there so much and you weren't there for me. And it hurts. It hurts a lot.

Emily: It still hurts. (Proxy voice.) You can still feel the hurt deep in your soul, yes? (Evoking present moment experience; heightening.)

Sahra: Yes, I can.

Emily: And I'm still waiting for you to somehow get it, Mom. I still need you to get it. (Proxy voice, to promote ownership of position.)

Sahra: I do. I still need you to get it. I need you to know that I needed you. I needed you to talk with me. I needed you to listen – to actually listen and hear me and be happy with me for my dreams. I needed you to take me seriously and to know me; not to make fun of my dreams. If you'd known me and accepted me, you couldn't have done that! You broke something between us that day! I've continued all my life to try to help you and be good to you, and to get you to see my goodness but I never trusted you since that day. You made fun of me! And from then on, I have done it all alone; always without your support. (Weeping intensifies.)

Emily: I need you to hear me and see me—to know me and accept me. (Reflecting, heightening, in proxy voice.)

Sahra: Right—I need to know that you accept me for who I am. That you could see my goodness and take me seriously that day. I needed you to be proud of me and say in front of the entire family, "She can do it!" I needed you to say, "She will get there. I know she can do it! She is clever and determined and she can make all her dreams come true." Please can you tell me that now? And most of all never laugh at me! I need you to know that I have missed you almost all my life. I still need your warmth. It is cold and lonely in this family.

Emily: (Prompting Sahra to ask her imaginal mother for what she needs to heal the injury.) Can you ask her for that acceptance, that warmth, that encouragement and belief in you?

Sahra: Can you do that Mom? Can you accept me for me? (Voice is quivering.) Can you try and be the mom I need you to be, to love me and believe in me and show me that you are proud of me? (She takes the risk of asking for what she needs to heal the injury.)

Emily: Just take it in—take in how huge this is that you asked Inna, your mother, "Can you accept me for me? Can you be the mom I need you to be?" (Heightening the courage and the risk—not knowing how Inna will respond.)

Sahra: (Deep sigh.)

Emily: It takes a lot of guts, a lot of courage, to speak from that pain deep down in your being. (Validating courage, heightening the risk.) What is it like that you asked her this? Pretty scary?

- Sahra:* Very scary.
- Emily:* Right. Can you tell her how scary it is to be asking for this most important thing of all; Daring to imagine she will respond with remorse and compassion? (Heightening the fear, seeding attachment.)
- Sahra:* I am *so* afraid. (Shaking, sighs.) So afraid you won't be able to or won't understand what I'm talking about.
- Emily:* Right, right, it's very scary, so you've taken a huge risk to ask her, right? (Validating courage; keeping emotion alive.) So, do you feel ready to hear back from your imaginal mother? (Inviting a response from imagined other while client is engaged with her attachment need.) You don't know how long it's going to take for her to get this, right? A while ago she didn't get it. She had no clue. (Validating the risk; supporting anticipation of possible non-acceptance and dismissal from mother.)

Emily invites Sahra to speak from her image of her mother. As her imaginal mother, Sahra feels the impact and elaborates more on how the injury evolved.

- Emily:* What happens, Inna, as Sahra says, "Can you accept me for me? Can you see how much I need you as a mom to see me and know me and never push me out to be made fun of?"
- Sahra as Inna:* It makes me sad. The sadness is even deeper than before. (Sigh.) I didn't give you what you needed. I left you out in the cold to suffer. I made fun of you and belittled you. I crushed you that day in front of the entire family. And I'm so sorry! (Weeping; Imagined other owns responsibility, feels the impact, expresses remorse.)
- Emily:* Yeah, you are so sorry. (Heightening.) So, when she says, "I need you *now* to get it, I still need you like I did then to get just how much I need you!" I think you are replying, "I get it. I'm so sorry I wasn't there for you like you needed. I crushed you that day in front of the entire family." (Heightening other's responsibility, in proxy voice; validates client's emerging positive view of self and other.)
- Sahra as Inna:* No, I wasn't there. I devastated her. Left her out in the cold!
- Emily:* She really deserved your love and care, didn't she? (Seeding attachment, validating positive view of self.)
- Sahra as Inna:* She did.
- Emily:* Can you tell her about that? (Directing encounter. For imaginal other to acknowledge the hurt and respond to attachment need; to shape the antidote bonding event.)
- Sahra as Inna:* You really did. You needed so much more from me back then. If I had given it to you then it would have brought us closer together, which is kind of ironic. (Sigh.) You grew up being the one who was most interesting, most different – most like her own self. I just didn't realize how lonely that was for you. I didn't see that you needed me. Your brother needed extra help – but you always seemed tough and strong!
- Emily:* (To imaginal mother/Inna.) Now you are saying—I really wanted a connection with you.
- Sahra as Inna:* I did. I wanted it. I was just afraid.
- Emily:* You were afraid to let her know. And you have Sahra sitting here saying, "I still need to know, can you accept me for who I am?"

- Sahra as Inna:* I do. I love you for who you are Sahra. I do. I think you are a great person. In so many ways you are the person I always wanted to be. (Sighs.)
- Emily:* Wow, you really do love her and accept her. You really get deep in your soul how much she is hurting—how much she needed you when you weren't there for her.
- Sahra as Inna:* I wasn't there for you. I dropped you! I crushed you.
- Emily:* And now you are saying...
- Sahra as Inna:* I want to—I want to be there for you, I really do. I want you to feel I'm there for you—I do...

More dialogue between Sahra and her image of her mother follows. Their relationship is redefined as potential safe haven.

- Sahra:* And now I feel that you love me too. It feels good. (Integrating.)
- Emily:* So, what does it do to that part of you that felt disconnected from yourself? (Pointing to part of her body where she expressed the constriction earlier.) Is there a sense of that in your body? (Evoking bodily felt sense of the new models of self and other.)
- Sahra:* It is more relaxed. It's not tight. I have more, I feel I am more flexible. I can breathe. Instead of being locked up, I am now free to move.
- Emily:* Free to be Sahra and find what she really needs and wants?
- Sahra:* Yeah, I am free to hope and dream again! Our relationship continues to be very much alive in my heart, but I don't feel like fighting against her anymore or exhausting myself to please her! She is weak and lost and ill, and I am proud that I supported her the best way I could while she was alive. I now feel her as a resource. She is my cheerleader uplifting me and encouraging me.

Sahra's unfolding experience confirms that the process for repairing broken bonds between romantic partners can be extended to the resolution process in individual therapy. When the attachment figure or imagined other is not a safe other, then, as shown in *Stepping into Emotionally Focused Therapy: Key Ingredients of Change*, 2nd ed. in Box 16.5 and as the case example of Sahra with her abusive ex-partner shows, the therapist will follow a modified version of the AIRM to help the client engage differently and congruently with this imagined other, shaping a corrective emotional experience – a reparative experience – that shifts internal working models of self and other. The new view of other contains the capacity to identify safe, reliable others.

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