

DE-ESCALATING CYCLE/WORKING WITH REACTIVITY

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Couples Therapy involves Coaching Clients

Having begun to learn to approach, allow, accept and transform emotional states, the therapist coaches couples to:

1. Avoid triggering difficult states in each other.
2. Help partner shift out of protective states
3. Take breaks to calm or shift states.
4. Give partners time and space to work out their states.
5. Practice new positive ways of acting that were previously blocked.
6. Offer behavioral interventions.
7. Individual therapy
8. Self soothing exercises

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Cycle De-escalation

Assume that there is a good reason for the reactive behaviors, look for those reasons and relate them to how they manage disconnection or invalidation

Validate each person's behavioral and emotional position in the cycle –their behaviors are explainable given the fundamental lens of primary adaptive emotions and attachment and identity needs of EFT.

Always work equally and evenly with both partners during cycle de-escalation.

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Frame Key Emotions in Context of the Cycle

- Understand the purpose of the negative cycle: cycle is maintained by a search for connection or identity validation and ways of managing the disconnection or invalidation. (Positive frame , destructive behaviors are seeking connection or efforts to have identity validation)
- **Reframe** partner's position in the cycle, using language that captures the underlying positive needs for connecting, and need for validation

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FEATURES

- **REPEAT** key emotion words & phrases
- Use **IMAGES** or word pictures
- Keep responses **SIMPLE** and concise
- **SLOW** the process of the session/ your speech
- Use a **SOFT** and soothing tone of voice
- Use **CLIENT'S** own words/phrases in a supportive and validating way

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STAGE 3: MAJOR MICRO-RESPONSES EMPATHY

Empathic:

- Reflection
- Affirmation
- Evocation
- Exploration
- Conjecture
- Interpretation

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EMPATHIC REFLECTION /UNDERSTANDING

- Responses intended to communicate understanding of a client's immediate experience.
- **Empathic Reflection:** Communicates what's most poignant or central.
 - C: "There is just a feeling of I am unable to cope with what she is doing....with her emotions".
 - T: "So, it's like I don't know how to handle this....you feel overwhelmed, and you pull away...."

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EMPATHIC AFFIRMATION

- This response validates the client's experience.
- Examples:
 - "**No wonder**" you feel so _____ given your experience of _____.
 - "It **makes sense** that you feel this way"
 - "It's **not surprising** you feel this way, **given what you experienced**"

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EMPATHIC EVOCATION

- Communicate empathy using metaphors, imagery, and poetic language
- Intention is to evoke
 - Eg. Client: "I feel so lost."
 - Therapist: "It's like you're in a dark room searching around and no one is there."

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EMPATHIC EXPLORATION

- This intervention is to *explore* and to try to make the implicit, explicit. Explorations into corners of experience that may focus on feelings, evaluations, or assumptions.
- Open-edge or growth oriented responses
- Captures something that *hasn't been yet*
- - F: I just feel so invalidated....(crying)
 - T: (turning to male) I mean I guess that you are not aware of how invalidated she feels...., but I mean, when you see her tears, it must impact you, that she does feel.....what happens for you when see her tears..?

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EMPATHIC CONJECTURE

- Tentative guess at immediate, implicit client experience (usually with Fit Question).
- Reach in and speak for the unspoken (conjecture) about:
 - Underlying vulnerable feelings: anxiety, sadness, shame, anger
 - Need / Wish
 - Closeness/validation
 - Fear of rejection/ diminishment

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EMPATHIC CONJECTURE

- Conjecture is similar to exploration, and it's important to make your frame of reference clear
- You are trying to help give people words for things that they don't have words for
- You are not saying "it is this!" You state it tentatively, and you could be wrong.
- In another example a client was chastising her husband for abusing alcohol. The therapist became aware that the client did not appear angry but looked sad.
 - Therapist: "Your face looks very sad. Does that fit?"
 - The client nodded and burst into tears.

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EMPATHIC CONJECTURE

C: "I don't think she understands, I don't think anyone ever has...."

T: "I would imagine it must be like a deep well of pain inside?"

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FIT QUESTION

- Encourage client to check representation of experience with actual experience.
- Examples: "Does that resonate with your experience?"
"Is that what it's like for you?"

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EMPATHIC CONJECTURE/INTERPRETATION

- Educative, you say it like *you think it is*.
- Examples. "I understand that you are really angry, but I think that there is a vulnerability hidden underneath that's hard to face, that would be helpful for you to touch on."
- "It sounds like you're saying if you let her in, it feels like you will lose yourself"

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EMPATHY: SEARCHING EDGE OF AWARENESS

- May be unclear and troubling
- Future or possibility oriented
- Emerging and poignant
- Idiosyncratic or special
- Examples:
 - "So the part that is unclear to you is...?" OR
 - "Somehow you can't quite put your finger on it but it is just this feeling in your stomach..."

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DIRECTING CONTACT/FOCUSING/HEIGHTENING

- Heighten & repeat key phrases, and enact and vivify positions:
 - "Try saying to him", "I'm afraid"
 - "Say it again", "I'm afraid" (client gets tearful when she says it second time)
 - Or "Try saying", "If you push, I'll resist"
 - T: "It is a really tough place to be, I don't think you can accept me...can you look at him? Can you tell him what it's like inside?"

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SELF-DISCLOSURE

T: "I know you say that you are not angry at her, but every time this issue comes up, I see you tense up and you have an angry tone. I can understand that you don't want to be angry, but it feels to me like perhaps you are? If I can sense it, than she can definitely sense it too, and it will affect your relationship."

T: "I know you say it doesn't hurt anymore, but I can see the pain on your face every time this comes up. I know that this hits a very vulnerable spot for you."

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STAGE 4

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Important Processes at this Stage

- Softening of criticism and blame from the pursuing partner.
- Encouraging the distancing partner to reconnect.
- Softening of contempt or control by the dominant partner, while encouraging the submitting partner to reassert.
- Dominants go one-down and submitters stand up and express their feelings and needs rather than complying.
- Blamer no longer attacks, but softens into disclosure, the distancer comes forward, reengages emotionally, and expresses his or her feelings and needs.

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By the End of STAGE 4...

- Underlying emotions/heartfelt needs have been expressed, and accepted
- Couple is more emotionally engaged with each other
- Feel closer and more connected.
- Partners are more expressive & responsive to each other
- Able to tolerate anxiety ruptures in the bond as they can self-soothe
- Stronger self-esteem emerges
- Maladaptive, vulnerable feelings have been identified, accessed, soothed, and are being transformed by adaptive feelings

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Identity & Influence

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Therapeutic Tasks

- Consolidating New Interactions
- Strengthening: positive, nurturing, and validating cycles of interaction.
- Explore each partner's positive emotional experiences.
- Reflect and highlight what is positive and different.
- Review changes each partner has made: from negative to positive cycle.
- Encourage the articulation of a new narrative of their relationship and of each partner's growth by giving examples of their personal and relational growth.

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Conflict in the Influence Dimension

- The Lead/Follow cycle
- One of the partners is quicker to state needs, picks the movie, the restaurant.
- The other goes along at first, maybe even enjoys not having to think about what he or she wants.

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Dominance

PATTERN

Over- & under-functioning
Lead - Follow
Quicker - Reflective
Define - Defer

EMOTION/NEED

Fear, Shame
Self esteem to be one up
Need partner one down
Need to be right

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DEFINITION OF REALITY

- The dominant person comes to define reality, controls, over-functions, make all the decision.
- The submissive partner defers feels more insecure, doesn't do, under-functions, follows.
- If challenged or even questioned, the dominant one becomes highly protective of his or her position. **Being right** is what matters
- The submissive partner, after years of following, is scared to make decisions and mistakes or produce conflict. Ends up feeling or being seen as invisible.

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Coercion: Trying to Change a Partner

- Conflict is **not** a problem of **communication** but often one of coercion
- After a time, partners begin to realize they have communicated and their partner **does understand**.
- They realize partner is simply **unable** or unwilling to respond in the right way at the right time.
- People then begin to try to **change** their partners.
- Partners begin to **blame** or **to withdraw** in service of these efforts.

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Conflict Resolution for Attachment Problems

- Help partners contact their underlying vulnerable **attachment - related** anxiety and sadness.
- These more vulnerable feelings then replace the anger and contempt and this leads to **revealing** rather than blaming.
- This will produce a change in how the other experiences and **views** them.
- This in turn leads to more **caring** responses, rather than withdrawal or counter-attacking.

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More on Identity-related

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Conflict Resolution in Dominance Struggles

- The dominant partner needs to find way of feeling **adequate** without having to be right or in control.
- The submissive partner needs to be able to **assert** and have confidence in own abilities.
- Expressing underlying fear; shame or hurt or need to be liked will have a very **different impact** on partner than will expressing destructive rage.
- Goal is to be **effective**/competent. Right or Happy?
- Buber "Real communion --- is the opposite of compulsion (power)."

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Work with Dominant's Vulnerability

Therapeutic Tasks

- Getting the dominant partner to express vulnerability.
- Expression of shame and fear on the part of the dominant person (about anything).
 - Creates a softening in the partner
- Need to have the other partner experience the dominant's vulnerability.
- Get them to express the inadequacy and fear that lies beneath their controlling behavior.

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Dealing with the Dominant Partner

- Validate threat and see clients as doing the best they can
- Empathize/Conjecture
- Is this having the effect you want?
- Do you want to be, right or happy? have a relationship.
- Confront in terms of the effect "you'll lose her/him"
- Expose the partner's fear
- Access the dominants fear/protection/defense
- Meet individually
- Restructure - support partner to stand up for self (takes work) and validate defense and conjecture underlying emotion
- Demonstrate confrontation and boundary setting

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