

Complete Transcript

VICTOR YALOM: Hello, and welcome to this fourth and final volume of the series, *Emotionally Focused Therapy Step by Step*. Today, we're going to be addressing some of the challenges and impasses that EFT therapists face. And we're fortunate again to have as our guide Dr. Rebecca Jorgensen. Rebecca, what are some of the signs that therapy has gotten off track or is just not going well?

REBECCA JORGENSEN: Well, there are various signs to watch for. We can see if one of the partners is not engaged in therapy, that will be problematic. We may feel that no change is happening, or that the therapist might be starting to doubt the viability of the couple relationship, or feels hopeless themselves.

YALOM: So those are some of the signs, and what are some of the causes of these problems?

JORGENSEN: So multiple causes, but first let's discuss the therapist factors.

YALOM: Okay.

JORGENSEN: The therapist might have a weak alliance with one or both of the partners. Or maybe they don't have an in-depth understanding of the cycle, or they might not be holding the attachment frame well enough. Another very commonly occurring issue is that the therapist doesn't know which partner to work with in accessing vulnerable emotions or gets derailed from that access, or derailed from the process.

YALOM: Right. So those are some of the challenges, and I assume also that if one of the partners has suffered some trauma that that can create challenges as well.

JORGENSEN: Yes, so in addition to the therapist factors, there are client factors, and trauma is one of the big ones. Depending on the type of trauma, it may include a lack of experience in secure relationships. So one client may have no personal map of what secure functioning and effective dependency looks like. This also gives an extra challenge to the therapist to add in extra support and to seed or implant small experiences, and a vision of what attachment security can look and feel like. It's like EFT on steroids. Extra validation, more attachment framing, and extremely slow present processing.

YALOM: So they just don't have experience for or because of some of these reasons, and really having a nurturing, secure relationship, maybe with their parents, or other people in their life. And so, we usually think of trauma as something that's happened outside of the relationship. You know, something

previously in their lives. But there's also a type of trauma that occurs inside the relationship.

JORGENSEN: Yeah, if there's trauma with inside the relationship itself, we call that an attachment injury. And attachment injuries lead to one member, one partner, avoiding risking their vulnerable attachment feelings when we're working with them.

YALOM: Okay. We'll delve into more of that later. But right now, let's start off going more in-depth into one of the things we just mentioned, which is the importance of having and developing an attachment frame.

JORGENSEN: One of the premises of EFT is the focus on attachment, but therapists often lack the language to keep the attachment focus as the therapy progresses and as they experience challenges with the clients.

YALOM: And so why is it so important to have this attachment frame?

JORGENSEN: Attachment is vital because under the threat of disconnection, people lose their emotional balance and it puts them into these negative patterns. These emotions happen in the context of an insecure attachment relationship, and they are in distress from an attachment perspective. By keeping the focus on the attachment while they are in distress, it helps them de-escalate, feel safer, understood, and it reassures them that they matter, that they are in a system together, and it organizes and it makes sense out of their distress.

YALOM: So you really are teaching them about this concept of attachment?

JORGENSEN: We're with them and constantly trying to frame the context that the distress is happening in. And having that reinforcement of the situation or the context within the relationship, that brings that safety to them and gives us a level playing field to kind of figure the rest of the things out.

YALOM: And so then when you see them in EFT language in their cycle, in a conflict, you, rather than just describe what you're seeing, which making process comments, that's certainly one of the things that EFT therapists or almost any therapist does, you also are describing what you see in terms of attachment language. So you might say something like, you're getting angry because you don't think your partner is really hearing you and respecting or taking in what you're saying, and that's so important to you, and that-- when you feel left alone, that's painful.

JORGENSEN: Yes. Being understood and by your partner really matters to you. So therapists are challenged by the attachment frame because they

don't have the language or the practice to explicitly use an attachment focus. But keeping the context of the relationship, speaking it, making it understandable, is very effective and very important.

YALOM: Okay, so let's look at various examples where the therapist is explicitly holding the attachment frame, and building it, and developing that frame whenever possible, and always going back to the cycle as the problem which the couple has co-created. And these segments are going to feature the couple John and Nydia, who we've seen in previous volumes of this series.

SCOTT WOOLLEY: If one of you perceives the other person as being negative, or critical, or blaming, or hurtful in one way or another, that's when things start. All right? You get angry, you'll get angry, you may shut down and kind of just-- because you learned to just shut yourself down, right?

NYDIA: Correct, so I won't--

WOOLLEY: And be independent.

NYDIA: So I won't get hurt.

WOOLLEY: So you won't get hurt. And you get scared, you know, you feel rejected when she does that. You get hurt, then you'll leave, and then you're terrified. And, you know, it is absolutely terrifying. The most important person in your life has left you. Right. And the most important person in your life is insulting you, or hurting you, or is unavailable, and you get desperate, and you know, this is how the cycle goes, right?

NYDIA: Wow. There are some things that are with now that we have to communicate to take decisions. So this is something totally new for me, and I've always been the head of taking decisions. So right now, I can't move unless we agree on something, because I don't want him to feel that he's not being acknowledged and then--

WOOLLEY: And then respected, right?

NYDIA: Respected. Of course.

JOHN: Preciosa.

NYDIA: Oh, mi amor. I love him so much.

WOOLLEY: That's wonderful.

NYDIA: I'm so in love with him.

WOOLLEY: You do.

NYDIA: Yeah.

WOOLLEY: You do, and really it's because the two of you are so precious for-- to each other, that sometimes things get difficult. You get scared, and then you go off and you shut down, you get hurt, and you go away, and you get terrified--

NYDIA: If he goes away.

WOOLLEY: --you said last week, when he goes away. And you get so hurt when she shuts down, or when she gets angry, or she goes one up, right? And you know what? Every couple has misses and hurts. But--

NYDIA: Why do I cry all the time? It's horrible.

WOOLLEY: It's okay. Because this is-- because this guy's so important to you.

NYDIA: He is.

WOOLLEY: Yeah.

NYDIA: That's why.

WOOLLEY: It makes sense you'd cry. It makes perfect sense that you would cry, okay? Because you so long to have this marriage work and be good and be safe. Yeah. Well, it did hurt. Whatever she said did hurt. It did hurt. And eventually, you got to the point where you could say, hey, we need to revisit this.

JOHN: Yeah, but unfortunately, sometimes I wouldn't know how we do it, you know?

WOOLLEY: Right. That's what I want to ask is how did you do that? How did you get to that point?

JOHN: Um, well, I went to work, did my thing, and just came home and went ahead and started working in the yard, and I don't know. She just kept plying, trying to find out what it was, or I just couldn't hold it in no more, or I started. I think I came to you, right? Said, you know what? Sometimes I know she can't read my mind, so I just told her, you know? This is why I'm hurt. You said this and this and this and this and I'm like, I'm no 14-year-old, you know? I'm not a little kid, you know? You're not telling things like that. It just felt like a total lack of respect and love. And I just says, dang. Out of anybody else, fine. But out of her, you know, it hurts.

WOOLLEY: Exactly.

NYDIA: Wow.

WOOLLEY: And why does it hurt out of her?

JOHN: Because she's so important. She's my wife. She's the one person I want

to go for comfort. It was me and her against the world.

YALOM: So you mentioned that it's hard for therapists to kind of keep this attachment frame. What's one of the most important things in terms of learning to do that?

JORGENSEN: Well, one of the important things about attachment framing is attunement. If we just try to educate one partner or the couple about attachment meaning or the attachment frame or the positive intention of the negative cycle, from a top down stance without connecting to their emotion, the attachment frame won't land. It won't be believable.

YALOM: So what do you mean? What would be an example of doing it top down?

JORGENSEN: So an example of top down would be, let's talk about your attachment. You get mad because your partner means so much to you, and that's why you get critical. Did you know you meant so much to your partner? So if we're doing it in an educative kind of a way, top down going from the head instead of from the attunement, from the emotions--

YALOM: It's very subtle, because it's not necessarily the words.

JORGENSEN: That's right.

YALOM: You could make the same words. It has to do with the timing, and then really feeling that you're with them and you're making those statements because you're really in it with them.

JORGENSEN: Yeah, so that attunement, being connected to them emotionally, helps us know about timing. And then they can feel it. We are doing some psychoeducation, but we're doing it more bottom up, from the feeling up to the head. So if I'm really with the partner in their pain or their agitation, then I can say it differently and they'll respond differently, like, you get so mad because it's so important that your partner hears you, which comes across very differently.

YALOM: Yeah. Okay. So now let's switch to maintaining alliance, which is certainly closely related to attunement. And it's obviously important in any form of therapy, but I think it's particularly challenging in couples therapy, especially when you have two people fighting, and if you're aligned with one partner, then you may be seen by the other partner as not aligned with them.

JORGENSEN: Yes, being in a position where it'd be very easy to take sides or being seen that we're taking sides, it's an important thing to be conscious of in couple therapy. So maintaining alliance requires really seeking understanding and keeping a balance between each partner.

You want them to know that you desire to help them solve their problem and get connected, and maintain showing an openness to each of them, staying curious with each of them, and being impartial really helps to keep safety.

YALOM: So when you're working with one partner, for example, you really want to be checking in being connected to the other partner as well.

JORGENSEN: Yes. So constantly looking back and forth, tracking at least nonverbally, what's happening with one while you're working with the other is really important so that they know you keep them in mind. They can kind of visually see you keeping them in mind, and that's very important to the alliance.

YALOM: And so of course, that requires your basic skills of any therapist, empathy, and emotional connection.

JORGENSEN: Yep, those are critical to maintaining the alliance, and really necessary conditions of change. Alliance provides a safe haven and a secure base in attachment terms, meaning that through this therapeutic alliance, the therapist provides validation, reassurance, and comfort that creates a platform of safety, and a place to engage with each partner from.

YALOM: So what do we know from clinical experience and maybe from research about when couples feel a better alliance?

JORGENSEN: Clients report better alliance when we focus on what really concerns them when we get to the heart of their relationship. This is emotionally focused therapy research specifically, that what matters to the couples about alliance is that we are focusing on those attachment dynamics for them, getting to the heart of the matter, so they can start to hear each other and take risks together. That's a very important aspect of the alliance. And this is an experiential aspect of the therapy.

YALOM: So often, in couples therapy, we're facing some really challenging situations. They're fighting, there's high tension, and those are the times I think it's particularly hard to maintain an alliance. What are some tips for therapists in those situations?

JORGENSEN: Well, using the present process is very powerful. It helps the client to not be flooded by the past or filled with anxiety about the future. And the present moment is manageable for both the client and the therapist.

YALOM: All right. What-- I know we've talked about this before, but what exactly do you mean by present process, because I think the term process can mean so many things. It can mean any kind of non-content information, body language, pattern, and then people also use it kind of loosely, like

someone is processing their feelings. It can just mean talking about your feelings. So when you say using the present process, which is such a critical concept in EFT, can you define a little more what that means?

JORGENSEN: Yeah, so really being able to slow down and go to the present moment. What's happening in the here and now, or what are you feeling right now in this present moment? We can also use our empathic attunement in that present moment, in the right now of what's happening, by tuning into what I may be feeling as the therapist that's happening in the room to really stay connected. And that connection in the present moment helps to-- that's manageable. I can handle right now as the therapist, and I can help the clients handle right now, so that it makes the experience very small, just in this moment.

YALOM: Yeah, I think that's something that comes with practice, and confidence, because if you're worried about what's happening to them and you're beginning thinking, what step am I in, and what am I supposed to do, then you're kind of like they are sometimes, where they're preparing the next counterattack. So of course that's a natural part of the learning process, but what you're saying is you want to, to some extent, be able to put that aside and really tune in to what's happening right now with them, yeah?

JORGENSEN: Yes, exactly. We want to bring that all down as much as we can to here and now. Of course, here and now constantly is moving, but we can really slow down and focus, which is the really focused part of emotionally focused therapy, on what's happening here in the very present moment. And that becomes much more manageable, for everyone in the room, when we learn how to do that.

YALOM: Yeah. So one of the dynamics that happens a lot is especially early on in therapy, but I'm sure it can continue later, is people are coming in with an agenda, and one of their agenda is to get you to agree with them and you to side with them that it's really the other person that's the problem. And that happens a lot. How do you handle that?

JORGENSEN: Well, when that happens, we can reflect on the request and respond with how this fits in to the present moment. It's helpful to know what that pattern is, to have outlined that pattern at Step 2, but to see, how is that playing out right now? So for example, I may respond with, you want to know that you're not at fault here. This is really hard for you, to feel blamed in this relationship.

So I put that in the context of-- the request in the context-- of their relationship and what that request is really about. With couples, it's so easy to

get frustrated and to take sides, and they kind of call for us to do that. So it's really important that we're able to view ourselves as the process consultant, and that we're seeing from both partners' point of view.

YALOM: Okay. Okay, so let's look at a first example with our couple Anjum and Syed, where Scott as the therapist does a very good job of holding alliance with her.

JORGENSEN: Yes, even while he is working with her husband, he keeps her in mind and he lets her know this by when the husband says humiliating, Scott says, you feel humiliated to him, so that-- and then he continues to look back and forth. So he sees her, he smiles at her, he even calls for her responsiveness to him, all while he's talking with her husband. She knows that Scott keeps her in mind. He does it explicitly with his words, and with his constant nonverbal behavior.

WOOLLEY: The big question is when she says something that feels like it's an insult to your family or to you, or says that you're stupid, or you're not good enough, you're bad, I need to write these down because they're important. Okay? I'm going to grab this. So what you said-- I mean, what are the words, in terms of the general message? You said bad, right? Right?

SYED: Right.

WOOLLEY: Anything else?

SYED: Same thing, humiliating, and insulting, and--

WOOLLEY: You feel humiliated--

SYED: And she gives the message that--

WOOLLEY: Insulted.

SYED: --it's mismatch, it should never have happened, and it's never going to work out. This is the message I get.

WOOLLEY: Hopeless. Hopeless, then. Do you feel hopeless, or is she-- you think she's hopeless? Or, I mean, she thinks it's hopeless, not that she's hopeless.

SYED: I feel hopeless because I haven't seen her mother, I respect her father very much. He was a really, really nice to me. And all of her siblings, they're very nice to me, and actually they tell her that, I mean, you don't treat him right. And one of her brothers have named her, like, Hitler.

WOOLLEY: Oh, ouch. So they do that to her, too, huh?

SYED: Hm?

WOOLLEY: One of her brothers calls her Hitler?

SYED: Well, her cousin.

WOOLLEY: Ouch. So they criticize her. They send zingers, big ones, over at her. And it's not just about what you do, it's about who you are. I mean, calling somebody Hitler. That's pretty bad. I mean, that's saying that she's bad. What you hear from her is that you're bad, right? And that's very painful. That's very painful, and you end up getting hopeless. It feels insulting. It feels humiliating. Right? And your response is either to shut down and go away--

SYED: Mostly shut down, yeah.

WOOLLEY: --calm yourself down.

YALOM: Let's take a look at two examples where Scott works with John and Nydia. And the first one is where building alliance happens through self-disclosure. In this particular case, he doesn't disclose his feelings, but he shares with John an incident about him fixing some grout. And it's a great way to connect with someone like John who's a doer.

JORGENSEN: Yeah, it's a great example of that type of self-disclosure, but the therapists disclosing their feelings and what's happening in the present process, or their concern, care, or hope for the clients are all really appropriate, and great self-disclosures to do. In the second clip, we're going to see Scott rebuild an alliance with John by getting reattuned to him.

WOOLLEY: Yeah, he gets a sense of security from having things just right. Right? And it feels good, too. And I understand that. I mean, you know, early this morning, I was fixing the grout in my kitchen. I added some last night, and then it wasn't quite right, so I was up there early this morning doing it. I get this, okay? And yet, if that's the only place you get your sense of safety, or competence, she's right. It'll never change.

Could you imagine being able to, in those moments, feel the hurt and turn to her and let her know that you're hurting, talk about the hurt rather than going into the anger?

JOHN: But I feel that those moments that hurt is coming from her.

WOOLLEY: Well, yeah.

JOHN: So why am I returning closely to the hurt? I want to hurt-- I want to hurt her back.

WOOLLEY: It's hard. Yeah, it's pretty hard. Isn't it?

JOHN: But can I imagine doing it?

WOOLLEY: Could you imagine stopping yourself and saying, ouch, that hurt, but there's also I wonder if she really meant it--

JOHN: Yeah, right.

WOOLLEY: --or I wonder if this is, wait a second, here. What's really going on here?

JOHN: Yeah, what I need to do is--

WOOLLEY: Slow yourself down.

JOHN: --you know, remember all the good times where she's there for me, or she's reliable. There must be something else. She must not be-- or she must be not in a good mood, or feeling tired, or whatever. There's got to be a reason.

YALOM: And finally, let's take a look at you working with Carl and Sandra, and you lose alliance briefly with Carl. And as I understand it, you say at one point, great. And I think what you're saying is great, we have something we can work with here, you're in the cycle. And from Carl's perspective, clearly it wasn't great at all, and he lets you know that very strongly.

JORGENSEN: Yeah, it wasn't great at all from his perspective. So I have to repair that. I acknowledge the break, I take ownership of it, and then I try to get back to reflecting what he was feeling.

YALOM: Yeah.

JORGENSEN: Right, all right. So Carl, what's happening for you since we came in? I'm not sure you knew Sandra was feeling upset.

CARL: Well, I could tell this morning she was upset.

JORGENSEN: You could tell this morning.

CARL: We exchanged ten words, so yeah. I had a good idea something was not right.

JORGENSEN: Okay. All right, so it's been kind of icy between the two of you this morning?

CARL: I would say that, yeah.

JORGENSEN: Yeah. So you could tell this morning that she-- something was wrong.

CARL: Right.

JORGENSEN: And what did you do with that, when you feel that?

CARL: I didn't do anything, but I don't-- I don't know how--

JORGENSEN: You just ki-- you tried not to, just tried not to stir it up in some way?

CARL: Yeah, I just shut up and let it, you know--

JORGENSEN: Right. You just shut up and try to send little cues like, is it O-- how are we doing? How are you doing?

CARL: No, I'm not even sending cues.

JORGENSEN: No cues.

CARL: Because, you know, it is not entirely true that I was not inquisitive about-- I have asked a number of times, did you get an email? Have you heard from Ian?

JORGENSEN: Yeah.

CARL: Okay. I also think it is extremely strange, given the fact that the man is a technological genius, that he has not been able to get a hold of his mother. It could be that there's something wrong, but you know, I think it may be just not bothering sometimes.

JORGENSEN: Oh, right.

CARL: Which has happened in the-- well, I don't know. I don't know what's happened in the past. I'm not going to get into that.

[INTERPOSING VOICES]

SANDRA: --condemning and criticizing my son has nothing to do with whether or not he's being supportive. To criticize and condemn my son has nothing to do with it.

CARL: I'm not criticizing or condemning your son, I'm just saying--

SANDRA: Yeah, you just did.

JORGENSEN: So, what's-- this is good, you guys. This is good what you did right here.

CARL: Well, this isn't really particularly good, Rebecca. Excuse me.

JORGENSEN: No. It's-- I get you. It's distressing, so distressing, to be here in this place.

CARL: Well, it's not distressing particularly to be here with you. This is a distressing situation.

JORGENSEN: No, that's what I mean. In this place, in this place between the two of you. It's very distressing.

CARL: Yep.

JORGENSEN: Yeah.

CARL: All right.

JORGENSEN: I can hear that. It's really distressing. So I apologize for that, for discounting how distressing it is. I apologize for that.

CARL: It's fine.

JORGENSEN: It is distressing to be there. And so what I-- let me see if I can get back in with what you're saying, Carl.

YALOM: So another big challenge that couples therapists face is that the couple can often get highly escalated, reactive, having fights in the room, quite vociferously, and especially inexperienced therapists really don't know what to do. Just how do you handle that?

JORGENSEN: Well, the first thing is to handle it. The therapist needs to be able to take control, to interrupt, and take control of the session, interrupt the argument.

YALOM: How?

JORGENSEN: Usually these moments are-- can give an opportunity to catch the cycle in the room. So calling it out, that's how one way, is to call it out and to work with the present process. That's a very effective way to manage the reactivity. Having partners turn and talk to you, look, I'll say. Look at me, talk to me, any way to interrupt what's automatically going on as they get more and more escalated between each other can be very, very helpful.

YALOM: Okay, so let's look at some examples of this. And first we're going to see some examples with John and Nydia. And this is a couple that is highly reactive, particularly in the earlier sessions. And you'll see Scott using a combination of techniques, interrupting, and reflecting the process, for example.

JORGENSEN: Yeah, and he's also careful not to break alliance. He uses a lot of warmth. Sue often says empathy calms aggression, and you notice that here.

NYDIA: You tried to explain, but I was-- because I was trying to get everything in the car, I had, like, three bundles because we were going to run errands. So then--

JOHN: I was holding everything.

NYDIA: He was--

JOHN: You had a little bottle of water.

NYDIA: I went back in through the house and got water because the bird was-- we left for the weekend, and so the neighbor said that the bird was very thirsty on the weekend. I don't know nothing about birds actually, but I thought it was a good idea to go get water, good water, and she said to put a little dish of water because they like to bathe.

So when I got the little dish of water, I threw it out. And he saw me. He was just looking at me. And he had his bags that needed to go to the car. And I was just changing the water-- anyway, he saw me throwing in the water and then he says, what are you doing? I just changed that. So he didn't know what was happening, and I said, I changed the water. And I said, you know what? You're assuming that I'm throwing away the food, and you're just looking at something to get upset, and you caught me. And then I just blew off. That's what happened.

JOHN: See how she's judging me that I'm looking to catch her? No, I'm sitting here--

NYDIA: He's looking at me to see what I'm--

JOHN: I'm waiting for you.

NYDIA: I'm washing, I'm doing the clothes, I'm cleaning, I'm doing all this stuff, and he doesn't look at that. He looks at I'm throwing away the--

WOOLLEY: So let's slow down.

JOHN: I asked you a question.

WOOLLEY: Let's slow down, John, okay?

NYDIA: Yeah, so--

WOOLLEY: Nydia.

[INTERPOSING VOICES]

WOOLLEY: Stop, stop, stop, stop, stop. Hold on you guys. This is what you do, huh?

NYDIA: Yeah. Yeah, this is what we do.

JOHN: Yeah, and she doesn't stop.

WOOLLEY: Talk over each other.

NYDIA: Yeah.

WOOLLEY: Yeah, well, it's kind of like, yeah, my sense is this that you guys

just go until you leave. All right? But what ends up happening-- I want to slow it down for just a little bit, because this can be understood.

NYDIA: Can?

WOOLLEY: Yes. We can understand this. We can figure this out. And it's going to be really helpful once we do. Okay?

NYDIA: How in the world?

WOOLLEY: How in the world?

NYDIA: How in the world? I'm so patient, so patient.

WOOLLEY: Yeah, well, hold on a second here, because there's a whole other level I think that you guys may be missing, in fact, I think you are missing. And part of that level has to do with the fact that both of you are scared to death.

NYDIA: Wow.

WOOLLEY: In many ways.

NYDIA: Is that why? Here we go.

WOOLLEY: All right, here we go again.

NYDIA: Oh, I know.

JOHN: Like you said, it's-- you're jealous, insecure. You see a shapely looking woman, and you feel like, dammit. Because that could be you if you would have made the right choices in your life. You could be just like that, but that's-- so you're like, okay, these people--

WOOLLEY: Ouch, whoa.

JOHN: --discipline themselves and do all this work, and then you're the one who's secure and jealous.

WOOLLEY: Oh.

JOHN: That's what it is. Not me.

NYDIA: Wait a minute. Now that's the fight.

WOOLLEY: John, you know what it's like?

JOHN: That's right.

WOOLLEY: You know what it feels like? It's like you just walloped her. Did you-- my guess is you didn't mean to wallop her, but you just said, well, you could've made those decisions in your life to look like that.

JOHN: It's all a personal choice, but you know, I made my decision to marry you, and I accept that. Fine. Yeah, but so what? They're noticed.

WOOLLEY: What's happening inside of you?

NYDIA: Well, he's just babbling all these things that are not even related to what we're talking about. It's like he's rejecting my body, or he's judging me as not fitted. I'm not fitted.

JOHN: It is related. You're judging my thoughts and my mind and heart, when I'm just looking. I'm just noticing. It's a fact. It's funny--

WOOLLEY: So this is the way--

JOHN: --she notices it, and then she looks at me to see what I'm doing.

NYDIA: He's going back to the cycle again and judging me.

WOOLLEY: Okay, well hold on a second here. He is going back to the cycle and judging me. She could do this differently. She's judging me, she's judging what's going on in my head, right? He is staring, you know? She's not working out. You could have a body like that. Ooh, you guys get into it really quickly, don't you? Okay.

[INTERPOSING VOICES]

YALOM: Okay, let's see one more example with this couple, and this is a session that could easily get out of control. What should we be looking for here?

JORGENSEN: Scott uses both interruption-- he used transparency about his intention, he catches the cycle in the present process to slow it down, and directs John to talk to him and to make sure that each of them feel heard. Again, that reminder that Sue says, empathy calms aggression.

YALOM: Yet as we'll see, John doesn't really seem to be able to, in the moment, take any of it in emotionally. But, you know, it's only the second session, and Scott is successful at containing them from any further escalation.

JOHN: She controls everything. Everything revolves around her schedule. I mean, she's the boss.

WOOLLEY: This is how you guys do it, huh?

NYDIA: He just throws things at me, and all of a sudden, I have to--

JOHN: She's the queen of the castle. We're all submissive to her.

WOOLLEY: Stay down for a minute, okay? I mean, you don't-- let's see if you

could knock her up right now.

JOHN: She does whatever-- how many times have you done your nails?

WOOLLEY: John?

JOHN: You always do your nails whenever you want.

WOOLLEY: John?

JOHN: Well, you cut your hair whenever you want.

WOOLLEY: John.

JOHN: Lies, don't lie.

WOOLLEY: John.

JOHN: Making me look like a bad guy. I'm the sweetest guy, nicest guy in the world.

WOOLLEY: Oh, that's interesting. Okay, so that's what's driving it, then, huh? So it feels like she's making you look like a bad guy?

JOHN: It sounds like it right there. I mean, no, I want this to be accurate. He can't help us unless you're totally accurate.

WOOLLEY: Okay, then I believe that.

NYDIA: I am.

WOOLLEY: John. John, hold on, hold on, because again, I'm just going to relentlessly point out this pattern, Okay, because I don't think you both fully see it. Okay? Because I think what we were discussing is how she feels in her that she has a hard time asserting her wishes or being open about where she is, what she wants, or what she doesn't want, or that kind of thing, unless she feels like you're trying to control her, and then she does. Okay? And she does it quite strongly.

JOHN: But isn't it true you do whatever you want? You go wherever you want?

WOOLLEY: But John, John, John, John--

NYDIA: I don't.

WOOLLEY: Stay with me. Stay, stay. Okay, hold on a second here. But it's like what you're hearing is not, this is something going on inside of her. What you're hearing is, John's doing-- John won't let me. John won't let me. Is that right?

JOHN: Yeah, that's right.

NYDIA: Oh, but it's not that. It's not that he don't let me. It's just that I'd

rather take care of him than do my things because I'm not-- I don't want him to feel lonely, like, I don't want to feel lonely, so I try to protect him to not feel lonely. So I stay with him.

WOOLLEY: And you want to stay with him.

NYDIA: And I want to stay with him.

WOOLLEY: And it's also hard to know how to help him not feel lonely, and also take care--

NYDIA: Take care of me.

WOOLLEY: --of some of the things that you want.

NYDIA: Because you see a lady in the street, well-dressed, and nice, taken care of, and you look at her. It's normal, it's okay. But I want to look nice too, and I want to take care of myself.

WOOLLEY: Yeah, sure.

NYDIA: But I see myself, I don't do my nails, I can't do my-- look at my hair, look at it. It's all white. I can't do it because he is so demanding.

JOHN: Yeah, but beauty's on the inside. It's your personality, not your exterior.

NYDIA: No, see? He don't listen. And he won't understand that.

JOHN: She wants to look like a whirly girl, all painted up.

WOOLLEY: And you felt--

NYDIA: No. It's not that.

WOOLLEY: Okay.

NYDIA: See?

WOOLLEY: This keeps happening.

JOHN: My beauty is natural, down to earth.

WOOLLEY: But wait a second here. This keeps happening.

NYDIA: And he puts all these excuses.

WOOLLEY: Wait, stop, stop, stop. Here we're going again. All right?

NYDIA: Okay.

WOOLLEY: How did that happen? When you guys just started back up, right?

JOHN: Because she made an inaccuracy. And I tried to correct her. You know, I have to dress, I have to do certain things where she likes, change my style,

hair, facial hair, everything. And I do it, gladly. Okay, fine. But why don't you do the same? If I don't like nail polish, let it go natural. If I don't mind gray hair, let it go, I don't mind. If I like your eyes the way they are, just leave them the way they are.

WOOLLEY: Okay, well, wait, wait.

JOHN: The things I want you don't do, but I'm supposed to do everything you want.

YALOM: Another way to manage reactivity is simply to reflect back to them the emotion that you see in the room.

JORGENSEN: Yeah. Yes, to reflect the emotion and the positive intention driving the reactivity can really be helpful.

YALOM: That's the attachment frame again?

JORGENSEN: That's the attachment frame, and kind of the positi-- the unmet need, what I'm wanting, what that positive intention of what I'm doing is about. So we can see how clearly it can get out of control between Steven and Cassandra. Part of their cycle is getting caught in find the bad guy interaction. So I reflected their longing and their positive intention, referencing the cycle, and I asked for their cooperation in bringing them back to the present process.

Yeah. So she brings it up--

STEVEN: It's not like we're not talking either. We're talking about other stuff.

CASSANDRA: No, we are not.

STEVEN: The communication is focused on the negative. It's focused on the things that are not going right or well. And that's where I'm talking. We have communications, and we co-parent, and we talk about--

JORGENSEN: And there are lots of good things together.

STEVEN: There is, but these communications are negative.

JORGENSEN: Overshadow.

STEVEN: They're just negative.

JORGENSEN: This pattern kind of overshadows.

STEVEN: This isn't right, this isn't right, this isn't right.

CASSANDRA: It wouldn't be a negative thing, though. For example, with the-- you're perceiving it like that.

JORGENSEN: So let me slow you guys down. Let me slow you guys down.

CASSANDRA: His perceiving it is not right.

JORGENSEN: Because you're not trying--

CASSANDRA: Like with the rice thing.

JORGENSEN: --to be negative, or you're not trying to--

CASSANDRA: Right, I'm just having a request, and

JORGENSEN: --have it right or wrong.

CASSANDRA: --he perceives it as an attack that he didn't do the rice right.

JORGENSEN: Right, so--

STEVEN: They're harsh startups, really harsh startups.

JORGENSEN: Right, you feel the tension already right there.

STEVEN: Well, they're paradoxical statements. It's like, oh--

CASSANDRA: I did not--

STEVEN: --I come in the morning, and I bring her the baby after I run with the baby, and then I take a shower with the baby, and then I bring her in because the baby goes, mama, mama and ready to feed. So I bring her in, and so while she's feeding, that's an opportunity for me to check in with her. I've learned I need to check in with her. I need to say good morning, I need to say how did you sleep-- I need to say these things. If I am in my head and--

CASSANDRA: You don't have to--

STEVEN: --something's going on with that.

CASSANDRA: --but I mean, that's something I communicated that would be nice, if there was--

STEVEN: So I do.

CASSANDRA: --hi in the morning instead of just like coming in and not saying anything.

STEVEN: And they're all positives. It's all me just checking in, and wholeheartedly. I want to check in with her, make sure-- I want to take pulse and see how it's going. So the next conversation--

CASSANDRA: I don't want you to take pulse, though, that's the thing.

STEVEN: The very first--

CASSANDRA: I don't want you to take pulse and see how it's going. I want a

genuine, like, hi. You know? Good morning.

JORGENSEN: You want him to be there because he wants to be with you.

CASSANDRA: Yeah, not just to, like, take pulse and see what--

JORGENSEN: But this pattern has kind of grabbed you guys in this way that you're not even sure if I don't do all of these things just right, it's already going to blow up. So I am taking the pulse.

STEVEN: It will. But my point was is, so I do that--

JORGENSEN: You're doing all this stuff, all this stuff, all this stuff.

STEVEN: --I check in, and the first things out of her word, or her mouth, were, oh, just by the way, when you put the rice in the fridge, make sure you put it--

CASSANDRA: I didn't--

STEVEN: --with a covering lid--

CASSANDRA: Wait--

STEVEN: --because it's going to go rotten.

CASSANDRA: I never said that in the morning at all.

STEVEN: That was the other morning.

CASSANDRA: No, I did not.

STEVEN: It was right after the cat

[INTERPOSING VOICES]

CASSANDRA: That was when you came home at work, and I was sitting on the chair.

STEVEN: So was the cat food, then, that was in the morning.

CASSANDRA: No, it wasn't.

STEVEN: One of the two. So what I'm saying is saying my whole point of my timeline-- Okay, maybe I'm wrong, but the timeline is I'm having these positive communications, or attempting to, whether they're authentic or genuine or not.

CASSANDRA: I do not experience positive communications from you.

JORGENSEN: Can we go right here right now, because there's-- like, it's happening right now, right, kind of starting up a little bit.

YALOM: And in this final clip showing managing reactivity, we're going to

see working again with Carl and Sandra, and we'll really get a sense of what it's like in the room.

JORGENSEN: Yeah, there's a lot of tension in the room that we'll see in this clip, and I manage it by explicitly stopping them, and by going to what we know about their patterns of interaction, enough to try to calm them down from that continuing.

SANDRA: I've lost respect for him because I-- boy, I would have probably ten hats on my head faced every which direction. Cream all over.

CARL: There's a problem with this in that the skin doctor told her the same thing.

SANDRA: He did not.

CARL: He did tell you that.

SANDRA: I didn't have cancer, I didn't have little warts.

[INTERPOSING VOICES]

JORGENSEN: Let me stop you guys. Let me stop you guys.

SANDRA: The skin doctor didn't tell me the same thing. He had all that treatment and required it. The skin doctor didn't tell me I had to have all that treatment, that I had cancer.

JORGENSEN: You're kind of describing, though, how you experience how you would go after problem solving, how you would go after if you were worried about something. Like, I'd put ten hats on.

SANDRA: Yes, the doctor said, Sandra, you have a skin cancer right here and we have to go through this Mohs treatment. It's going to be awful. And later says, now you've got to wear a hat and put stuff on. Good grief, I would.

JORGENSEN: So you have this sense, like, I would go after it. I'd go after it and focus on it, and Carl, when you hear that, I think what we've outlined as kind of what happens with the two of you, as that volume goes up, you are trying to calm it down. You're trying to turn down the noise, turn down the anxiety or the anger. You're trying to turn it down.

YALOM: One thing I think is clear from watching this last clip and the prior clips is how anxiety producing that can be for the therapist. Just watching this last clip, I found myself kind of getting agitated, and one thing that's clear is that if you don't do anything, if you just let them continue, they're just going to recreate in front of you what happens on their own. And nothing positive is going to happen from it. So you've got to do something. The question is, what

do you do?

JORGENSEN: Yeah, you want to do something and you don't want to enter their conflict. So while we may feel tense, we try to stay calm, we try to stay empathic in some sort of a way, so that our tension doesn't add to the tension in the cycle or bring shame to them in some way. To shut them down, we often will use, when we're not trained well, use something kind of shaming to stop what they're doing.

YALOM: Well, I think-- I know I've been guilty of that. I don't know of shaming, but I know when it gets really high and people are yelling at each other, or trying to get me to take sides, I've kind of jumped in and I think I've let my own energy kind of match theirs. And sometimes I think you need to, but I think at times I've kind of joined in their conflict--

JORGENSEN: Yes.

YALOM: --rather than stayed calm. .

JORGENSEN: I think we've all done that. And there's also ways, as we get more confidence, that we can not feel their tension to the same degree. I can remember a couple I was working with where they were like Carl and Sandra, but even more intense. And I had been, for several moments, trying to stop them, calling their attention, talk to me, talk to me. I'd moved in close, I'd waved my hands, trying to get their-- anything to get their attention.

YALOM: And to get them to stop yelling at each other.

JORGENSEN: And I was being unsuccessful. So I got up out of my chair and sat on the couch in between the two of them, and said, stop, stop. We have to stop this. And then I was able to start reflecting more of what they were feeling and what was happening in the room, but the first thing I had to do was stop them and get their attention.

YALOM: So any thoughts on how therapists can develop the skills and the confidence to implement those skills in these highly reactive sessions?

JORGENSEN: I think seeing clips like we've just seen can be helpful to have some models to how to do it so that we can do it differently.

YALOM: I hope so.

JORGENSEN: And then with little bits of practice, especially interrupting the conflict before it gets bigger. We can't always see it coming, especially in newer situations like Scott in the second session. We're still getting to know the couple. We can't always anticipate when it's coming. But as we get more experienced, we can do that better, and as we go farther along with

the couple, we'll be able to know what triggers that couple specifically. So that's, I think watching the modeling, practicing a little bit, giving ourselves permission to interrupt. We come from a society that says it's not cool, it's not okay, it's impolite to interrupt, and to really recognize that it's very helpful to interrupt that escalation.

YALOM: And I think we come from a culture of therapy that prizes some passivity on the therapists, even though we're a long way off from the beginnings of therapy that was this idea of the blank screen. I still think that pervades treatment that we should be kind of quiet, we should let them, and I know even though EFT is very-- has some client centered humanistic roots, what you're saying is we need to not be stuck in that mold, either.

JORGENSEN: Yeah, we're going to interrupt as the most kind, helpful thing that we really can do, because they can do that at home--

YALOM: Right.

JORGENSEN: --and not pay us for it.

YALOM: Right. So you need to interrupt, but that's something that they may not expect. Is it helpful to get permission in some sense, especially maybe during calm moments that you're going to interrupt them and is that okay with them?

JORGENSEN: It's so helpful to let them know. It gives-- it adds to the confidence piece really. If I tell the couple early, maybe even the first session, this is a way that I work. I may interrupt you, is that okay? And get their consent, their sign on for it, then when I do it I say, hm. You know, this is how I work here. I'm doing that thing now. So it's very helpful to inform them about it and to get their agreement that it's okay to do.

YALOM: It's probably a relief for them because they want that. They don't want to be in the session reenacting the same things.

JORGENSEN: That's right. It's a relief for them and knowing that it's going to be relief for them, and that they've said, yeah, it's okay, interrupt it, gives us more confidence to do it as well.

YALOM: Okay, so let's move on to the next topic. Both withdrawers and pursuers present their own set of challenges, but in EFT, which focuses on emotions, withdrawers by definition can be hard to reach, and especially if they're highly intellectualized, which is common, or if they're what we might call reactive, defensive.

So it so happens that amongst our couples, we had a fairly intellectualized client, Steven. And then we also had John who was more reactive and

defensiveness as a withdrawer.

JORGENSEN: Yeah, Steven was very chatty, and was quite willing to talk about his emotions. It was very difficult to have him access those emotions and to stay in them. He used a lot of imagery, which often really helps withdrawers to access emotion, though his would often become very elaborate, and they would take him out and about to how he wanted things to be rather than to what he was feeling in the present.

YALOM: Yeah, I think it's so important that as a therapist, we use ourself as a barometer so we can feel that, because you can sense if someone is talking about feelings, which if you're just paying attention to content, like oh, great their talking about their feelings. But you can sense the difference between talking about feelings and actually being in them and being able to feel them yourself. And if you're attuned to your own emotions, then you can get a better sense of how their partner experiences them, and that was one of Cassandra's big complaints about him. She said she can't feel him.

So let's watch some examples. First, with Steven.

JORGENSEN: So first, we'll see here how he talks about sadness, but is not experiencing it. And as I tried to enter with him, he still does not slow down to experience it.

When you just now said, I'm-- that's how I get it, and I'm doing all of these things, essentially, all of these things. And it's like I can't get it right. I'm trying, trying, trying, and I am watching. I'm taking a pulse because the last thing I want is another disruption between the two of us, another way that we end up feeling more alone and isolated because of we're not feeling connected. What's happening for you on the inside, like, right now?

STEVEN: Oh, I'm really sad. I'm just incredibly sad that I am in a partnership that's not-- that I don't see efforts. And it makes me so sad to say that out loud, it makes me so sad to think that and feel that. It just makes me really, really sad, and as-- it makes me question myself, my self-esteem, and it just sadness. I just feel really, really sad that I don't-- that I'm not in a partnership.

JORGENSEN: That I don't feel understood and valued, and that we're really moving forward together.

STEVEN: Well, you know, and even some ways understood would be something that we could get to, like if we had that. If there was that partnership, that respect, but the fact that I feel and that I see that that not even happening, that it won't even go there, it gets shut down when it gets overtly brought up. And it just, that makes me just so sad. It just reinforces

that it's not a partnership.

YALOM: And that being Step 3, which is accessing primary emotions as we explored in volume two of this series, it's quite challenging with Steven. One thing I see you doing with him is asking where in his body he experiences feelings. That's one way to try to approach that. What are other things that you do?

JORGENSEN: Well, you can hear how hard he works in his head, how much he tries to pay attention to. He keeps lots of kernels of information in his head. He does this because he's on alert. He's feeling like a failure, and he's in danger in the relationship. I keep working to attune to his experience and slow it down and validate his perspective to try to create more safety.

He seems to take my reflections as more information to process, and he has a difficult time accessing his emotions. So staying with it in this way gives time and space for coregulation. It sends a message his experience matters to me, and it helps the partner also get a sense that it's not personal to them. My positive regard helps his partner have more patience and empathy while he's struggling to access his feelings.

YALOM: Yeah, So you're modeling to him and to his partner, Cassandra, that this is something difficult to do, he's trying, whereas the partner can often feel like he's almost purposefully not sharing his feelings.

JORGENSEN: Yeah, one thing that happens is that Cassandra sees how hard I am working with him and how patient and persistent I am, and she gets that it's not just her that he can't really share with, that there's something that's very difficult for him in the way of accessing emotion.

YALOM: Yeah. Another thing I think is important with highly intellectualized clients, or clients who have difficulty accessing their emotion for one reason or other, and more often the case that's men, is you don't want to shame them and make them feel like, oh, gee, you don't know how to do therapy. And that I think is a thing that some therapists do inadvertently with men, make them feel like they're not good clients.

JORGENSEN: Yeah, one way around that is to really understand that the withdrawer isn't trying to intentionally block the access of emotion, and to really trust and believe-- this is the humanistic bit-- that they're doing the best that they can. And when these blocks come up to accessing, there's good reason. We may not yet understand it, but keeping that positive regard is so important.

What happened just right now? Right now, because you had a different

expression across your face. What happened right now?

STEVEN: Well, I was trying to track you and hear what you're saying, and kind of turning what I'm saying in a different angle so I can see the other side of it. And then I could see her on the corner of my eye, nodding her head, shaking her head.

JORGENSEN: So much information to try to be taking in.

STEVEN: So I'm just trying to navigate the perspectives and take it in.

JORGENSEN: Right, you're pretty good at that, right? Trying on different people's perspectives and trying to see it from other angles.

STEVEN: No.

JORGENSEN: No?

STEVEN: If I was good at it I don't think I would be here right now. I would be hanging out, drinking a margarita out on a warm beach, surfing, and--

JORGENSEN: Watching the sunset with my lover.

STEVEN: Yeah, hanging out with my little baby, and probably getting a lot of sex, and doing all the good stuff, you know? I wouldn't be here right now. So no, I'm not good at what [INAUDIBLE].

JORGENSEN: So what you just did right now you put a lot of energy into, slowing this down and going, oh, I can see Cassie from this side, nodding her head, and I'm trying to see what you're saying, Becca, like that maybe I don't really show the sadness when it's so much a part of my experience, I don't know how she couldn't see it. But when I try to slow down and take all of that in, maybe she doesn't really see the sadness. Maybe that is pretty hard for me to express in those moments.

STEVEN: Yeah. No, I think regarding my sadness is I assume she knows me. I assume that she knows me, and I realize that's a fallacy in that sense, that I need to do-- I can do a better job at expressing my feelings and how I feel in certain moments and those things, which I don't do for a lot of reasons.

JORGENSEN: You don't do for a lot of reasons? And maybe you want to explain some of those reasons? I don't know, but I think it's really important to go right to that sadness, yeah? And you think your expectation is she knows me. She knows me, so she would know if she's upset that here I am, already feeling miserable. That's kind of a given you come in with. Doesn't she see all the things I do to show how much she matters? Doesn't she know? I mean, I assume she knows that this means everything in the world to me, how we're doing together. And if she's upset and very sensitive to that, then I

would be filled with sadness. What's happening for you right now?

STEVEN: That statement just makes a lot of sense. Those are a lot of the assumptions I make.

JORGENSEN: So when-- well, because you've shared your heart with her really, right? You've committed to her, you've pulled your lives together, so it makes a lot of sense that you would come from this place where she knows how desperate I was, she knows where I came from childhood-wise, she knows me, I've shared those things with her, and that it breaks my heart if she loses track of the sense that I love her. Right?

So if she's frustrated and I'm picking up, or I actually know, that when she's frustrated, it has to do with her feeling disconnected from me, even if that's not what she's talking about, then I'm scrambling, because how can she go there? How can we go there where she has some sense I don't love her? Yeah? And that's that fear, like, oh, we're going there again when it leaves you so helpless. What's happening right now?

STEVEN: You're just making a lot of sense.

JORGENSEN: And when it makes a lot of sense, what happens inside for you?

STEVEN: I mean, I'm just absorbing it, I think.

JORGENSEN: So it's hard to put your fingers on kind of the experience, it's like I'm just trying to--

STEVEN: Yeah, I'm just--

JORGENSEN: --take it in.

STEVEN: --absorbing it. Take all the information and assimilate it, see where I can use that.

JORGENSEN: Where does it fit? Where does it land? So you kind of have to slow down in the process to take it in. So it might be good to just take a moment for you to reflect on it?

STEVEN: Yeah.

JORGENSEN: Yeah. So as you reflect there, can you get a felt sense inside, Steven, how it lands on you?

STEVEN: Um, well, I just-- I guess the picture frame that you're wrapping around my experience of what I'm trying to articulate, it just make sense. It's just like I hope that-- I guess I'm hopeful that I can hang it on the wall and that will be the painting that she sees when she comes home. You know, that kind of idea.

YALOM: Let's take a look at an excerpt where you're working with Steven in Step 3 again, and you start with an evocative responding intervention with the hope of getting him to access his primary emotions, and you do this by focusing on his body.

JORGENSEN: He mentions his stomach, but then he goes back up to his head. So I follow him up, kind of away from his feelings, reflect what he does, and then try to invite him back to his feelings.

YALOM: Which, as we'll see, he escapes.

JORGENSEN: He does. I could have invited him to stay with the feeling more. For example, I might have said, you mentioned your stomach. Now, can we go there? Do you feel that now? Would it be all right for us to pay more attention to that feeling in your stomach?

YALOM: Yeah because when he first brings it up, he says he typically feels it in his stomach, and that's a cue to the therapist that he's typically feeling that, but he's not actually feeling that in the moment.

JORGENSEN: Okay, where do you feel that, that sense like, I'm not sure it's safe, my feelings take the back burner, I've got my own well of hurt that I just can't attend to, right, that doesn't come first. Where do you feel that at?

STEVEN: Well, I mean typically, it's just kind of in my stomach, like just a lack of-- like you get the wind knocked out of you, like, here we go again, kind of thing.

JORGENSEN: So it's in your stomach and it's like it could curl you over, the wind, it knocked-- like a punch?

STEVEN: Yeah, yeah. For me, it's not like it curls me over--

JORGENSEN: Painful, painful.

STEVEN: Not painful, just, like, automatic trigger to hypervigilance. You know, it's like if there's a fight on, I'm immediately fight too, like I'm hypervigilant, like time slows down for me. So it's kind of that feeling.

JORGENSEN: Right. So It's kind of like the wind gets knocked out of you.

STEVEN: So I need to get more vigilant.

JORGENSEN: So I'm going to go back to the-- try to get up on the surface, get more vigilant. What's going on around me? What can I do? How can I--

STEVEN: What's going on? What's happening here? Where are the dynamics how to get this all calmed down and get out of this?

JORGENSEN: So when you are doing what Cassie experiences as being

defensive, like, I'm trying to lay this context out, really, what you're saying is that I just got the wind knocked out of me, and I'm feeling in danger, and I'm trying to see what the lay of the land is here. Are you with me in a way that we can put safety back here, because something just happened, and I've got to survey the land, the lay of the land, yeah? Right.

Right, so when she would see that, you're saying really what's happening is, I've got this thing in my gut that just draws me up, draws me out, to look out of my feelings, out of my heart or my gut, and into my head, surveiling everything.

STEVEN: That makes sense.

JORGENSEN: Yeah. So that feeling, if we could just-- is it okay if we just tried to touch that feeling a little bit in your gut?

STEVEN: Sure.

JORGENSEN: Yeah? Along with danger, does it say anything else, that feeling?

STEVEN: No, I'm just really focused on the present, in the moment.

JORGENSEN: It slows time down.

STEVEN: Yeah.

JORGENSEN: It's so I can look and while it's happening really fast, it's actually like I can be looking, where is everything laid out?

STEVEN: Well, that's why I pull out all the context and threw out all in context. Just check out, here's what my experience was.

JORGENSEN: To check it out, that's part of checking it out.

STEVEN: Well, probably like what you're saying, part of surveying.

JORGENSEN: Yeah, where am I really? Where did we just come from? How did I get here? I just got the wind knocked out of me. I was not expecting that. I've been going on, thinking I'm doing pretty good here and trying to get everything right, and oops. What? I just fell in this pothole. How did I get here?

STEVEN: Yeah.

JORGENSEN: So that punch in your stomach, or that wind grabbing you puts you right out. Yeah. But the feeling is there in your gut.

YALOM: You keep asking over and over about the feelings, but the conversation seems to be happening at a theoretical level. He seems to be

thinking rather than feeling.

JORGENSEN: Accessing emotion is dangerous for Steven. He can't land on the feeling because his high alert has him scan the environment. It's too dangerous for him to stay vulnerable, so he continues to describe. It's like performing, rather than experiencing, what's really happening in the moment. And when you feel it now, what happens as we're just talking about how it usually moves you out to the context? What happens right now as we talk about it?

STEVEN: Yeah, I think about the different contexts of when feelings come up.

JORGENSEN: Yeah. It moves you out, even a little bit right now, as you touch on it. It moves you back to the other contexts.

STEVEN: Yeah.

JORGENSEN: It's a hard feeling to stay with. It's kind of unnatural to stay there, because it automatically triggers you out, moves you out.

STEVEN: No, it's not unnatural. It's a common feeling that I have.

JORGENSEN: It's a common feeling you have.

STEVEN: Yeah, so it's not unusual for me.

JORGENSEN: Right. It's not unusual for you to feel it and then have it move you to being surveying--

STEVEN: Right.

JORGENSEN: --what's happening. It may be a little bit more unusual to actually try to stay with the feeling, because what happens is you feel it so often and it moves you right out to viewing what's happening.

STEVEN: Or it's probably more unusual for me to be able to turn it off when I want to.

JORGENSEN: To turn it off.

STEVEN: Yeah.

JORGENSEN: Help me with that, to turn it off.

STEVEN: Well, to get it to go away.

JORGENSEN: Oh, it's there so often.

STEVEN: Yeah.

JORGENSEN: It's there so often. And it's really paired with watching what's going on around. And getting it go away, it's like a feeling that you don't want

to be having there?

STEVEN: Well, yeah.

JORGENSEN: It puts you on alert?

STEVEN: It's the feeling of letting my guard down is how it feels when it goes away.

JORGENSEN: Like your guard is down.

STEVEN: Yeah, my guard's down, so then that-- I like that. I get about-- these days, I get about three or four hours a day, maybe, where it's down. Which is nice, but what usually happens when it's down is I'm tired. I just sit there and just--

YALOM: This pattern continues to happen even as you move along in the therapy.

JORGENSEN: This is a bit farther along in therapy, and Steven is able to show a little bit more of his emotion, but not enough for Cassandra to resonate with it. As a pursuer, Cassie's used to a lot of emotion, so it's hard for her to tune in and feel his small emotional openings. So as he expresses it, he's really-- we're looking for him to be able to expand it more so that she'll be able to hear it. And she also has to be able to refine her tuning in to lower levels of emotion.

YALOM: Yeah, so what can you do as a therapist to try to facilitate that?

JORGENSEN: Well, she sees the therapist attune and respond to his low level affect. She might be able to get more curious about it and it can help her try to tune in more. But it takes a long time.

YALOM: Your approach seems to be slow, and steady, patient, trying to check in with her, tracking the present process. I know with someone like him it's tempting to try to be more forceful and break through his defenses, but that rarely works.

JORGENSEN: Yeah, it's so important to continue to focus on creating safety. And if I took the position of really trying to break through, I would be aligning with her position.

YALOM: Right, which you don't want to do, of course.

STEVEN: And so I think what we're talking about now is me saying again, yes. I want you to want me for who I am.

JORGENSEN: Right.

STEVEN: And I want you to desire me, I want you to pursue me, and I want you, at the same time, to be available for me to pursue you.

JORGENSEN: And when that's not happening, what do you end up feeling on the inside?

STEVEN: Well, that's when I feel like crap, and I feel isolated, and I feel alone, and I feel like, why are we fighting each other? That's when I feel those things.

JORGENSEN: All confused and upset and like crap.

STEVEN: Yeah, like what is all this about?

JORGENSEN: All right. And what would she see when you're there feeling like crap?

STEVEN: What would she see? She wouldn't see it because she's usually in her own crap.

JORGENSEN: It would be when you guys are going?

STEVEN: Or just like she's in her own crap.

JORGENSEN: Sure.

CASSANDRA: I would see it, I think, if he showed that, and he doesn't show it.

JORGENSEN: Right. That's part of that disconnection spin, yeah? Right. So what happens for you right now when he lets you know about that place that's hurt and alone. You're really hearing that he really-- how important you are, right, how he wants to be wanted and accepted, and that leaves him the lack of energy with the wind knocked out of him, when he over performs, feeling like the puppet to try and get your attention in some way. Really try to-- it's like you try to win her back in some way, and you've lost yourself in moments trying to do that. And then you fought back, like I can't compromise that far anymore. Yeah. What happens to you when you hear him and you see how sad he looks on his face right now?

CASSANDRA: Well, I can't-- I'm not sure if I see the sadness. I hear the words, but I don't see it on his face.

JORGENSEN: Yeah, it's not what you're feeling right now. What are you feeling right now? What are you feeling right now?

STEVEN: Me?

JORGENSEN: Mm-hm.

STEVEN: Well, I was just trying to track what you were saying. I was like, more of no, I'm not that heroic in terms of-- I think I don't see my actions like that heroic in terms of everything I do. I'm a little more self-serving than that, I think. But why I smiled at her was because it was it just looked like she

didn't believe any of that.

CASSANDRA: Believe any--

STEVEN: What she just said.

CASSANDRA: Yeah, I did. I did.

STEVEN: Oh, okay.

CASSANDRA: I do believe that. That's how-- and I see you do all that stuff. I just didn't see you-- like, I heard you say that you're sad, and lonely and all that, and I know that to be true, but I didn't perceive you to-- like I hear those words, but I can count on my fingers the number of times I actually seen him be in an emotion. It's like says it, but with no emotion to it.

JORGENSEN: All right.

CASSANDRA: So when he says I'm sad and lonely, it's like I believe it, but there's no-- I guess I just have to go off the words. There's no--

JORGENSEN: You don't feel it. You don't see it.

CASSANDRA: No.

JORGENSEN: Right.

CASSANDRA: He's never-- he's maybe twice cried about stuff, but I've never seen him in that, like, place where he's actually dropping in to an emotion.

JORGENSEN: You've never actually seen him feeling so sad.

CASSANDRA: Yeah.

JORGENSEN: Yeah, right. So it leaves you kind of looking and wondering, like one part of you believes him because you know he's an honest and good man--

CASSANDRA: Yes.

JORGENSEN: --and some other part it's hard to connect to because you're not seeing it.

CASSANDRA: Exactly.

YALOM: Let's switch now to a slightly different, but equally challenging, type of withdrawer, the reactive / defensive withdrawer.

JORGENSEN: Some withdrawers show a lot of anger, and turn and criticize and blame their partners. They have two strategies of avoidance. They either shut down emotionally when they feel vulnerable, or they turn and attack.

YALOM: Is this similar to an attack of a pursuer?

JORGENSEN: It can look similar. However, a pursuer protests disconnection, and longs to know their partner's inner world. With defensive withdrawers, the emotion comes up and the reaction blocks contact. It reminds me of the saying that the best defense is a good offense, sort of like if I attacked you first, then you won't have a chance to tell me how disappointing I am and reject me.

YALOM: The next clip shows Scott working with our reactive /defensive withdrawer, John, while doing Step 5. Scott is using multiple tools to try to get John to access his emotions, but John manages to exit constantly.

JORGENSEN: The first time, Scott is trying to use the present process. He'll say it's happening right now. You feel hurt. And John exits. Then, Scott tries to use Nydia's warmth to invite John into sharing. John does not receive this as a safety cue, and he dismisses her attempt.

YALOM: He gets even more defensive.

JORGENSEN: And then Scott tries to get reattuned to John when he says to him, it's too scary to go to her. And finally, Scott goes back to tracking the cycle.

YALOM: John just has so many strategies, it seems. I mean, not conscious ones, but he finds ways to keep exiting from making emotional contact.

JORGENSEN: Yes. All of these are attempts at accessing or enacting sometimes feelings, sometimes needs, but Scott never gets access to the feelings.

YALOM: Okay. Let's take a look.

WOOLLEY: When you're feeling that pain, and you feel it in your heart, you can't imagine going to her and saying, hey, I feel dis-- I feel hurt. That hurts.

JOHN: I feel she's set in her ways. She's not that flexible.

WOOLLEY: So you when you get that hurt, you can't imagine that she would turn to you, like she did a week and a half ago, and say, oh, I didn't mean to hurt you. I'm sorry. I can see you're hurt. I don't want to hurt you.

JOHN: Not in the moment, not in the heat of the battle. Maybe the day after, yeah, later on, when things calm down.

WOOLLEY: Okay. You would have a hard time even imagining that, or holding on until things calmed down. And like right now, you couldn't turn to her and say, hey, this is still hurting because I feel like you're saying I'd never approach your son.

JOHN: Yeah.

WOOLLEY: You know, unless I'm high. That hurts. Somehow I feel judged. You couldn't do that.

JOHN: It seems like it would escalate. I would say that, and she would go higher, or another put down.

WOOLLEY: Okay, so let's talk for a second because I hear that, and I don't want it to escalate, and maybe it would, I don't know. But if he were to-- not in an angry way, that hurt. How dare you call me, you know, say that about me. I mean, that'll escalate, right? But if he were to drop into that fear and that pain and talk to you about it, what would happen for you?

NYDIA: I would listen like I always do.

WOOLLEY: You would want to-- I mean, would you see that as courageous?

NYDIA: Yes. He would make me react or--

WOOLLEY: You would react.

NYDIA: --react too.

WOOLLEY: So if right here, right now, if you were to turn to you and say, that hurt. Somehow the comments about me never dealing with your son unless I'm high, that hurts. Maybe I need to deal with him more when I'm not high, but somehow I feel misjudged around that. If he were to turn and tell you that, what would happen?

NYDIA: I would-- [SPEAKING FOREIGN LANGUAGE]

JOHN: First, it would depend if you needed a cigarette break or not. If you need a cigarette break, then you're--

WOOLLEY: Where are you going? Where are you going, John? Wham. Wham.

JOHN: The pressure she does with me when I have a little smoke, so--

WOOLLEY: Well, yeah. You're going back to-- you're in the cycle, aren't you?

NYDIA: Yeah.

JOHN: Just making a point.

NYDIA: He wants it his way. That's why.

WOOLLEY: Well what's the point, though?

NYDIA: Yeah, what's the point?

JOHN: Well, don't judge me because I--

NYDIA: Let me have my fun?

[INTERPOSING VOICES]

WOOLLEY: But wait a second, here. I'm hurting, don't judge me, so I'm going to judge you to teach you not to judge me.

JOHN: Yeah, and let you know how it feels. You know what I'm saying.

WOOLLEY: Right, so you know how it feels.

JOHN: Yeah, just can't have double standard, you know? And it's just a fact.

WOOLLEY: Can you talk?

JOHN: If you're addicted to that and you want that to help you focus before you can come and talk to me, then I'm going to have to let her do that.

WOOLLEY: This is not about weed, and it's not about nicotine. Okay? It's not. Okay? Wrong level. Because somehow, I think it's about it's too scary to go to her and say, ouch, that hurt. Ouch, that hurt. Somehow I feel misjudged. That's too scary.

JOHN: [INAUDIBLE] Not when she look like that, but she when she look angry it is.

WOOLLEY: Does she look angry there?

JOHN: Not there, no. When she looks like that I can go.

WOOLLEY: When she looks like she's loving and caring--

JOHN: Yeah.

WOOLLEY: --you can go.

JOHN: Oh, yeah.

WOOLLEY: Could you do that right now then?

JOHN: Honey. Not supposed to judge me like that.

[INTERPOSING VOICES]

WOOLLEY: Hold on a second here.

NYDIA: What happened?

WOOLLEY: John.

JOHN: I always try to engage your son when I'm sober but he's not interested.

WOOLLEY: Somehow-- Okay, but hold on a minute, here.

JOHN: And whenever he asks me a question, I drop what I'm doing and

listen.

WOOLLEY: John, wrong level. Okay?

JOHN: Well, the other level is different. It's scary. I mean, it's weird.

WOOLLEY: It is hard when you're hurting.

JOHN: Yeah.

WOOLLEY: It's hard to--

JOHN: With intimacy it's kind of--

WOOLLEY: Yeah. It's scary. When you're hurting, particularly when you feel rejected and judged, you feel rejected and judged when she said that's the only time you ever engage my son. Right? You know.

JOHN: Among other things.

WOOLLEY: Or you went after my son.

JOHN: Yeah.

WOOLLEY: You felt rejected and hurt. And then you get scared that you're going to lose her.

JOHN: No.

WOOLLEY: No? Rejected and hurt. Does that fit the best? Disrespected?

JOHN: Yeah.

WOOLLEY: Disrespected.

JOHN: Yeah, and misjudged and all, so--

WOOLLEY: Okay, can you talk to her about that?

JOHN: I mean, am I going to talk to you about that? I mean, if that's the way you perceive me, how can I talk to you about that? I mean, that's your judgement. God died and made you judge.

WOOLLEY: It's really hard.

NYDIA: The jabbing, jabbing, jabbing.

WOOLLEY: It's really hard. It's really hard. It's hard for you-- hold on a second, John. I get the idea that it's really hard for you to touch that pain and talk about it.

JOHN: Yeah, because I know I'm sensitive, but I'm not supposed to feel that [INAUDIBLE]. I'm not supposed to let that stuff bother me, you know, as a man.

WOOLLEY: But it does bother you. Well, wait a second here.

JOHN: What are we supposed to do with it? She don't really care about it.

WOOLLEY: Wait, wait, wait. Wait a second here.

JOHN: Why would she say it in the first place if she cared?

WOOLLEY: Hey, you're-- Wait a minute here. I'm not supposed to let that stuff judge me as a man, except that it does.

JOHN: But her son's always going to come before me, so I have to let that--

WOOLLEY: Well, it's different. It's a different relationship, okay? It's not about who comes first. Okay? It is about what you experience as being respectful. Okay? And it is about you being hurt. All of us men, every single man on the planet, me, you, every man out there, gets hurt. And we get-- when we feel disrespected, that's given. It's what we do with it that matters. It's what we do with that.

JOHN: Okay.

WOOLLEY: Okay?

YALOM: That was a nice excerpt. You can really see how hard Scott is trying to reach him, and he uses almost every tool at his disposal. Although John kind of counters him one way or other, he doesn't give up, and you have a sense that there's engagement even though it's really hard for John.

JORGENSEN: Yeah, Scott stays really warm with him, continues to create safety, keeps his alliance well, and you see the little moments when John does a little access and then he pops out. And so you can really see how automatic, how implicit, his defensive process is. He's not consciously trying to block. He's actually quite attracted to Scott's curiosity about him and wanting to share and access, and be closer with this automatic way that comes up, and then he defends then against being in the emotion in more depth.

YALOM: Right. I mean, with some withdrawers that are much more defensive and much more guarded, there's that sense that they're really trying to keep you out. And with John, you have a feeling like he's kind of inviting Scott in at the same time he's doing a lot of dodges. So I think what we see Scott doing is good basic therapeutic technique. It's not that different than individual therapy, except there is a big difference in that he's always keeping the relationship context prime and center. He's looking at it from an attachment point of view, he's keeping the alignment with Nydia as he's working with John.

JORGENSEN: And he knows where he is on the map, what he's trying

to accomplish, and why he's staying there, why accessing emotion is so important with John, which gives him a lot of support and confidence to stay with him and keep persisting with him in the gentle and safe way that he continues to do.

YALOM: But as with most clients, if it was simple to change, they would have done it already. So you know, you got to be patient, empathic, caring, and yet, carry a sense of hope that the change is possible. When one of the partners' inner world is colored with shame, that can really complicate the work. Can you talk about that?

JORGENSEN: Shame is challenging because it brings up the feeling that says, I'm damaged, undeserving, unlovable. And the action tendency associated with shame is to hide.

YALOM: Yes, I can see that would just make it hard to access, if that kind of damaged part of ourselves is-- we naturally hide it, then how do you get to it?

JORGENSEN: Well, we can either move away and hide our experience from others, or block them when we're in shame. So in EFT, we help people to become more aware of and accepting of their emotions. So it's important to recognize the shame so we can work with it effectively. One tip is not to heighten shame. We recognize and acknowledge it, but not heighten it.

YALOM: So then what do you do if you don't want to heighten the shame?

JORGENSEN: Well, the shame binds with fear and with sadness. When I feel shame, I'm afraid my experience of shame is true, that I am broken. So it isolates me, and that brings sadness. Unlike shame, fear and sadness both have action tendencies that seek relational help and invite closeness.

YALOM: So you don't want to heighten the shame necessarily, but you can heighten feelings that, as you say, bind with shame like fear and sadness.

JORGENSEN: Yes. For example, you might say, this is hard for you. You feel broken, and you lose sight of who you are when that feeling is there. You're afraid it's true that you really are broken. Another thing that's quite helpful is to separate the feeling of shame from the guilt of bad behavior. They often blend. So you might say, so you feel badly you did that bad thing, and then you believed it was you that was bad, that you were broken as a person, not that it was bad behavior.

YALOM: Reminds me of kind of things that Albert Ellis used to say, about, you know. Just because you do a bad thing, you're not a bad person. That's probably not a great Ellis impersonation, but--

JORGENSEN: It's a very helpful concept, but we're going to do it from this

different level of being close to the experience. But it's a very, very helpful concept to separate those two.

YALOM: So if that's something people want to hide, and they feel it's defective, you want to try to normalize it, I would think. So self-disclosure is one way you could normalize it.

JORGENSEN: Yeah, thinking that this experience of shame, realizing that it really leaves people isolated, alone in their experience, and they also lose perspective when that happens. So it makes it hard for them to take a reflection, a basic reflection, because reflections are like a mirror to help people have the experience of being seen.

But when I have shame, I can't bear a reflection of myself. I don't want to be seen. I get stuck inside the feeling and the feeling itself takes over. So we can join with them so they aren't alone in their experience, and we can say something like, you feel awful like a bad person, like this feeling is all of you. I understand that. I can feel like a bad person, too.

YALOM: Another common way of dealing with shame is to somehow take some perspective on it.

JORGENSEN: Shame can be so absorbing, and it narrows our view and our experience of self. So we can, as the therapist, zoom out, away from the experience and normalize it, validate it, and take perspective. We can feel shame when our behaviors don't align with our values. That can really trigger it.

YALOM: Nydia is one of the clients in the video who shame has a hold on her. So let's look at an example of the therapist normalizing Nydia's shame in an effort to loosen the grip of it.

NYDIA: I think I was born different than yourself.

WOOLLEY: Yeah. All right. And that's what happens. Basically, I've never seen somebody who's been through what you have been through who didn't struggle with those feelings. Okay? That came from being used and abused.

NYDIA: A lot of shame, doctor.

WOOLLEY: Yeah.

NYDIA: Shame.

WOOLLEY: A lot of shame. A lot of feeling like somehow it was your fault, or you were bad, or something was wrong with you.

NYDIA: Anything that I do he would hit me. It was my fault.

WOOLLEY: Right. Anything that--

NYDIA: Anything.

WOOLLEY: Yeah, I'm sure that's what they would say, to you. If you didn't do this, you know, you wouldn't get hit. Right?

JOHN: They were probably drugged I think.

WOOLLEY: Right.

JOHN: And hangovers.

WOOLLEY: Right, right. And so there's a very tender part of you that got mixed up at a very early age and didn't really understand that these people were doing mean and horrible and bad things to you. But instead it got mixed up and thought, well, I must be the one that's mean and horrible and bad and defective. Not that they were doing mean, horrible, bad, defective things to you, right? You got that mixed up. You know what? Everyone does in your situation. And it's so hard. It's easy to bury that part because it hurts so bad, right?

NYDIA: Yeah.

WOOLLEY: Which is what you've done.

NYDIA: To move on.

WOOLLEY: To move on.

NYDIA: To not feel guilty.

WOOLLEY: Right, to cope.

YALOM: Let's watch another example of Scott working with John. And when Scott asks John if he's listened to when he's angry, his shame quickly emerges. He pulls back, he looks away, he chuckles kind of uncomfortably, and he discloses feeling less human.

JORGENSEN: Mm-hm. Scott then separates John's intention, his longings, from his bad behavior, and he validates him. Shame says, I'm defective. Scott emphasizes to John, you have done some bad things, but it's not who you are.

WOOLLEY: It's like he gets-- if I'm remembering this right, John-- when you get hurt, or you feel discounted, or you feel disrespected, that's when that pain comes up. That's when you're like to go into anger.

JOHN: Yeah. That's the only way to be heard, feels like.

WOOLLEY: Yeah, you don't know how to be heard without being angry.

JOHN: Right. Yeah, I mean, I know how, but it doesn't work.

WOOLLEY: You don't know how to make it work, is what I mean.

JOHN: Not going to be heard, not going to be listened to anyway.

WOOLLEY: Are you listened to when you're angry?

JOHN: Hm. No, I think, I think s-- I don't know. I don't know. You'd have to ask them.

WOOLLEY: I guess--

JOHN: I know I don't feel good about it. I don't feel good afterward. I feel guilty and less of a human.

WOOLLEY: Yeah. Well, yeah. It's not consistent with who you really are.

JOHN: Right, yeah.

WOOLLEY: Because deep down inside, my sense of you is that you really cared that, despite some really terrible things that happened to you, you have wanted goodness in your life. Yeah, you've done some bad things, you got involved in gangs, and you have a criminal record. But really, you got involved in witnesses, you got-- and you tried to cling to truth. Is that fair?

[INTERPOSING VOICES]

JOHN: Yeah, 100% also.

WOOLLEY: And you long for goodness, right?

JOHN: Yeah.

WOOLLEY: You sense that about him, right?

NYDIA: Yes.

WOOLLEY: I mean, so when you get angry and throw things, or yell, or raise your voice, or get critical or mean, that's kind of inconsistent with really deep down inside who you are. Is that right?

JOHN: Right, yeah. That's ugly. It's--

NYDIA: You're blushing. [INAUDIBLE]

JOHN: Yeah.

WOOLLEY: Yeah, but it's the truth. And deep down inside, if I'm getting it right, then you're a man who loves goodness. Right?

JOHN: Yeah, if I had a boy his middle name would be goodness.

NYDIA: Isn't Geneva goodness?

JOHN: Her name is kindness.

NYDIA: Kindness.

WOOLLEY: You like goodness and kindness.

JOHN: Well, they go good with my last name. And they're unique. You hear joy, faith, peace, but you never hear the other fruits. So I said, I want to name my daughter kindness. The middle one. But for the boy, goodness.

WOOLLEY: Mm-hm. Yeah. Which is really consistent with who you are. So no wonder when you get angry and you throw things and say bad things, or whatever, you feel like less of a human or something.

JOHN: Yeah.

WOOLLEY: That would make sense.

YALOM: And finally, in the following example, which shows you working with Cassandra using a variety of the tools that we've just mentioned.

JORGENSEN: First, I bring it to the present process to identify the shame and the meaning that she makes of it. Then, I go to her sadness and the other components of her shame, all the multiple emotions that create overwhelm, and I tie that to her action tendency.

YALOM: What does that mean, her action tendency?

JORGENSEN: What she does when she's feeling overwhelmed with all this emotion. And then I put that in the attachment frame. I keep it present by focusing on the newness of what she's doing different in the session, and organize it in relation to her history and their pattern. At the end, I use self-disclosure and perspective-taking to normalize her experience and to join with her, which creates enough safety for her sadness to emerge.

What happens in your body right now when you are letting yourself touch it a little bit?

CASSANDRA: Yeah, it feels that shame.

JORGENSEN: Yeah.

CASSANDRA: It feels shameful.

JORGENSEN: It feels shameful. It feels like I'm undeserving.

CASSANDRA: And then it's like I want to defend it because then I feel like that's not--

JORGENSEN: It's not true.

CASSANDRA: It's not true, and--

JORGENSEN: It's just a feeling, though, right? The feeling comes with the sense of what's the matter with me? Help me. Is that what comes with that shame feeling?

CASSANDRA: Yeah, like what's the matter with me? Why-- or like I shouldn't need all that stuff, or--

JORGENSEN: I'm too needy. I shouldn't need all that.

CASSANDRA: Yeah.

JORGENSEN: And that comes along with some real sadness too, then.

CASSANDRA: Mm-hm.

JORGENSEN: Yeah. Yeah, so that's a feeling that you've kept very, very far away from-- that's kind of-- sounds like a lot of stuff. Like this fear, I'm undeserving, this sense of, oh, maybe I'm broken. I feel ashamed. Some sense that there's so much in there that you would just get away from it and not let people be close enough to feel like you get pushed into that spot, or like that spot comes up in some way.

CASSANDRA: Yeah.

JORGENSEN: Right. So Steven really means so much to you that you let yourself risk facing that, facing that place that you have never let yourself look at or feel.

CASSANDRA: Yeah.

JORGENSEN: Yeah. All right. And you can also really feel it from him when there's that tension from him that you're asking too much of him, or something.

CASSANDRA: Mm-hm.

JORGENSEN: Right. So it would be new for you to even stay and experience it. That's new right now.

CASSANDRA: Yeah. It's like I don't know what to do when that comes up. Like what is best thing to do? Because I know that-- yeah, I just don't know what to do.

JORGENSEN: I don't know what to do there. It's a whole new experience to even let myself know that that's kind of under there, to feel that.

CASSANDRA: Yeah.

JORGENSEN: You've known it's kind of been under there, but to really feel it

in the moment, you don't know what to do.

CASSANDRA: Yeah.

JORGENSEN: Yeah. Well, I think you've said other sessions you've felt it for a long, long, long time. It was something you fought when you had the eating disorder. Let's be honest. It would get away from that shameful feeling, and that broken feeling.

CASSANDRA: Yeah. I'm sure that that's probably what perpetuated it.

JORGENSEN: And not having anybody close to understand and--

CASSANDRA: Right.

JORGENSEN: --comfort you.

CASSANDRA: Right.

JORGENSEN: Right. So can you share a little bit of what that whole overwhelming experience starts to feel like? Ashamed, and frightened, and am I even worthy? Can you-- And that sometimes you just go away from that, and then of course you would be more sensitive to hearing if you're too much, I guess. Because it feels like too much for you, the emotion's overwhelming, yeah?

CASSANDRA: Mm-hm.

JORGENSEN: Could you talk to Steven a little bit about some of that feeling you're having right now? Where you feel it, and what that's like? It's new to even let anybody in on that at all. Even let yourself in on that.

CASSANDRA: Yeah. I can try.

JORGENSEN: What if he-- how's it feel thinking about trying to share it?

CASSANDRA: Scary and afraid it's not going to come out right, or something.

JORGENSEN: I could get it wrong. I've never shared it before. It's really scary to try to share it.

CASSANDRA: Yeah.

JORGENSEN: I know.

CASSANDRA: I feel embarrassed.

JORGENSEN: I feel embarrassed too, admitting it. It brings up the shame feeling, thinking about sharing it. Yeah. I understand. We all struggle with those feelings, actually. I struggle with them, Steven struggles with them,

Mark in the other room struggles with them, all right? That sense of am I really-- that vulnerable feeling of needing. Yeah.

YALOM: Given the way you've defined shame as feeling that something about us is inherently broken or defective, ultimately I would think the most powerful antidote to shame is to have the experience of a partner who knows you as fully as possible, and despite your blemishes, accepts and loves you. So it seems like the most powerful intervention you can make is what you do in couples therapy, is to help facilitate that loving relationship.

JORGENSEN: Yes, the love of the partner, being able to accept and understand the flaw and the feeling, and still turn and be accepting and loving is a real antidote to the sense of brokenness. We see so much healing in couple therapy, especially when there's been deep experiences of brokenness of self.

YALOM: And we know about the power of the therapeutic relationship and a corrective emotional experience of the therapeutic relationship, but that is a contrived situation. People know they're paying you. And not to minimize that at all. I'm a therapist and a powerful believer in that, but if you can kind of multiply that by 10 or a hundred of what can happen in a loving relationship, and if you can facilitate that happening, I think you're taking the skills and powers that you have as a therapist and really amplifying it.

Okay, now let's talk about trauma and how it affects the practice of EFT.

JORGENSEN: So we're talking about couples where one or both of the partners can be well understood within the complex PTSD framework, and many of them would meet criteria for active PTSD. The results of these violations of human connection, what were referred to here as trauma, often leads to a more complex cycle. And many survivors show a fearful, avoidant attachment style.

YALOM: Okay. So we get a more complex style, which I imagine can confuse many therapists.

JORGENSEN: Yes. We can have a really hard time tracking the cycle, because the client who's suffering from the effects of trauma can have both high levels of avoidance, of closeness, and sharing, and accessing emotional experience, along with high anxiety, and even vigilance about their partner while wanting more closeness.

YALOM: So they want the intimacy, but what you may observe and their partner may observe is behaviorally, they often withdraw.

JORGENSEN: Yes. For example, a pursuer who would normally go towards

wanting more connection will feel all of that longing and the fears of disconnection but still just move back behaviorally. And a withdrawer who would typically suppress or repress emotional experience and not bring up in a critical way, will turn and attack. So this happens on a more frequent and intense level when there's trauma with these underlying fears of both abandonment and rejection running at the same time.

YALOM: And we'll see this behavior with Sandra to some extent, and even more with John and Nydia, both of whom have suffered trauma.

JORGENSEN: Yes. Sandra says she wants closeness, while she often shuts down emotionally when things get intense, and goes away to self-regulate. And Nydia pursues for closeness through the attachment protest or criticism, demanding, blaming in some way. But she becomes very still and feels inadequate when John moves towards her.

John, who is the withdrawer, is very emotionally expressive rather than still, and also does a lot of blaming. Not so much to protest the disconnection, but to defend from feeling inadequate. His anger shuts Nydia down and she becomes more still. Her bids for contact inflame him and increase his defensiveness.

YALOM: So another issue in treating couples with trauma is how easily they can get triggered. A seemingly small event takes them back to some unresolved childhood trauma, and this can even happen in later sessions when they've been de-escalated for some time and then suddenly it flares up again.

JORGENSEN: We definitely see that with John and Nydia. They made tremendous progress. They became de-escalated, and after 20 sessions or so, they still can lose their secure footing when they misattune and go into the cycle, which everyone does to some degree, but rather than knowing where they are and being able to move back into repair, they slip back into despair and shame.

YALOM: And finally, historic attachment issues manifest with people being traumatized, and trauma emerges when the present attachment in the relationship feels threatened.

JORGENSEN: Particularly when the trauma was abuse by family members or friends, many of our traumatized couples have no experience or model of safe attachment. They don't know what it looks like or feels like, so they have a very difficult time creating it. Nydia lost her biological father when she was a toddler. She was abused by a cousin when she was 10, and by a stepfather from preschool all the way through her teen years.

YALOM: Yeah, and to rub salt into the wounds, when she told her mother about that, her mother didn't believe her and ultimately kicked her out of the house.

JORGENSEN: Yeah, she had the experience of being abandoned, objectified, invaded, and rejected from her attachment figures. So gaining attachment security will typically take longer, though it's an amazing thing about humans that after violation and terror, those who have been abused continue to seek out and long for connection.

YALOM: Yes indeed. So what can we expect? What do we look for? What do we anticipate in doing couples therapy with-- when one or both partners have had trauma?

JORGENSEN: You can expect that shame will be more pervasive. So the therapist will need to do more co-regulation of the emotion, more attunement being with and keeping the context to help the partner know that they're with them so that they can carry some of the burden. The therapist carries some of the emotional burden to help that calmness come into the room.

YALOM: What do you mean the therapist helps carry the burden?

JORGENSEN: Through the attunement, and providing that safe base, keeping the context in mind of their trauma, knowing where they came from, and really validating that this is going to be so confusing to them, it's hard for them, and threatening to them that they wanted at the same time that they're very afraid of it. As we keep that perspective and work with them emotionally, that creates a lot of safety. And we share some of the burden of what they've carried, because we keep in mind and in heart, really, what they've been through.

YALOM: So when we see a flare up, or some defensive maneuver, or attacking, we try to understand it ourselves, first of all, and we communicate our understanding with them so it kind of normalizes it.

JORGENSEN: Yes, exactly. It's one of the reasons why we saw in some of the earlier clips with John that Scott could stay so warm and kind and smiling with him, even when John would continue to exit when he would be defensive. So there can be a lot more emotional flooding, also, when there's trauma. More numbing, more flooding. So if we ask the client to take risks, we can make them very small steps.

Key moments of reaching and responding can trigger disconnection, dissociation, or even disorganized fears for the client. So these clients need

more corrective emotional experiences. Smaller, more frequent, within the therapy before we'd expect to see change on the outside, or change that happens within therapy to generalize to outside of therapy within their relationship.

YALOM: So certainly creating and maintaining safety is a bedrock principle in any form of therapy, but it's particularly important when you're working with couples who have suffered from trauma?

JORGENSEN: Yes, so we'll use more validation, more psychoeducation, tracking and reflecting to orient them to where they are in time and space to keep them with what's happening, and what the intention is of what we're doing. So the alliance is fragile and it needs to be really closely monitored.

YALOM: So how do you introduce or use psychoeducation in EFT?

JORGENSEN: We do psychoeducation from what we call the bottom up, rather than the top down, especially when trauma comes alive in the room. So this means that we're not going to supply information from head to head. We're going to provide information from our attunement to their emotional experience of need to help normalize and organize their experience.

YALOM: What do you mean by a top down approach?

JORGENSEN: For example, something such as, well, let's talk about sexual abuse for a minute. Did you know 15% of female sexual assault and rape victims are under the age of 12? That's just what happened to you. You're not alone in what you experienced.

YALOM: Okay. So how would you do it in EFT? How would you advocate that?

JORGENSEN: So when the client is experiencing perhaps confusion and shame, and maybe say something like, I don't understand. Why me? I was only 10. How could that happen? What's wrong with me? What's wrong? Why did he do that to me?

YALOM: And then?

JORGENSEN: Then the therapist would respond with, it hurts so much. You were abused, and it makes you really feel like it might be your fault. Of course you'd feel that way. You were just a little girl, and he was supposed to protect you. It's so confusing. I get that. And you're not alone. So many little girls are abused as little girls, as many as 15% are, and it wasn't their fault, and it's not your fault either. You never deserved that to happen to you, and feels really awful that it did. In this moment with your partner, when he reaches over to you and says, why don't you ever want to be sexual? And then would tie that

back into the cue that brought the trauma alive and the shame alive into the room.

So our experience is that working with trauma in couple therapy can give partners this opportunity to heal on this much deeper relational level than can occur in individual therapy as we were talking about previously, and for partners to be included and to be significant in the healing journey just changes the outcome, changes everything for these couples.

YALOM: Okay, so let's watch a clip of John and Nydia that demonstrates how trauma adds to the complexity of their cycle.

JORGENSEN: Nydia, the pursuer, shuts down, and she protects herself when John gets upset. She gets afraid she's going to lose him if she can't do it right. And John fears abandonment, and rather than protest, he leaves, and he fears he won't ever get the love that he needs, and that he can expect to get hurt by her. So what really stands out is that both of these partners' view of self is as unlovable or unworthy.

WOOLLEY: And you do get scared of losing him?

NYDIA: Yes.

WOOLLEY: And you get scared of losing her love and affection. Is that fair, John?

JOHN: Yeah, I just can't deal with it being turned on and off, you know?

WOOLLEY: When she gets cold or distant?

JOHN: Yeah, and mean and disrespectful.

WOOLLEY: Mean, disrespectful. And she'll do-- I mean, when she gets hurt, what do you typically do when you get hurt?

NYDIA: When I get hurt, I don't want him to-- I don't want him to, to--

WOOLLEY: Touch you.

NYDIA: --touch me, and I don't want him to talk to me at all.

WOOLLEY: So you push him away.

NYDIA: I push him away.

WOOLLEY: And you get cold.

NYDIA: Very cold.

WOOLLEY: Right. And sometimes you start pushing buttons.

NYDIA: I used to, not anymore.

WOOLLEY: Good.

NYDIA: I'm careful with that.

WOOLLEY: We're working on that one.

NYDIA: Because his mom is good.

WOOLLEY: His mom is good at what, pushing buttons?

NYDIA: Pushing buttons. She is the queen.

WOOLLEY: So you can understand why he might have some sensitivities in that area? Is that okay?

JOHN: Mm-hm.

WOOLLEY: So she kind of gets it.

NYDIA: Yeah.

WOOLLEY: Yeah? So you know that that's really hard for him.

NYDIA: It's hard.

WOOLLEY: But when you get hurt or you get scared, your first reaction is push away.

NYDIA: I protect myself and say, no more. But then--

WOOLLEY: And then he feels abandoned, or what happens for you when she pushes you away?

JOHN: Then that's just like the straw that breaks the camel's back. Okay, well she-- Okay.

WOOLLEY: Well, how's it feel?

JOHN: Yeah, I guess abandoning, yeah. It's like, oh, I was right after all. I judged you right. You are that way, okay. Fine. I'm out of here.

WOOLLEY: Oh, so where you go isn't a judgment about her? I guess I knew that you wouldn't be there for me, right?

JOHN: Yeah, like I was giving you the benefit of the doubt during the whole courtship.

WOOLLEY: I knew you weren't going to be there. Right? Which is really kind of a hopeless, painful place to be, right? That hurts.

JOHN: You're like, dang. I thought she was the one.

WOOLLEY: I thought she was the one. So you go hopeless pretty quickly.

JOHN: But thanks to-- you can find hope if you keep searching for it.

WOOLLEY: Right. That's really important. Right?

JOHN: But I mean, with this, with your therapy, I mean, if we didn't find that-- if that was--

WOOLLEY: I'm glad you're here.

JOHN: Yeah. Sort of like, wow.

WOOLLEY: And I'm glad you are working. Okay? And we're figuring this out. All right? Yeah. So what happens, though, is it gets painful. And your response to pain is to do what? When it hurts, when you're afraid of being abandoned, or being cut off from her, or you feel cut off from her, and that hurts, one of the things you do is you go into blaming her.

JOHN: Yeah. I'm going to hurt you first, verbally or something, then I'm out of here.

WOOLLEY: And your response is hit and run, right? Hurt and run.

NYDIA: Yes. Hurt and run.

WOOLLEY: Right. And so you would-- you'll go into blaming, and attacking, and criticizing, and then of course, you'll fight back, but you're big thing is you just want to shut down and go away.

NYDIA: I just shut down and don't answer nothing. If he's like very loud, or screaming, or being disrespectful, then I shut down and I don't--

WOOLLEY: You get terrified. Am I getting that right?

JOHN: And defensive.

WOOLLEY: And then you get defensive. And then you go on the offense, and then eventually you leave, and you're fighting, and you leave, and then you are terrified because he's off, and then you and he's on the Christian website.

NYDIA: Right.

WOOLLEY: You know, he's looking through his emails about all these people who have responded. That's what's going on in your head, and I'm going to lose him, and it's so bad.

NYDIA: It's devastating.

WOOLLEY: It's devastating.

NYDIA: It's devastating.

WOOLLEY: And neither one of you, neither one of you-- it's like you're starting to learn how to stop it, but still, when you're hurting like that, you

don't talk about the hurt.

NYDIA: No.

WOOLLEY: You don't talk about the fear. And you don't see each other's fear. You don't see her as terrified that she's going to lose you.

NYDIA: No.

JOHN: I feel she's, like, pushing me away on purpose.

WOOLLEY: Well, she is pushing you away, but you don't understand. I mean, you push him away because you're scared of--

NYDIA: Because I'm scared.

WOOLLEY: You're scared. In some ways-- help me if I'm wrong, okay-- but in some ways, I think if I'm getting this right, you push him away because you're scared of losing him.

NYDIA: Yes, I am. I'm terrified of losing him. It's like--

WOOLLEY: You're terrified of losing him.

NYDIA: And I shut down and push him away so I won't say anything that more worse that it's already is, and then really he's going to go--

WOOLLEY: Exactly. Exactly. Right.

NYDIA: Then he's really going to go away.

WOOLLEY: Then I'm really get to lose him. So you shut down because you're terrified of losing him and you just want to try and stop the fight.

NYDIA: Yes.

WOOLLEY: It's like a stopgap measure, right?

NYDIA: Stop.

WOOLLEY: Right. And that's not at all the way it feels. When she pushes you away, you don't feel like, oh, she's terrified of losing me. She really wants to just see if she can stop the fight. You feel like she doesn't care about me. I'm not important. And she's really an angry person, and she doesn't love me, and she doesn't respect me.

JOHN: And she will hurt me in the future.

WOOLLEY: And she will hurt me in the future.

NYDIA: Okay.

YALOM: Okay, now we're going to see John and Nydia much later in therapy,

in session 26.

JORGENSEN: This is how John and Nydia entered session 26 after many sessions of doing good Stage 2 work, a new situation or extra stress brings back their insecurities and triggers them back into the negative cycle. And they don't know how to get back out.

WOOLLEY: How do you think she sees you?

JOHN: As an immature, kid.

WOOLLEY: That's got to hurt.

JOHN: Oh yeah, it does.

WOOLLEY: Yeah.

JOHN: Especially when she harps on it and makes it verbal in front of everybody else. It's--

NYDIA: Did I do that? I forgot. Which w-- was it Saturday or Friday?

JOHN: Yeah, down [INAUDIBLE].

NYDIA: Oh, yeah. Well--

WOOLLEY: What happened?

NYDIA: Oh, we went to my brother's house and he wasn't there. But we have keys to the gate. It's at a big property. So he found some weed and he took a hit and he got all crazy, and--

JOHN: Crazy. Crazy is--

NYDIA: Yeah, he gets, like, very speedy. I don't appreciate that.

JOHN: Not speedy.

NYDIA: But I didn't understand why he was acting-- he was putting his head outside the car.

WOOLLEY: Can you stop for just a minute? What's happening for you right now when you hear her say, you got all crazy and you got speedy.

JOHN: I mean, you get crazy, speedy, now you put your head outside the window. These are all--

WOOLLEY: What's happening to you? What do you hear?

JOHN: I'm just burning.

WOOLLEY: You're burning up. Okay, what's happening inside?

JOHN: They're so inaccurate and condescending.

WOOLLEY: It feels condescending, it feels inaccurate--

JOHN: And put downs, you know?

WOOLLEY: And it feels like a put down. Is this what you mean when you say that you kind of feels like she's treating you like you're somehow a child or young?

JOHN: Yeah.

WOOLLEY: Right now, right here? This is what's happening? You kind of feel that way?

JOHN: Oh, right now it's kind of calm. Now it's calm and she's just reflecting. But when it's happening, she's loud and angry.

NYDIA: The kids were getting upset.

JOHN: The kids--

NYDIA: And the kids were very concerned because he was sticking his head out of the window. And they said, they're going to give a ticket to my tia. Please don't do that again.

JOHN: No they're not.

NYDIA: He's acting childish, so I said, will you please stop it?

WOOLLEY: So you did. You just said he's acting childish.

NYDIA: He was acting childish.

WOOLLEY: Okay. What's interesting about this-- hold on just a minute, here, because this is good. Okay? This is helpful because this is your cycle right here, right?

NYDIA: Yeah.

WOOLLEY: You are saying things which you experience as real put downs and criticism.

NYDIA: But he's way out of line.

JOHN: Way out of line. Loosen up, I mean, live a little.

NYDIA: He wants to break the ice, but I mean, who is he to break the ice with minors?

WOOLLEY: I just wonder, what's--

JOHN: Break the ice with minors?

WOOLLEY: Stop a second. Stop.

YALOM: So now let's take a look at how Scott works with Nydia, normalizing her longings for love and protection, and emphasizing her unmet needs.

JORGENSEN: Yes. Nydia, like most traumatized clients, has deeply disowned attachment needs. This is a good example of bottom up psychoeducation. Scott lets her know what a healthy response to her would have been, and he validates why it's so hard for her to reach out for love.

WOOLLEY: But it's hard to understand how your mother could love you and treat you that way, particularly how she could-- I mean, it sounds like you still had hope that she loved you until you told her about what your stepfather was doing, right?

NYDIA: Right.

WOOLLEY: And then she pushed you away, and then you finally-- it's like you gave up, or something changed, right?

NYDIA: Right.

WOOLLEY: It really hurt.

NYDIA: Then everything just happened.

WOOLLEY: I know. And And it was so painful.

NYDIA: Then all my life went like berserk after that. It's just crazy.

WOOLLEY: Yeah, because she didn't respond the way she should've. Oh no, really.

NYDIA: No guidance, and no God, no guidance, just--

WOOLLEY: Right. I am so sorry this happened to you. We've got to get him out of here. I need to call the police. I need to do--

NYDIA: Something.

WOOLLEY: --something. You poor child. I'm so sorry you've had to endure this. I'm so glad you told me. You didn't hear that.

NYDIA: No.

WOOLLEY: I will do everything I can to protect you for the rest of my life and make sure this never, ever, ever happens again. That's what you should have heard, right?

NYDIA: Right.

WOOLLEY: Yeah.

NYDIA: That, no.

WOOLLEY: That didn't happen. Yeah. So no wonder it's hard for you to reach out for love. It's hard. It's hard. You still want it. There's a part of you that wants it. You gave up on the fact that you'll ever get it--

NYDIA: Right, yes.

WOOLLEY: --but you still want it. Everybody longs for it. He turns and talks about what a good person you are, looks in your eyes, tears come. Right?

NYDIA: [INAUDIBLE]

WOOLLEY: Because it goes deep. You said it goes deep.

NYDIA: Deep, si.

WOOLLEY: Yeah. Do you understand that? Did it go deep when she did that for you?

JOHN: Mm-hm, it feels good. You feel secure.

WOOLLEY: Mm-hm.

YALOM: Another good technique you use with trauma couples is what you call, seeding attachment. What does that mean?

JORGENSEN: Seeding the idea of secure attachment in order to be able to ask for needs. We're planting the idea, or the seeds, for that, that it can come forward later. John, who has also experienced some childhood trauma with alcoholic parents and joining gangs, has no experience of healthy attachment or effective dependence. Instead of telling him, you should do that, Scott is seeding the attachment by using what John experienced in the present moment and says, you could never, as a way to be with him while at the same time planting a new idea.

WOOLLEY: Somehow, when you're feeling disrespected, and that happens a lot, you couldn't ever, ever, ever say to her, something's-- here, come and be with me. I feel disrespected. I need to know that you love and respect me. You could never say that.

JOHN: I don't see myself saying that, but I need to get a little cue card and carry it around.

WOOLLEY: You wouldn't let yourself say that.

JOHN: I wouldn't let myself say it?

WOOLLEY: Yep. Would that be too dangerous?

JOHN: I don't know. I have to try it.

NYDIA: Dr. Woolley, I think both of us are the same thing, because it would

be hard for me to tell him that. To come to him and tell him--

WOOLLEY: I need you.

NYDIA: --I need you. Can you come--

WOOLLEY: Come be with me.

NYDIA: --be with me? That would be very hard thing to do.

YALOM: So what do you do when trauma comes into the room and rears its ugly head right in front of you?

JORGENSEN: Well, addressing the trauma when it comes into the room is important. In the next clip, Scott alternates between individual work with her as she moves between the present.

YALOM: What would it be like to risk needing John, for example?

JORGENSEN: Yes, and the past traumatic experience of having her needs rejected, which leads her to say, never again. I'll never again be so vulnerable and ask for my needs to be met. So Scott utilizes the strength of their attachment to bring in comfort and reassurance in the present. John's holding her, and it's the start of a corrective emotional experience. So we see Scott not only shore John up so he can be responsive to Nydia as we see Scott respond to her getting flooded. It's a strength and a sign of her alliance with Scott that Nydia can let Scott know when she is getting flooded.

WOOLLEY: But I just wonder if you need comfort, if you need reassurance, if you need love, if you just need to know that you matter, I wonder what, if anything, it could make it a little safer to say, hey, I just need a hug right now. Or I really hurt my toe. Can you come help me? Can you be with me for a little bit?

NYDIA: I don't know how to ask.

WOOLLEY: Yeah, you couldn't say that to him. Can you tell him, I don't know how to ask?

NYDIA: I don't know how to ask for help.

JOHN: Is that because you're so strong and independent, or you don't want to be needy?

NYDIA: I just don't know how to ask for help. It's really confusing for me doctor, right now.

WOOLLEY: It is. What's happening inside?

NYDIA: Very puzzling.

WOOLLEY: It's very puzzling. What's happening?

NYDIA: She wants to come out again.

WOOLLEY: Yeah, that 16-year-old.

NYDIA: It's horrible, yes.

WOOLLEY: Why is it horrible? Hold on.

NYDIA: Because it's, um-- I don't know, I don't know how.

WOOLLEY: Yeah? Why is it horrible? She's got some very real needs. She was alone, right? She was alone.

NYDIA: She doesn't want to need anybody.

WOOLLEY: She doesn't want to meet anybody. Right. How come? How come she doesn't want to need anybody?

NYDIA: She's going to get hurt again.

WOOLLEY: She's going to get hurt again. So if I risk, and I allowed myself to ask this man, and he's not there I'm just going to get burned again. Is that right?

NYDIA: Yeah, I'm going to be rejected and I'm going to end up alone again.

WOOLLEY: I see. Right.

NYDIA: So I'm kind of afraid of asking him because he's going to get mad.

WOOLLEY: Right. You're afraid of asking him because he's going to get mad. It's like being a teenager all over again, right?

NYDIA: Right.

WOOLLEY: And a young adult, even. Right?

NYDIA: Right.

WOOLLEY: Wow. Can you tell him that? Can you tell him you don't want to-- you don't want to need him? A part of you doesn't want to need him because you're afraid you'll just get hurt again? Tell him.

JOHN: [INAUDIBLE]

NYDIA: I don't want to need you.

JOHN: You don't want to need me?

NYDIA: No, because I'm afraid of getting rejected again, and end up alone again. So I don't want you to get mad at me.

JOHN: Oh. I'm here to get through this part. I'm your husband. I'm provider.

NYDIA: But you get upset.

JOHN: Because that was the old me. The new me doesn't get upset. Now I'm recognizing--

WOOLLEY: You're working on it.

JOHN: I'm working on it.

WOOLLEY: You're making so much progress, right?

JOHN: Yeah.

WOOLLEY: But can you hear? Can you see how scared she is?

JOHN: Um, yeah.

WOOLLEY: Can you see how scared she is?

JOHN: Kind of hard, because I don't see-- I see the 50-year-old but not the 16-year-old. But the inside is 16-year-old.

WOOLLEY: Yeah, right.

JOHN: Yeah.

WOOLLEY: It is. But you see the 50-year-old, but this 16-year-old inside. Can you see how scared that part of her is?

JOHN: Yeah, to cry like that?

WOOLLEY: And to be able to be afraid of being able to allow herself to need you and reach out and ask.

JOHN: Yeah, that's why I don't want to be like my older brother and be that impatient and angry, and [INAUDIBLE] that you feel like you're getting interrupted.

WOOLLEY: Yeah, and you probably want to know how to reassure the 16-year-old and the 50-year-old, right?

JOHN: Reassure, yeah. Yeah.

WOOLLEY: What you need right now? What does that younger scared part of you, who was so burned so many times, what does she need? She's just had the courage to come out, right? Even though you may not have wanted her to come.

NYDIA: I don't want her to come.

WOOLLEY: How come? How come?

NYDIA: It's too painful.

WOOLLEY: It's too painful. Yeah. Yeah.

NYDIA: Stop it, doctor. I don't want it.

WOOLLEY: Okay, sorry.

NYDIA: Don't leave.

WOOLLEY: Yeah. What do you need from this man? And I'll back off, okay? What does the 16-year-old need from the adult?

JOHN: For me to act more like a father, and a nice dad.

WOOLLEY: Yeah.

JOHN: Patient, loving.

WOOLLEY: And that's a husband, too, because I think she needs a husband. She probably needs-- I'm just wondering what she wants from the adult Nydia. Because right now, she doesn't want me to connect with 16-year-old. It's too scary. Okay? And she doesn't want to risk with you, which means that maybe the adult part of you needs to be able to reach. Is that right? Rather than pushing her away, can you embrace her somehow?

WOOLLEY: What's happening, Nydia? You can't talk. Too scary. Too scary, yeah. What do you need from this man over here right now?

NYDIA: Just be my friend.

WOOLLEY: You need him? Can you ask him? Will you be my friend?

JOHN: Look, I heard a definition of friendship is someone you spend considerable time with, more than my projects.

WOOLLEY: Yeah, yeah. And my guess is probably right now, she just needs you to kind of listen, and maybe be with her somehow. This is hard, I know. Can you let him know that you just need his friendship?

JOHN: Best friends forever.

WOOLLEY: Just let--

JOHN: [INAUDIBLE]

WOOLLEY: Just let her do it, it's important for her.

NYDIA: I mean, I do need your friendship.

WOOLLEY: Yeah, yeah. Do you hear that?

JOHN: Yeah.

WOOLLEY: Will you let her know?

JOHN: Yeah, I appreciate you.

WOOLLEY: Can you feel him right now? Can you feel his hand on your leg?

NYDIA: Yes.

WOOLLEY: How does it feel? Does it feel good?

NYDIA: Yeah.

WOOLLEY: Okay. Do you want him to hold you? Yeah, yeah. Okay. It's hard, it's scary. Can you feel him around you?

NYDIA: Mm-hm.

WOOLLEY: Yeah, okay. I'm going to back off and just let you feel him for a minute, okay?

YALOM: The final issue that we're going to address today can cause a lot of challenges in couples therapy and it's what in EFT you call attachment injuries. So what exactly is an attachment injury?

JORGENSEN: Well, an attachment injury is a clinical construct unique to EFT. It's a specific type of betrayal within the couple relationship that occurs at a moment of high need, and a betrayal or hurt that is so deep that it shatters the hurt partner's basic assumptions about the foundations of the relationship, and calls into question the basic security of their bond.

So attachment injuries can be described as a relationship trauma, and the injured partner may experience symptoms consistent with PTSD, especially re-experiencing hypervigilance and avoidance. The injured partner often alternates in their relational dance between numbing their associated feelings and becoming hyperaroused and accusatory.

YALOM: Can you give an example of an attachment injury?

JORGENSEN: Yeah, so many times affairs are attachment injuries, but not always. So things that we're really looking for is something that happens at a high time of need, and then when the partner calls, are you there for me? Can you help me? The answer becomes no, and it's a betrayal. For example, I can think of a female partner, a wife, who was on her way to work, to a very early meeting where she had a very high performance task coming up. And on her way in the city, she was in a dangerous part of the town. She got assaulted. She got attacked and assaulted, and all of her preparation for the meeting was stolen from her.

So she was able to somehow get herself together and anticipated being able to try to perform at the meeting, but she was far away from home, and needed to

access a copy of her preparations from home. So she called her husband who was already at work and said, would you be able to go home and make copies and get those copies to me in preparation of this really big event that she had coming up? So she had-- she was at this high time of need, in a very emotional state, with a lot of pressure, and having been attacked called and asked for a pretty simple favor. And the husband said, no, I'm already at work and I can't leave. And that was a never again moment for her, never again. It shattered the foundation that she thought, if I'm really in tough-- I know we argue, but if I'm really in a tough place, I could call on you and you'd be there for me. And that shattered the foundation.

YALOM: Yeah, well I can certainly see that. So it may be self-evident, but can you state why these events are so critical on how they impact the relationship?

JORGENSEN: Well, it's one thing to have the injury and the shattering of the trust. The symptoms, though, that result from the injury cause this kind of natural self-protective defense that block emotional engagement, which then turns into maintaining the relational distress, and creates an impasse in the repair process. So usually, the offending partner discounts the injury, and this compounds the distress in the relationship. So the natural attempts that partners make to heal and repair fail, and in order to create a secure bond, the relationship has to be redefined through new relational experiences.

YALOM: Yeah, so obviously, that can create a real major obstacle to the therapy. So how is that addressed in EFT?

JORGENSEN: We have an attachment injury repair model that's been researched, and it's a process of repair. And this repair process starts, or is a Stage 2, because it's working very deeply. So it's a this Stage 2 process.

If the injury comes up in Stage 1, they don't always come up until Stage 2, when we're asking people to risk at a deeper level. But many times couples know they have it, and they come in and they'll report it at Stage 1 or they come in right after a crisis. So if it comes in and we're aware of it in Stage 1, then we're going to validate it. We're going to integrate it into the negative cycle so we can help clients know that the injury is so important that it can't be fully resolved until they are de-escalated.

YALOM: So if you're able to successfully go through Stage 1 and de-escalate them, get them into Stage 2, how do you work with this in Stage 2?

JORGENSEN: Well, as we enter the Stage 2 work, the therapist will follow this forgiveness and reconciliation process, around the wound and the situation that it occurred in, in order to reestablish trust and allow emotional reconnection.

YALOM: Okay, so first of all, let's just take a look at what an attachment injury looks like. In the following excerpt, Anjum describes how Syed ignored her during the first few months after their marriage ceremony, which was 30 years ago, but obviously still very poignant and injurious for her.

JORGENSEN: Yeah, she really shows, and we can see on the clip, how vividly she describes what happened and how much pain she still has after all these years. It's one of the very first things that she brings up at their first therapy session.

WOOLLEY: Okay. So, and part of what I guess I'm curious about, is when did you start getting confused about why he wasn't engaging more? Or when did it start to bother you?

ANJUM: The day of the reception. Before the reception too, after everything was finalized that we are getting married, I still remember I would wait for his call. And I still remember talking to his sister, older sister, and asking her, does he have access to a telephone? Or he could have written to me even if he couldn't call me, he could have written a letter to me, sent me a card, something. And a part of me was, like, why isn't that happening? But then I was so also involved in the marriage preparations and everything.

But the day of the reception, at that time, there was some--

WOOLLEY: This is second.

ANJUM: No, it's the first.

WOOLLEY: No, it's the first.

ANJUM: The day I became his wife. There was some political reason that you could not have a marriage because the government was trying to crack down on the cultural problems that huge marriages were creating for the poor people. So no one was allowed to have a reception following a marriage larger than such and such.

So my dad arranged for, like, a high tea, like a tea party kind of thing after the wedding. And so after the wedding took place, I was all dressed up as a bride with all my jewelry and, you know, the red typical traditional Pakistani clothes and all of that. During the wedding, also, I remember feeling a little disappointed that he didn't try to hold my hand, or to just hug me, or-- I was his wife now, you know? But maybe in front of so many people he was self-conscious or whatever.

But then he went home with his family, and I was expecting a phone call. He was staying at an uncle's house who had a phone because they used to call me from their home. He didn't call me. Finally, my friends were with me, and

after the ceremony, and they said you know, he's your husband. He should come visit you now. I said, yeah, maybe he'll call. And then I still remember it became, like, from 7:00 to 8:00, 8:30, and he still hasn't called.

And so then my friend said, why don't you call him? I said, do you think I should? Yeah, you're his wife, call him. So I said, okay, I'll call him. And one of my friends was an older person. She said, no, you should call him and spend time with him, because he's going to leave in two or three days and you will not even have an opportunity to really spend any time with him. And today is your wedding day. It's an important day, so maybe he is just waiting for you to call him and he'll come. And so I called. And he said that no, my family has arranged for a reception at their uncle's house, and I cannot come. So--

WOOLLEY: And what happened inside when you heard that?

ANJUM: I cried.

WOOLLEY: You cried.

ANJUM: I cried my heart out.

WOOLLEY: Yeah. That hurt.

ANJUM: It did.

WOOLLEY: That hurt.

ANJUM: And then he left without even calling me again. That hurt, too.

WOOLLEY: And that hurt. Right.

ANJUM: And then it was September, and then my birthday is on October 16th. He called me, I don't know, after 30 years, I don't remember if it was October 16th or later. He was visiting his older sister, and she called, and she said that he came over, and I told him that it's her birthday, or it was her birthday, you should call her. And that hurt too, that why did it take the sister to initiate that?

WOOLLEY: Right.

ANJUM: But that, I said, maybe because some families are not big on birthdays, so I tried to reason and I said, maybe it's just they don't do birthdays, and I'm just getting hurt unnecessarily. But then all the way from September through April, there was no contact at all.

WOOLLEY: Yeah.

ANJUM: So he was still the stranger that he was come April when I got married to him and left with him to live with him. Although that was a great

window for us to get to know each other, I was his wife, I was expecting that he will try to contact me, but nothing.

WOOLLEY: And it didn't happen. And that really hurt. Right?

ANJUM: It still does.

WOOLLEY: And it still does, even to this day. Right. And did you guys ever talk about that, or-- I mean, how did it go from there?

ANJUM: I have brought it up with him many, many times. I have told him that, you know, you didn't come that day, you didn't come the day after, you didn't even come before you were leaving, and it hurt me.

WOOLLEY: Yeah.

ANJUM: And I still feel the sadness and the feeling of being let down, even today, like, you know.

JORGENSEN: You could hear all the components of the attachment injury. She describes the incident in vivid detail with a lot of emotion, and reports bringing it up repeatedly, trying to make repair throughout their marriage. So it occurred at a high time of need, the transition to becoming husband and wife. And this resulted in her constantly expecting him to be unavailable and abandoning of her.

YALOM: Another one of our couples that suffered an attachment injury is Farrah and Drew. It was caused by Drew a few months before therapy began, but it wasn't revealed until the course of therapy had started.

JORGENSEN: Yeah, what we see as the result is how fragile the bond is. The couple had a very rigid pursue/withdraw pattern, and Farrah had become burned out. She describes the process of trying, and trying, and trying, and giving up. So when the attachment injury occurs in this emotional environment, the never again moment that shatters the bond of the injured party, can turn into an unwillingness to risk to repair the bond.

But while we have a great forgiveness and attachment injury repair model, not everyone is willing to step back into the risk that it takes to repair the bond. The amount of detachment that you see here in session four is enormous.

YALOM: Yeah, it seems she's no longer in the process of grieving anymore. She's moved past that. She's given up.

JORGENSEN: Farrah questions the relationship, but the amount of attachment is indicative of how much she has checked out.

FARRAH: I've been at this for so long that again, he's never even fully present.

And I'm-- we're doing this and I'm not feeling better. I'm feeling worse.

WOOLLEY: Okay, this is important information. Okay.

FARRAH: Feeling worse.

WOOLLEY: Okay.

FARRAH: It's making me realize how long I have been unhappy, and it's making me realize that I used to care when he came home after work and I was so happy to see him. There was that point a very long time ago. But for some time, I can't even give you the amount of time, it's-- he'll call me and says he has something to do. Where before, I would be like, okay, that's fine, I understand, but I wish you he'd be home. And now I'm like, go ahead. It doesn't matter to me because when we have been home together, it's been-- I've been so sad and so unhappy for so long, and miserable, and-- so now, I been sitting down with him and just really being honest because I realized I haven't been very honest.

I mean, I have, I've been saying, I need-- my worst, which he doesn't care for, I say I'm in a rut. I need more. I've been saying it, and saying it, and saying it, and nothing's different. And I've grown one way, he's grown another way, and we're not coming together on anything anymore. And you know, I don't want to force him to do things that I like to do, because I have tried that, and it's not fun. It's uncomfortable. So now I just do my own thing, and I sat down with him our first night, and I said, what is it that you like about me? I said, I just don't understand. I don't know what you like about me. And the first night--

WOOLLEY: The first night--

FARRAH: Well, we've had two nights where we've had some pretty serious conversations.

WOOLLEY: In the last two weeks?

FARRAH: In the last two weeks, yes. Actually, the last week.

WOOLLEY: Okay.

FARRAH: The first one, like he said was last Saturday or Sunday or something. And because I asked him that about six months ago, and he said I was good at cooking and cleaning.

DREW: But I was joking.

FARRAH: But I didn't know that. And you never-- I didn't, Drew, I didn't know that. I was being very serious in the truck. We were by ourselves,

and I'm like, what is it that you like about me? You're good at cooking and cleaning and stuff like that.

WOOLLEY: Ouch.

FARRAH: Yeah, and I'm already in this state of mind, and he really even couldn't answer me that night, after some therapy, and he's like, well, what do you want me to say? He says you're nice. He's like, you're one of the nicest people I know. So I told him that I love him, I'm just not in love with him.

WOOLLEY: Right.

FARRAH: I mean, I love him as a person, he is the father of our children, I respect him, but I just don't feel-- there's like nothing there for me.

WOOLLEY: Right. But it wasn't always so.

FARRAH: Right.

WOOLLEY: Right?

FARRAH: Mm-hm.

WOOLLEY: And somehow-- somehow that love got shut off, the in love part. Right?

FARRAH: Right.

WOOLLEY: And do you know how that happened?

FARRAH: I don't-- I don't know.

WOOLLEY: Okay.

FARRAH: Probably-- I mean, maybe because I always put myself out there, and I give, and give, and give. I put myself last. He'll tell you that. And I always try to do special things and make him feel special, and probably just in that process just kept getting shut down, shut down, shut down, you know? And I just--

WOOLLEY: Right. How long has it been?

FARRAH: That I have been unhappy?

WOOLLEY: No. How long has it been that you have not felt in love with him?

FARRAH: I don't know, four years, five years.

WOOLLEY: Okay.

FARRAH: It's been a long time.

JORGENSEN: So you can see in this next clip how Farrah's detachment

becomes clearer. When Scott conjectures hurt, she verbally agrees, but describes historical pain and how she's a bit past feeling hurt. She's not mad or protesting anymore.

WOOLLEY: Do you hear the whole piece about, I don't like being this way?

FARRAH: Yes. I do hear it.

WOOLLEY: This isn't just about me trying to change to be a better partner for you.

FARRAH: Right.

WOOLLEY: This is also, I want to have a more full, rich life.

FARRAH: Right.

WOOLLEY: Am I getting this right?

DREW: Yeah, and I told her that last night. That's exactly what I told her.

FARRAH: I've told him that about coming here. There was no way that-- that's why I wanted to come, because he's kept and he's so sad inside, and it's gotten worse and worse over these last so many years, especially with the children. I said, I don't want you to spend the rest of your life this sad inside. I said, you're so unhappy. I see that. That I get, you know?

WOOLLEY: Yeah.

FARRAH: That, I do.

WOOLLEY: Right.

FARRAH: You know, and I basically was saying, no matter what happens between us, I want to be able to live his life fulfilled as his own person. You know?

WOOLLEY: Yes. And let's talk about the two of you. Would you like to be in love with him again?

FARRAH: Yes, I just don't know how I would get there. I just don't know if it's possible. I don't feel like it's possible.

WOOLLEY: Right.

FARRAH: At all.

WOOLLEY: Because it's so cut off from inside of you.

FARRAH: Mm-hm.

WOOLLEY: Okay. Okay. My guess is there's some pain around that.

FARRAH: Yeah, and now I'm not even-- like I told him, I'm not even mad anymore about anything, because that's how far gone I am.

WOOLLEY: Right.

FARRAH: It's like those things that I thought I was so mad about, now that we're coming here, I'm not even mad anymore about them. Because they're just not important.

YALOM: Okay, so then a bit later in the same session as the attachment injury is being revealed, Farrah states in so many words that she's really given up on fixing the relationship, and her hidden agenda, turns out, is to get some help for Drew so she can separate from him.

WOOLLEY: I think it's going to be pretty hard to feel safe in his arms when this is so unresolved. Am I right about that?

FARRAH: Mm-hm.

WOOLLEY: And frankly, he could open up lots of other areas, and he is and he's trying, but I suspect-- I mean, am I right about--

FARRAH: It closed the deal for me. It did. Things were or-- I wasn't happy, and then I already knew I was unhappy, but I just kept blowing it off. And I would talk to my mom, and mom was like, I've been there, trust me, you got to see through it, it's just kids, blah, blah, blah. And then that just was like, that was the sign. That sealed the deal. Absolutely I had already been--

WOOLLEY: Changed everything.

FARRAH: Yeah, I just--

WOOLLEY: Basic assumptions of the relationship.

FARRAH: --I knew how I was feeling for a long time, I just kept trying to work at it, and work at it, and work at it. And just thought, you know, we have two young children. I just-- it's life, it's rough, it's blah, blah, blah.

WOOLLEY: It's hard, yeah. And you stick with things.

FARRAH: But that just, yeah. That was like, all right. I'm done.

WOOLLEY: Right. Why in the world did you come here?

FARRAH: Um, because the kids' doctor gave us your name.

WOOLLEY: Right.

FARRAH: And I just figured we'd give it a try, more so honestly, it wasn't even going to fix it. It was to help him.

WOOLLEY: Yeah. Right, cause a lot of you-- someone died that day when you found this out. And--

FARRAH: Exactly, and no matter what, we both are going to be in our kids' lives. And I was just thinking that no matter what, that we have to be able to communicate with each other and, for the sake of our children, and do it well, and not use the kids against each other. And so I just wanted us to get to that point and I thought this would help.

WOOLLEY: Yeah. Okay.

YALOM: Unfortunately, Drew and Farrah were not able to get things back on track. And they did end up separating. You know, no therapy is 100% success rate. But EFT does have an attachment injury repair model that can help many couples move forward. Can you describe what that is?

JORGENSEN: Basically, the context and the pain of the injury has to be expressed and understood. The partner that injured has to understand it from the attachment perspective. The hurt partner needs to be able to express the emotional impact directly to the injuring partner, and receive a response back of remorse that's as deep as the pain of the injury is. Then, the couple needs to develop a narrative about how the injury happened so they can prevent it in the future, and the injured partner has to risk asking for their attachment needs to be met.

YALOM: And what stage is this happening at?

JORGENSEN: The injury repair work is a Stage 2 process, though the pain of the injury may be recognized in Stage 1 and be part of the negative cycle.

YALOM: I would assume that not all signs of a lack of commitment to therapy are indications of an attachment injury. I mean, there's a normal level of ambivalence in many therapies, and hopefully the skilled therapist can distinguish between some normal ambivalence and a hidden agenda, such as in the case with this.

JORGENSEN: And the level of distress also is not an indication of how responsive couples will be to EFT. Farrah came in detached, which is different than ambivalent. It is normal to work with ambivalence when couples are distressed. Carl and Sandra is more typical of a highly distressed couple. They expressed hopelessness, they were thinking about divorcing and separating, they were really seriously considering giving up. And there was still, though, a lot of emotional energy between them. Their pursue/withdraw cycle was quite easy to see, and they were willing to work, and eventually did make a lot of progress.

YALOM: So I hope that the viewers have not only seen this video, but also the previous three videos in this series, and have gained a solid sense of the fundamentals of EFT. We've tried to be as thorough as possible, but even in four videos, it's impossible to cover everything.

Can you think of any challenges for EFT therapists that we haven't covered?

JORGENSEN: Working with addictions. For example, I stated in the first video that active addictions may be a contraindication for EFT, though we're finding that with skilled therapists who are knowledgeable about addictions, that EFT can be used to navigate even this very difficult presenting problem.

There are also some new things emerging as EFT becomes more and more global, and used with specific presenting problems, such as couples where one has cancer or other health concerns. And although there are assumptions that intimacy and marriage might look different in different parts of the world, we have found that the basic attachment needs are universal. And EFT is being successfully used around the world.

YALOM: Any final words of wisdom? Anything you'd like to say to beginning therapists, or anything that you wish you had known when you were starting out?

JORGENSEN: Well, working with couples is complicated. It takes a lot of time and effort to master EFT, but I find it to be one of the most rewarding and meaningful activities that I could professionally be involved in. That's why I've devoted my career to informing therapists about it and to teaching it.

YALOM: Well, thank you. Your enthusiasm certainly has rubbed off on me, and I hope on our viewers, so I really appreciate your sharing your expertise and your wisdom.

I also want to offer a heartfelt note of appreciation to the couples who really bravely volunteered to share their intimate struggles, their pain, with us. That took a lot of courage, and I think it's going to result in a real contribution to the field.

Also want to thank the therapists. So much of our work is masked by the necessity of confidentiality, and so it takes some guts to show your work on camera.

And I want to thank you, the viewer. Without you, it wouldn't be possible for us to make this series. I hope that these videos have helped to cultivate an increased interest, confidence, and skill in the practice of Emotionally Focused Therapy.