CHAPTER FIVE

The Process of Therapy

This chapter is concerned with the elaboration of the nine steps of therapy presented in Chapter 3. The focus here is on the general strategies of therapy and the change process engaged in by the partners.

NINE STEPS OF THERAPY

Step 1: Delineate Conflict Issues in the Struggle Between the Partners

The first step in therapy is to delineate core issues in the conflict between the partners. The partners are encouraged to make as complete a statement as they can of their perceptions of the relationship and their experiences of the problems in the relationship. The therapist deals with opposing reality claims by validating the partners’ experiences in the relationship and viewing the positions they take with each other as a natural consequence of these experiences.

Although the first sessions are concerned with assessment, they are also inevitably part of the treatment intervention. The questions the therapist asks should elicit information, but they should also challenge the client. For example, the therapist may ask a dominant, withdrawn male, who portrays himself as a tower of strength, whom he goes to for support when he needs it. During the questioning, the therapist focuses on the process of the interaction rather than the content of the couple’s complaints and begins to identify themes in the struggle between the partners. These themes, usually concerning affiliation and autonomy, emerge as the therapist asks questions, watches the couple interact, takes the history of the relationship, and asks the partners about their personal priorities and expectations. It may become apparent from the couple’s interaction that one partner, for example, defines the struggle as one in which he resists domination by his wife, while his wife defines the struggle as an attempt to create a reliable, secure relationship.

The particular approach of the therapist will, of course, color the information he or she requests, pays attention to and processes during the assessment. Unlike psychodynamic therapists, EFT therapists assume that if there are any past experiences relevant to the present relationship, they will be enacted in the present and can, therefore, be dealt with by focusing on current interactions. Behavioral therapists would be more likely to focus on specific behaviors exhibited by the partners, such as pleasing and displeasing behaviors and the reinforcement patterns that maintain these behaviors. Behavioral therapists also focus more on the evaluation of skill deficiencies. However, EFT therapists focus on the partners’ experience of the relationship, particularly on their emotional responses to each other and how these responses mediate the closeness or separateness of the bond between them and the process of self-definition. At this stage in therapy, psychoanalytic, behavioral, and EFT therapists might ask similar questions—for example, “How do you feel when he shouts at you”—but they will develop the intervention in very different directions.

The analyst probes for past response patterns projected onto the present relationship; the behaviorist might seek to specify the effect of a behavior on the partner from a rational, problem-solving point of view; the EFT therapist will focus on underlying felt experience.

The EFT therapist, as he or she identifies and clarifies the positions each partner takes with the other, frames the problem in terms of emotional pair, deprivation of emotional needs, and insecure attachment. The therapist responds to the partners with the assumption that they are doing the best they can in the situation as they see it. The focus is particularly on the “ears and vulnerabilities experienced by the partners in the relationship and how their attempts to get each other to respond, while protecting themselves, influence the interaction.

The therapist initiates a balanced alliance with both partners by focusing on the relationship rather than on individual traits, history, etc. Since distressed couples are particularly likely to make characterological attributions (“He’s lazy like his father”), the therapist, in contrast, begins right from the beginning to relate the behavior and experience of each partner to the other’s responses and perceptions. The therapist then links context, experience, and response in statements such
as, "When you see him looking at you that way, you feel small and then attack him."

An example of the kind of summary statement an EFT therapist might make of a couple's problem cycle at this stage is, "So the problem here is that you, Ann, feel very uncomfortable with the distance you perceive between yourself and Al, but when you attempt to talk with him about this, you end up getting angry, you feel misunderstood, and then the two of you end up in a big fight. You feel unloved perhaps and that is painful. Al, you see: Ann as perhaps needing much more closeness than you, which you find hard to understand and feel a little pressured by. I can see from your point of view, then, that it's natural to back off when you see her getting angry and to try and avoid an unnecessary fight."

The therapist always takes the other's perception and experience into account when speaking of one partner's experience and always attempts to use nonevaluative language, always assuming that people have good reasons for their responses. The use of validation and the provision of clear feedback in an accepting, nonjudgmental manner may be considered as the basis of all effective therapies and is especially important in an experiential approach such as EFT. The client's behavior is understood from their frame of reference, in terms of their legitimate needs and desires. The positive validation used is a way of legitimizing and accepting these underlying feelings and needs and understanding how behaviors are positive attempts to solve the problems experienced by the client. Withdrawing, for instance, is then a positive attempt to deal with feeling vulnerable, and pursuing is a positive attempt to achieve contact.

The therapist must listen experientially without becoming caught in the content or in evaluative judgments as to the nature of the clients' experiences. It is necessary to find the hidden rationality (Wile, 1981) underlying maladaptive behavior. This is an active perspective that the therapist maintains purposefully and deliberately. In order to do this, the therapist has to avoid placing labels on the clients' experiences, either from his or her personal frame of reference ("I couldn't live with this man either—he's right, he is irresponsible") or from a professional viewpoint ("This lady is crazy, she's bizarre; she really is the problem"). The two situations in which the therapist is most likely to be caught in such reactions are when a client evokes responses that are problematic in the therapist's own life and when the client threatens the therapist's sense of competence. An awareness of his or her own reactions enables the therapist to circumvent this process, attend to the client's experience, and

THE PROCESS OF THERAPY

choose an effective intervention. For example, a client who is very animated, angry, and tearful in an initial session recounts a recent incident in which she led her partner to believe that she was about to commit suicide and then waited to see if he would stop her; he did not. The therapist does not respond to the bizarre details of the way this client set up this situation; instead, he or she listens to the experience conveyed by the client. In this specific case, listening experientially involves hearing the essential message that, in this relationship, as she experienced it, her spouse would let her die—that is, there was no safety or protection for her. Thus, she was now at the point of constructing ultimate tests for him in the hope that he would finally show his love. The therapist validated the client's experience and her desire to try to push her spouse into taking care of her as well as her determination to fight for what she wanted.

Step 2: Identify the Negative Interaction Cycle

In Step 2 of EFT, the therapist identifies the negative interactional cycles. The sequence of responses that evolved into a cycle may be pieced together from the narration of typical problematic interactions in the relationship. These interactions then begin to be displayed or re-enacted in the session, or the couple may spontaneously exhibit such cycles. The therapist must see the cycle, since a couple's description of their relationship is often inaccurate and always incomplete. A concrete description of each person's responses in a past fight, followed by a request by the therapist for one partner to state explicitly to the other how he or she feels about the other's response, usually evokes a repeat of the original interaction. The identification of the cycle as it occurs is immediate and vivid in terms of the impact it has on the couple.

At this point in therapy, the therapist might describe a cycle as follows: "Muriel, when you attempt to engage Tom, to get him to respond to you in an intimate way, or to tell you his thoughts on a certain topic, you experience him as agreeing with whatever you say or do in a kind of noncommittal way. You find this very unsatisfying and tend to get angry. You even get to the point of threatening to leave the relationship. I guess, Tom, you're saying you find this difficult and you really don't know what to do at this point to improve things, so you withdraw and the two of you don't talk for a day or so." The description of the cycle tends to be general and to focus on behaviors or reactive emotional
THE PROGRESS OF THERAPY

The classic perspective of therapy, particularly in the context of psychotherapy, often emphasizes the importance of the therapeutic relationship. The therapist's role is to provide a supportive and non-judgmental environment, allowing the client to explore their thoughts and feelings in a safe space. Over time, therapy sessions become more structured and goal-directed, with the aim of helping the client develop coping strategies and improve their overall well-being.

This process involves a combination of techniques such as talk therapy, cognitive-behavioral therapy, and insight-oriented therapy. The therapist and client work collaboratively to identify patterns of thinking and behavior that contribute to emotional distress and develop strategies to address these issues.

In therapy, the focus shifts from a problem-oriented approach to a more relational one, where the therapist and client form a close, trusting relationship. This relationship is seen as a form of communication, with the therapist actively listening and reflecting back the client's thoughts and feelings in a way that fosters understanding and empathy.

As therapy progresses, the client begins to make meaningful changes in their thoughts, feelings, and behaviors. These changes are often reflected in improvements in the client's overall functioning, such as better relationships, more effective coping strategies, and increased self-awareness.

The goal of therapy is not to solve all problems immediately but to empower the client to make sense of their experiences and develop the skills necessary for continuing personal growth and well-being.
The Process of Therapy

The process of therapy may begin with the client's initial intake or after previous therapy sessions. The therapist's role is to facilitate a safe and supportive environment where the client can explore and share their thoughts and feelings. The therapist may begin by asking open-ended questions to help the client express themselves. The therapist's role is to actively listen and provide feedback, thereby creating a supportive and non-judgmental environment. The therapist may also use techniques such as active listening, reflection, and validation to help the client develop a deeper understanding of their thoughts and feelings. The therapist may also challenge the client's assumptions and beliefs, helping them to gain new insights and perspectives.

Significant events during the session:

- The client discusses their recent experiences and feelings.
- The therapist provides feedback and suggestions for coping strategies.
- The client reflects on their insights and sets goals for future sessions.

Significant findings from the session:

- The client shows an improvement in coping strategies.
- The client expresses a sense of gratitude for the therapist's support.
- The client sets clear goals for future sessions.

Steps of the Process:

1. Establishing rapport with the client.
2. Understanding the client's concerns and goals.
3. Developing a treatment plan.
4. Implementing strategies for change.
5. Monitoring progress and adjusting the treatment plan as needed.
7. Addressing any challenges or barriers to progress.
8. Preparing for the next session.

The therapist's role is to actively listen, validate the client's feelings, and provide constructive feedback. The therapist may also use techniques such as active listening, reflection, and validation to help the client develop a deeper understanding of their thoughts and feelings. The therapist may also challenge the client's assumptions and beliefs, helping them to gain new insights and perspectives.
you're with your partner. When you're feeling good, it feels like your body feels good, and you feel like you're just connected to them.

Lisa: Yes, that's how I feel during the sessions. I feel like there's a bond between us.

Therapist: What are your thoughts regarding the bond you feel during the sessions?

Lisa: I feel like we're more connected than ever before. It's like we're sharing our deepest thoughts and feelings with each other.

Therapist: Do you feel like there's a sense of calm and relaxation during the sessions?

Lisa: Yes, I do.

Therapist: What are your thoughts about the session today?

Lisa: I feel like we've made progress.

Therapist: You're doing great! You're making strides towards healing and recovery.

Jack: Yeah, I'm feeling better now. I feel like I'm getting closer to my partner.

Therapist: That's great to hear. Keep up the good work.

Jack: Yeah, I'm feeling more connected to my partner now.

Therapist: You're making progress. Keep it up.

Jack: Yeah, I'm feeling more connected to my partner now.

Therapist: You're doing great! Keep it up.

Jack: Yeah, I'm feeling more connected to my partner now.

Therapist: You're doing great! Keep it up.

Jack: Yeah, I'm feeling more connected to my partner now.

Therapist: You're doing great! Keep it up.

Jack: Yeah, I'm feeling more connected to my partner now.

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Therapist: You're doing great! Keep it up.

Jack: Yeah, I'm feeling more connected to my partner now.

Therapist: You're doing great! Keep it up.
THE PROCESS OF THERAPY

THERAPIST: Uh-huh. As you go into this ... sad space ... does any particular thing emerge for you, what's this feeling? I know it's a difficult right now.

LINDA: (She looks up and then down and cries.)

THERAPIST: Just some feeling like you can't get what you need?

LINDA: Uh-huh.

THERAPIST: You just want to be taken for who you are. What's it like for you in that experience?

LINDA: (After pause.) I don't know.

THERAPIST: Are you beginning to withdraw now?

LINDA: Uh-huh.

THERAPIST: I see you sit there ... I don't know if I said something that didn't fit. I know you're inside there wanting something.

LINDA: (Cries.)

THERAPIST: But it's so difficult to come out?

LINDA: Uh-huh. (She breathes)

THERAPIST: I guess you're saying it's easier to close off that part and nurture it yourself, because bringing it out could be so confusing and painful and difficult?

LINDA: Yeah!

THERAPIST: So you kind of go in there and manage it all yourself?

LINDA: Uh-huh.

THERAPIST: And I think you're saying it kind of leaves you feeling lonely?

LINDA: Yeah!

THERAPIST: Yeah. So what is it you would like, as I know you can't be rushed too quickly or be rushed in too quickly? So what would you like from Michael in these situations? Would you like him to come in after you or would you give him a signal? Or you just don't know?

LINDA: (Cries, shakes head, and nods)

THERAPIST: I'm going to push you a little, right, as not knowing keeps you there. What would you like? What would make it easier? Or you so you could get more of what you want? (Long pause.) I'm going to ask you to do something difficult. Will you look at Michael and tell him you feel pain and hurt?

LINDA: (Looks up.) Yeah, I feel hurt (She sobs loudly.)

THERAPIST: Stay with that ... it's painful. (Long pause.) What would you like? Can you hear me?

LINDA: Yes. (She cries.)
THE PROCESS OF THERAPY

husband having a sense of inadequacy and a desperate need to protect himself from his, as he perceives her, powerful wife. As mentioned earlier, redefinition in terms of generally benevolent, biologically adaptive, underlying feelings and motivations is at the core of the EFT approach.

The reframe is an interpretation that integrates the client’s affective, cognitive, and behavioral experiences. Such a reframe is highly credible since it is based on information that is vividly experienced and thus accepted as authentic. The reframe must capture and remain true to this underlying experience. Fears and coping reactions such as defensive anger might be framed in terms of key definitions of self in relation to the other, for example, “She is stronger and more competent than me, therefore I am intimidated and avoid contact.” The problem is construed, then, in terms of the fears and vulnerabilities of the partners. “Vulnerability,” as it is used here, refers to a complex state in which the sense of self, the acceptable definition of self, is at risk, resulting in considerable insecurity, anxiety, and painful affect such as sadness, fear, and a sense of loss. The therapist elaborates on how the partners’ vulnerabilities interact to create a sense of deprivation and alienation.

A habitual withdrawal might be reframed then as a fear response instead of an attempt to punish or hurt. Since the client by this point in therapy has already begun to experience and express that fear, the reframe is a vivid and compelling clarification of his or her experience rather than a comment eliciting cognitive insight. In couples therapy, the therapist can afford to be directive and to suggest possible underlying feelings without fear of influencing clients toward incorrect or therapist-based views of their inner world or their experience of their partner. This is because their partner is present to challenge such views, and the experience that is being processed is immediate. All suggestions are therefore subject to corrective feedback. Even though the therapist suggests inner states, the client is always the final arbiter of what he or she feels.

At this stage of therapy, clients are encouraged to interact with each other in the sessions. There is a strong focus on emotional responses as they occur in the present and the exploration of these feelings in terms of their meanings to both partners. The experience of strong emotion is a powerful modifier of these perceived meanings of behavior both for the experiencer and the observing partner. By the end of this step in therapy, the problem has become framed in specific terms that reflect emotional

94  PRACTICE

THERAPIST: What would you like from Michael? (Long pause.) I do know that even if you want something without asking for it, you have to know what you want. What do you want?
LINDA: (Looks up.) I don’t know. Not to judge me. I don’t know if he does, or it’s just myself.
THERAPIST: Check with him
LINDA: (To Michael.) Do you judge me or is it just myself?
MICHAEL: I don’t think so when you’re just saying what you feel.
THERAPIST: (To Michael.) Will you tell her now as you see her cry what you experience?
MICHAEL: (To Linda.) I shuck your pain. I want to put my arms around you. I want you not to hurt and I don’t want to stop you hurting, but I just want to be with you.
THERAPIST: (To Michael.) Do you know if she wants you to put your arms around her?
MICHAEL: (To Linda.) There are many times you haven’t wanted me to put my arms around you.
THERAPIST: (To Linda.) Is that true?
LINDA: Yeah! (She holds herself, rubs and then scratches her arm.)
THERAPIST: Is that what you wanted then?
LINDA: Maybe. (She rubs her arm.)
THERAPIST: Try it, will you? Tell Michael, “I want you to hold me,” I think you need to react out when you feel bad. I believe you can do it.
LINDA: (To Michael.) Will you hold me?
MICHAEL: (Moves over and hugs her.)

This experience was then briefly discussed by the therapist, who summarized the major themes.

Step 4: Redefining the Problem(s) in Terms of Underlying Feelings

Once underlying feelings have been accessed, the problem is redefined in terms of these newly accessed emotional experiences. For example, one problem cycle was originally defined as the wife making requests, the husband withdrawing, the wife pressuring him for response, and the husband blowing up. With more emotional information, this cycle was redefined as the wife lacking trust and fearing being shut out, with the
responses rather than perhaps blaming statements such as "the problem is he doesn't talk". A blamer's extreme attacking behavior might be framed in terms of his or her extreme panic at the partner's perceived lack of response. The meaning of the attack is then constructed as "I will do anything to get you to respond to me," rather than "I am trying to hurt or destroy you." The blamer's accessing of this panic in front of the spouse provides immediate validation for such a reframe.

Step 5: Promote Identification With Disowned Needs and Aspects of Self

This step is concerned with the clients identifying with the disowned aspects of experience and disclaimed action tendencies in the redefined cycle. As the cycle is enacted in and out of therapy, partners become aware of their automatic reactions and the disowned aspects of experience underlying such reactions. For example, a withdrawer becomes aware of the feeling of being impinged upon, the fear of being overwhelmed, and the subsequent automatic move to protect himself. In this step, the clients are first helped to differentiate and identify fully with their positions and, in some cases, deliberately to enact behaviors associated with those positions. To continue the example just mentioned, the withdrawer then experiences himself withdrawing, explores this automatic response, and then experiences the fear of impingement. His previously disowned fear in relation to his partner, along with his disclaimed tendency to protect himself, is encountered, embraced, and accepted; it is recognized as part of his self. The disowned aspect of self, rather than being avoided and denied, is enacted giving the client greater control of what was previously automatic responding.

Experiencing disowned needs can be structured by the therapist or can occur spontaneously in the session as the couple repeat their cycle. The therapist might slow the action down and focus on the level of primary emotion—and the disclaimed response inherent in that emotion—rather than on automatic defensive responses. For example, a timid husband who finds driving exceedingly stressful talks of this feeling in a session. His wife becomes irritated and, in the next few seconds, they enact their whole cycle: She attacks, he placates, she escalates the attack, he withdraws, she breaks down crying. The therapist then focuses on the wife's attack and the husband's response, replaying the sequence that has just occurred. The therapist might then begin to help the wife to expand and clarify her anger at her husband's fear. The wife may have previously disowned any need for support or security for herself, but now she begins to recognize the fear she experiences as her spouse reveals his anxieties. Finally, the wife acknowledges that, as she listens, she senses that she is alone and that only she is strong and capable, that is, that her spouse cannot support her. The therapist, after exploring this experience, then directs the wife to consider asking for that support and to elaborate on her need for nurturance. This process continues until the wife is accepting and allowing of her desire to be nurtured and beginning to consider expressing his to her spouse.

The cycle is then re-enacted, but this time the wife includes the newly discovered aspects of her experience. She replays, with awareness and responsibility, a new expanded sequence that includes new aspects of self involving her need for caring and for someone to lean on. The husband is then asked if he knew how much his wife needed him and how he thinks he could help her. On an analogical level, this introduces a shift in position where he, previously withdrawn, reaches for her in her new vulnerable state.

This step cannot occur until both spouses have been through the previous steps of acknowledging the cycle and beginning to access the feelings underlying their positions. In a sense, all previous steps lead to here and all later steps go on from here. Step 5 is a watershed, a key event. Disowned aspects of self are reintegrated into awareness and into the relationship. The process continues beyond de-escalation toward a new openness and a new bending process.

The choice as to which partner's experience to focus on at any moment depends on a certain extent on who is the most receptive and flexible. However, in general, the sequence that seems to evolve naturally is that the withdrawer or submissive partner is usually one step ahead of the blamer or dominant partner in the therapeutic process. In the above case, for example, the distancing husband had already acknowledged and accepted his anger at his wife and explored on a relatively intensive level his own overriding sense of inferiority to her and his desire for her acceptance. Having acknowledged these experiences openly and encountered them in front of his wife, he had become present and accessible in the relationship in a new way. The next step was, therefore, for the therapist to focus on the wife, in order to change her part of the cycle. It also appears rational
that before a blamer can be induced to reach out from a position of vulnerability, the withdrawn has to show some sign of being accessible. The withdrawn often also seems easier to engage than the blamer in the beginning of therapy, particularly with the use of validation.

This step in therapy echoes the concept used in experiential therapy (Beissel, 1974; Perls, 1973) of changing into what one is rather than trying even harder to be what one is not. This step may be returned to again and again until the disowned experiences are integrated intrapsychically and interpersonally.

**Step 6: Promote Acceptance by Each Partner of the Other Partner’s Experience**

This step involves the facilitation of each partner’s acceptance of the other’s newly experienced aspects of self and emotional responses. The therapist encourages each partner to express his or her experience with the partner and then facilitates the partner’s acknowledgment of this experience, primarily by reprocessing interactions and exploring and blocking nonaccepting responses.

The two key processes at this point in therapy are first the exploration and then the expression of underlying feelings such as resentment or vulnerability. The expression of such feelings often evokes issues of trust and fears of disclosure as well as concerns about the other partner’s ability to accept and respond to this expression. The latter process, in general, tends to be the more problematic. For example, at this point, a critical blaming wife will usually be able, with the therapist’s support, to express her vulnerability and her needs to her spouse. Her husband, however, may resist this new view of his wife and may be unable to respond to his wife in terms of her new experience. Usually, this can be explored in the session as follows:

**THERAPIST:** What happens for you when your wife asks for reassurance like this? (Pause.) You seem very quiet.

**TREVOR:** Well, I guess it’s new, I’m not sure, I’ve always seen her as someone who doesn’t need me, you know.

**THERAPIST:** So, you’re not quite sure how to respond?

**TREVOR:** Yeah, it’s hard to believe that well, well, if I do try to comfort her ...

**THE PROCESS OF THERAPY**

**THERAPIST:** That’s what you hear her asking you for?

**TREVOR:** Yeah, but I kind of hesitate, you know. (Pause.)

**THERAPIST:** Can you help your wife understand that hesitation, that reluctance just to rush in and comfort her?

**TREVOR:** Well (addressing Sally) I want to do it, I want to reassure you, but I guess I’m worried that, that ...

**SALLY:** That I’ll clobber you. (laughs.)

**TREVOR:** Yeah, that I won’t do it right and that you’ll clobber me.

Another example of a partner being unwilling to trust the other’s new behavior arises when a previously withdrawn partner begins to assert himself or herself and express anger or resentment. This can be very intimidating for the blamer, and this intimidation can be expressed by a sudden escalation of blaming and statements suggesting that therapy is, in fact, making things worse. The therapist deals with this by tracking the blaming client’s experience and recognizing how alien and frightening it is for that client to see the other suddenly setting limits, giving feedback, and drawing boundaries. The therapist thus helps the blamer to accept the other’s new responses and not to see them as a personal threat. At this point in therapy, where openness and goodwill have usually increased substantially, it is possible to frame this kind of situation in terms of one partner needing the other’s help in order to respond. For example, in the above case, at the therapist’s direction, Sally may begin to offer ways that she can help Trevor to feel safer in the relationship so that he can risk responding to her in a new and more satisfying way. However, if there appears to be more substantial difficulty in one spouse accepting and responding to the other’s new experience, then the therapist focuses on that partner’s view of self, his or her past learning in the family of origin, any catastrophic fears he or she is experiencing, or whatever is inhibiting that partner’s ability to respond to the other. It is presumed that once the inhibiting factor is reprocessed, then the partner will be capable of more empathic responding.

Past incidents are focused on only as they contribute to the present interactions. For example, one client who seemed paralyzed in the face of his wife’s authentic request for his caring began to explore the fact that, at these times, he felt overwhelmed and inadequate. He experienced her requests as a criticism and a demand for closeness that he felt unable to provide. As he further explored his experience, the dominant image that emerged was of a time very early in their marriage were they had had a fight and he had pushed her. She had fallen down the stairs and had ht
her head. She was unconscious when he found her. This incident, which the couple had not mentioned for years and which the wife had almost forgotten, was vivid and alive for the husband. It had confirmed a view he had of himself as unworthy of trust and love, as a failure in relationships, and even as a dangerous man. Once this incident had been explored, in a conjoint session, and the wife had accepted his difficulties, there seemed to be a shift in his ability to respond to her. The session did not focus on abstract insights as to the causes of the husband’s lack of response, and the therapist made very few interpretations. The process was more of accessing the husband’s experience, heightening his relatively simple, concrete, primary, emotional responses, and integrating the impact of these responses into the relationship. The interaction pattern here was also conducive to a new intimacy; when the husband disclosed his worst fantasies about himself, he found that, contrary to his expectation, his wife was accepting of him.

**Step 7: Facilitate the Expression of Needs and Wants to Restructure the Interaction**

Step 7 involves the expression of needs and wants. Of course, couples talk of their needs throughout the process of therapy; however, the experience and expression of these needs, the way these needs are likely to be received, and the context of the other partner’s likely response have all evolved by this stage of therapy into different forms. The needs and wants of both partners can now be experienced and expressed in a more open, genuine, and direct fashion. At this point in therapy, the focus of each partner has changed from a reactive preoccupation with the other and the effect of the other’s behavior to a focus on the self and on the process of eliciting desired behavior from the other by presenting the self differently. A classic shift in EFT is from “You are withholding what I need” to “I’m afraid to ask, but I do want you to let me in.”

As a result of the new emotional synthesis of intra-individual and interpersonal experience, the partners also have a new clarity concerning what they require from the relationship to feel safe, secure, accepted, and satisfied. These desires are implicit in and spring naturally from an engagement in emotional experience: couples can now understand that when they feel afraid, they want to be reassured, and when they feel fragile, they want to be nurtured. Emotional experience has a motivational component that is recognized by theorists such as Arnold (1966) and is one of the important change processes in an affect-oriented therapy (Greenberg & Safran, 1987a).

The desires that arise at this point in therapy are basic to the emotional bond between partners rather than instrumental or exchange-oriented; they are on the level of basic requests for contact—comfort, security, recognition of personal worth and identity, and open access to closeness with the partner. One woman, previously dominating and critical, stated to her partner, “I guess I want you to take care of me, to be there for me to lean on, so that I don’t always have to be strong. I want you to comfort me when I get overwhelmed by things. In a way, I need you to take me on.” This was not stated as a demand but as a statement of needs and wants. Another partner, who was previously placating, self-designating, and apologetic in interaction, began to make statements such as “I would like you to be more attentive to me and my needs and do some of the things I like to do.” This was stated not in anger but, again, as an assertion of needs and wants.

The context is not one of *quid pro quo* exchange (“I do this for you if you do that for me”), but one in which partners respond to each other’s needs in whatever manner they can, because they see how crucial these needs are to their partner’s well-being and security in the relationship. They are rewarded by being able to give to an intimate other what only they can give; thus, they feel needed. The relationship becomes a mutual I–you relationship in which partners reveal themselves and respond authentically. This overcomes the former sense of alienation and isolation and breathes life back into the relationship.

Partners can now directly ask for specific responses in such a way as to evoke a caring response. This constitutes a new interactional pattern. Greater trust in each other follows. The attacking partner, for example, can now ask for reassurance in a congruent manner—that is, from a position of vulnerability. The other partner, seeing vulnerability rather than hostility, is likely to respond in an empathetic, caring way. Each time the sequence occurs, the bond between the partners is made more secure.

It is important here that the needs and wants are not stated or perceived as demands and are free of blaming. They are statements focused on the self—"I need or I want"—rather than statements focused on the other. Once desires are openly stated, accepted as legitimate, and recognized by the partner, the urge to struggle for an immediate and particular response is lessened. Partners are then more able to accept
some of each other's desires in terms of the timing and the nature of a particular response. This is facilitated by two factors: The self, having integrated disowned aspects and disclaimed action tendencies, is stronger and more able to tolerate delay, and the conditions evoking and maintaining the partners' nonresponsive positions have changed. The couples' interaction now evokes greater responsiveness, and there is a greater general sense of trust, understanding, and security in the relationship. Also, partners having had some of their needs met during the therapy process do not feel so deprived.

Step 8: Establish the Emergence of New Solutions

Step 8 involves the integration of new solutions into the problem situations that precipitated the couple's entry into therapy. Since the couple are now able to take new positions in relation to each other, many new responses are possible.

The therapist helps to delineate the solutions and aids the couple in diffusing possible blocks to positive responding. He or she also highlights and strengthens new positive patterns of interactions. For example, the couple may replay a typical problematic situation from the past but put in new responses, or they may discuss a situation that occurred during the week that they dealt with in a new way. A wife might confront her timer, withdrawing husband with her fearfulness. Since he is now able to "un-latch" the old cycle (Gottman, 1979), instead of distancing and becoming more fearful he is able to reassure her that he is fine and asks her to hep him by remaining quiet rather than criticizing him. She, in turn, is able to accept his suggestion and admits her own nervousness and anxiety rather than focusing on the husband.

When couples are able to become more accessible and responsive to each other, which in this case implies that both the way the individual's experience the relationship and the rules of the relationship have changed, then couples seem to exhibit greater creativity and skills in problem-solving tasks that previously used to trigger the negative interactional cycle. For example, couples may become more able to cooperate as parents and to solve financial problems more effectively. If the central struggle for a secure emotional bond is resolved, pragmatic instrumental concerns are more easily dealt with, since they are no longer the arena for self- and relationship-defining, emotional-laden conflicts. For example, a chronic disagreement about what to do with a summer cottage is easily resolved once the cottage is no longer a symbol to the wife of her husband's separateness and lack of connection with her.

When disagreements do occur, they now tend to be centered on issues and thus are resolved more easily. Disagreements now tend to stay on the level of "I have this opinion which is different from yours" rather than "I never get a response from you; I am a victim in this relationship," or "You are an emotional cripple." Specifically, when the emotional climate in the relationship changes in the direction of more trust and security for both partners, then couples are able to use the problem-solving skills already in their repertoire. If any skill deficits exist, more effective responses can be modeled by the therapist. For instance, he or she may construct the dialogue the couple might have if both partners were open and responsive. This is, as Wile (1981) suggests, teaching communication without rules and without training as such.

The couple can now attempt to substitute positive, self-reinforcing interactional cycles for the negative one, while the therapist heightens and reinforces the new cycles. Since the relationship is now redefined positively, partners can ask for what they need. For example, the husband who used to take the old position of blamer may begin to attack his wife. However, he can now stop and begin to tell her instead of his sense of insecurity. She, responding to his expressed insecurity, can reassure him. Then he accepts her reassurance and recognizes that she has responded to his need, thereby increasing his trust in her and in the bond between them. She sees how she is necessary and valuable to him as a partner, and is also encouraged to engage in the same process in a reciprocal fashion. Both partners express aspects of self that had been previously unavailable in the relationship. As this positive cycle of accessibility and responsiveness continues, the bond between the couple is strengthened.

The couple at this point in therapy are also motivated to break patterns of behavior that contributed to their previous alienation from each other. They may then decide to structure more intimate time together.

Step 9: Consolidating New Positions

Step 9 of EFT is the last in the sequence and, as such, is the most concerned with strengthening and integrating the changes that have taken place in therapy. This involves consolidating the new positions the
partners have taken in relation to each other and integrating new perspectives on each partner's sense of self and the relationship. The couple are encouraged to clearly differentiate between the old and new patterns of interaction. The therapist facilitates the development of an encompassing view of the interactional cycles, both positive and negative, and the consequences of each.

The final sessions are concerned with the same termination issues that any experiential or client-centered therapist addresses in general therapeutic practice. The process of therapy is reviewed, changes are clarified, and future goals in the relationship are discussed. Original issues are reviewed in the light of the present relationship as are any anxieties about terminating therapy. The therapist also considers possible scenarios that may occur when the relationship is under stress and discusses how some form of relapse is inevitable with an accompanying return to the old cycle. The couple and the therapist then specify ways they have found to exit from that cycle, which they can use in the future.

The therapist's role here is to strengthen the couple's sense of now being in control of their relationship and being able to handle any future problems. Ideally, sessions are terminated gradually over a number of weeks, being structured further and further apart. A few check-up sessions are also scheduled after termination to monitor the maintenance of treatment effects.

Case examples to further illustrate the steps of therapy now follow.

**CASE EXAMPLE: THE PORCUPINE AND THE ARMADILLO**

Kathy and Tom were seen as part of a research project; thus, their therapy was limited to eight conjoint sessions. They were a couple in their 30s who had been together for 7 years and had one 3-year-old child. Tom had previously been married. Kathy was a homemaker, and Tom was an accountant in a large company. They had met in the context of an educationally orientated, personal growth organization, and Kathy had been attracted to Tom by his knowledge and apparent sophistication in this area. She had seen him as someone who could help her become a fulfilled, mature adult. Tom had been attracted to Kathy by her integrity and intelligence, and the relationship had gone well for the first 2 or 3 years with Tom and Kathy moving in together and finally marrying.

**THE PROCESS OF THERAPY**

However, for the last 2 years, their relationship had begun to go downhill, and Kathy had begun to seriously consider divorce.

The scores for this couple on the Dyadic Adjustment Scale (Sparrer, 1975), the measure used to assess marital satisfaction, were very low and attested to their distress. Kathy's score (73) was in the range usually found for divorcing couples and Tom's (94), although somewhat higher, was still characteristic of a very distressed relationship. The strength of their relationship as described by the couple was that they both loved each other and felt committed to their task as parents. Also, Kathy described Tom as affectionate and caring, and Tom stated that he wanted very much for their relationship to improve and continue. Both seemed still to share a commitment to the relationship although Kathy was considerably more ambivalent on this than Tom. Neither seemed to have particular issues in relation to their family of origin or past romantic relationships. Both were psychologically oriented and had received some individual therapy. They also seemed to have a genuinely shared goal in terms of therapy: to improve their relationship, which had been once a source of happiness and satisfaction for them. As Kathy stated, the present relationship seemed "like such a waste."

**Session 1**

After a general assignment, the therapist asked the couple to discuss their perceptions of the problem. The problem according to Kathy was that Tom avoided taking any initiative in the relationship and avoided any closeness with her. She pointed out that he shirked his responsibilities as a partner by agreeing to carry out certain tasks and then letting her down. Tom's main complaints were that he was tired of continuous disagreements that were never resolved and that they had no sexual relationship. Both, as is typical of distressed partners, saw the problem mostly in terms of the other's behavior and shortcomings.

The negative interaction cycle between them became immediately clear. Kathy exuded hostility and icy contempt, attacking Tom at every opportunity: for example, "I'd like him to stand up and be a man, not a wimp." Tom, on the other hand, did not withdraw in the sense of becoming silent but vacillated between half-hearted attempts to reciprocate Kathy's attacks, giggling nervously, making jokes, appealing to the therapist, and agreeing with Kathy's disparaging remarks as to his behav-
ior and character. These responses did not lessen her hostility in any way, and Tom would finally begin to stutter and to take a hopeless and helpless position, concurring with Kathy's opinion of him. The couple presented, then, a clear, very rigid, repetitive, and extreme version of the blame-withdraw cycle.

Since they were a sophisticated, psychologically minded couple who seemed to have clear and compatible agendas for therapy, and who quickly formed a therapeutic alliance, and since the therapist had only eight sessions in which to effect change, the therapy process began at a rather faster pace than usual. The therapist pointed out the pattern of the couple's interactions as they were happening in the session. During the process, Tom came up with an image of the relationship as being one between a porcupine, his wife, and an armadillo, himself. The porcupine in this case kept "poking, telling the armadillo you're doing it wrong, but the armadillo goes into his shell." This image became an important synopsis of their interaction and was used by the therapist to explore their relationship positions and the sequence of their interactions. The stickiness and rigidity of their pattern was expressed in such dead-end exchanges as:

**Tom:** You never come clean, you resent me no matter what I do.
**Kathy:** That's because you never change.

or

**Kathy:** It's like house out of a stone, you never really communicate.
**Tom:** I'm just reluctant, I pull back, I guess you're right. **(Laughs)**

In the first session the therapist was able to assess the relationship, form a basic alliance with each client, and begin Steps 1 and 2 of therapy, delineating the couples perceptions of conflict issues and the interactional cycle.

The cycle between Tom and Kathy escalated in the first session, with the couple occasionally referring to emotional responses such as rejection; for example, Kathy said, as part of a joke, "I start to feel rejected, guess there must be something wrong with me." This might have lead into some kind of new interaction, but generally Kathy and Tom maintained their positions of blame and withdrew and repeated the negative cycle. As Kathy became more and more angry, Tom become more and more distant, suggesting she talk to her friends instead of to him.

The therapist ended the first session by summarizing her view of the relationship so far, describing the interactional cycle, and attempting to frame therapy in the most positive and hopeful light possible. She commented, for example, that Kathy and Tom must care for each other to remain in a relationship that had obviously become so painful for both of them. The therapist also presented the rationale for EFT and dealt with any questions or reservations concerning the process.

**Session 2**

Session 2 began by the therapist recapitulating the salient points of the first session and describing the negative cycle. At the therapist's suggestion, Kathy then began to describe her feelings when Tom suggested that she talk to her friends instead of to him. Tom was encouraged to take her comments seriously, and the therapist then took the opportunity to explore with Tom what made it so difficult for him to talk to his wife. In the course of a quick bantering exchange, Tom mentioned in a joking way that he was afraid of Kathy and her friends were not. The therapist saw this as an opportunity to begin Step 3, accessing unacknowledged feelings with Tom. She therefore repeated, focused on, and heightened his comment concerning his fear. Tom then became engaged in a process of accessing an overwhelming sense of hopelessness and inadequacy, stating that there was nothing he could do to get his wife to accept him. His fear of his wife's judgments as to his inadequacy became more and more vivid and was accompanied by tears and other signs of strong emotion such as an inner focus and a low-pitched vocal tone. The therapist validated Tom's responses and heightened and clarified his experience whenever possible. The therapist then directed Tom to try to express his feelings to Kathy.

In response, Kathy attacked Tom by suggesting that real men are not put off by fear. The therapist, however, blocked the strength of her attack by continuing to legitimize Tom's feelings. She then began to add to the description of the cycle in terms of the emotion expressed in Tom's responses. Particularly, the therapist elaborated on the fact that it was Tom's fear of Kathy's judgments that kept him away from her; although Kathy wanted him to come close, she instead pushed him away with her judgments. Tom wanted her acceptance but was too afraid to even contact her. Hence, the cycle was created by both and painful for both.

As the exploration of emotional experience continued, the sense of impasse, of the birds contained in the cycle, became more explicit to the
couple. In a metaphorical sense, it was as if the room became hotter and
the nature of the barrier blocking the way out became more and more
clear; thus, there was a mounting pressure to break the barrier. The
therapist then began to engage in Step 4 of the process, defining the
problem in terms of the cycle, the positions in the cycle, and Tom's
feelings, which formed the basis for his position. Toward the end of this
session, Tom began to stutter less and engage Katy a little more.

Session 3

The couple came in having had a relatively harryous week, with Tom
participating more in the relationship. The therapist encouraged the
couple to discuss these changes in the relationship and began to search
for an opportunity to continue the process of last week, bringing up key
statements and incidents from the last session and inquiring about prob-
lematic situations or reactions that had happened during the week. Since
this is a short-term therapy, this kind of active seeking for therapeutic
opportunities is necessary.

The therapist continued to focus on Steps 2, 3 and 4 of therapy and
to elaborate on the positions each partner took in the cycle. The therapist
phrased these in simple terms, describing Katy's position as "Come out
here or I'll kill you," and Tom's position as "Please accept me but I'm not
coming anywhere near you." The therapist continued to focus and elabo-
rate on underlying feelings wherever possible and to interpret the prob-
lem in terms of these feelings.

The couple then began to discuss a recent fight, which the therapist
evoked in the session and encouraged the couple to reprocess. Tom, with
the therapist's help, described the fight as an overwhelming set of de-
mands made on him by Katy. He then began to explore his response to
Katy and how he dealt with his sense of intimidation. He explored his
experience of being a naughty child in relation to Katy and his strategy
of appeasing her by superficial agreement or by joking, thus protecting
himself. He described his response as constantly holding her off. The
more engaged he became in this experience, the clearer it became that
he took this protective stance constantly whenever he experienced his fear
and the ensuing desire to protect himself. He also began to access anger
and resentment against Katy. It was obvious, at this point, that it was
very difficult for Tom to allow himself to experience anger toward his
wife, let alone express this anger. However, he was able to begin to feel
some resentment and a sense of the defiance that motivated him to climb
into his armadillo shell and hold her off. The therapist then supported
Tom to express some of this newly discovered emotion to Kathy. How-
ever, when he did so, her most positive response was on a very cogni-
tive level: "I see, so you don't ever really agree to anything and that's why you
don't come through. You just superficially agree in order to hold me off.
She maintained her blaming, hostile stance even in the face of his disclo-
sures, suggesting that "he chose to feel accused." She stated that his hurt
and fear, and the fact that he could not express his anger, confirmed his
weakness rather than being any kind of comment on her behavior. The
therapist was then faced with a withdrawer who appeared to be willing to
cooperate in therapy and a firmly entrenched hostile blamer.

The agenda for the therapist at this point was to encourage Kathy's
engagement in the therapy process. The therapist began to focus on what
it was like for Kathy to attempt to reach Tom and come up against his
shell, to be agreed with, but avoided. Then Kathy explored her rage and
frustration at being shut out. She described an image of hitting Tom with
a bat. The therapist encouraged her to imagine herself doing just that and
to voice what she would be saying while doing this. Kathy explored her
experience voicing such statements as, "If you don't talk to me, I'll
smash you." The intensity and desperation of her rage surprised Kathy,
Tom, and the therapist, but the engagement in this experience seemed
more promising for the therapeutic process than Kathy's cold, rational
hostility. Ideally, however, negative emotions such as this kind of anger
are experienced, not simply ventilated, in order to go beyond them.
Therefore, when Kathy fleetingly referred to a sense of helplessness, the
therapist focused on this and on the trembling of Kathy's hands. At this
point, Kathy spoke in an abstract way about the fact that people some-
times got shaky when hurt, adding that she did not really feel hurt. The
therapist suggested in a soft, evocative voice that people also shock when
they were afraid. At this point, Kathy began to cry and expressed with
intensely emotional involvement her fear that her husband was never
really going to be there for her, that he had deserted her, and that she had
given up. She then explored this experience further and accessed that she
had given up on anyone ever loving her; perhaps, she thought, she was
indeed unlovable. This part of the session had the quality of an intense,
newly discovered experience. The therapist legitimized and clarified
Kathy's hostility and attacking behavior in the relationship in the light of
this experience. The therapist also reinterpreted the cycle in terms of how it was a logical consequence of Tom and Kathy's vulnerabilities and how they tried to deal with them.

At this point, Tom, encouraged by the therapist, reassured Kathy that he recognized her feelings and did not want to desert her. The therapist closed the session by telling the couple to pay attention to the cycle in their relationship as they played it out during the week, and to note their own responses.

Session 4

In this session, the therapist's agenda was to continue Steps 2 to 4 in a more and more significant manner. She also planned to work on Step 5, the identification of disowned aspects of experience, which Tom had already begun to do when talking about his fear of judgment and Kathy had already begun to do when talking about her sense of being deserted.

Kathy started the session by immediately attacking Tom, calling him a child and accusing him of laziness. She stated that he was incapable of taking any initiative. The therapist's sense was that Kathy was recoiling from the slight shift in her hostility that had occurred in the last session. Tom said that he had tried during the week to show his concern and his desire to respond to Kathy's needs but that she had discounted his attempts. This view corresponded with the therapist's observations of Kathy's behavior in the sessions. However, in Kathy's continued attack, Tom stood his ground and stated that if Kathy wanted things to change, she had to be willing to give him a break—that is, to accept some of his efforts to reach her and to acknowledge his vulnerability to her judgment and criticism. He added that if she could do this, he did have the strength to involve himself more fully in the relationship. This was a change in Tom's usual position in the interaction, and the therapist focused on, directed, and heightened his comments.

Tom then expanded on his desire for acceptance, accessing an incredible sense of fatigue associated with the constant struggle for Kathy's acceptance and the need to always protect himself from her criticisms. The therapist validated and supported Tom in his owning of his need for some safety and acceptance in the relationship. Kathy, however, remained relatively unresponsive, so the therapist intervened, framing Kathy's response in terms of an unwillingness to trust Tom again and the fear of allowing him to hurt her. The cycle of "I won't trust him till he proves himself" and "I can't prove myself till you begin to trust me again" became apparent. Although Kathy would talk about and cognitively explore underlying feelings for a moment, she always returned to attacking Tom and placing all the responsibility for the problem and for change on him.

Therefore, the therapist, while supporting Tom and blocking the brunt of some of Kathy's attacks, returned to validating Kathy's sense of being deserted and let down. Kathy explored this feeling further and began to speak of and describe her sense of betrayal in the relationship. The therapist then asked Kathy to tell Tom about this experience. Kathy was able to tell Tom explicitly that she was so angry at him for letting her down that she wanted to hurt him, and that she wasn't sure that she was willing to take the risk of trusting him again. Tom accepted her statement.

In the last half of the session, the therapist, faced with Kathy's fixed hostility and refusal to acknowledge Tom's experience, chose to explicate Kathy's apparent drive for revenge and to frame her unwillingness to respond in terms of self-protection and the fear of trusting and risking being hurt again. Since Kathy could not move beyond this point, owning her hostility and her reluctance to open herself only possible first step toward change. Stating explicitly and with congruent affect where one is in a relationship can be viewed as resistance; here it was viewed as the first step toward change.

The pattern shown here, where the withdrawer emerges and begins to be open and responsive, as well as to state some personal boundaries, only to be met with more blaming, is not uncommon. The task for the therapist is to support the withdrawer while helping the blamer to soften his or her position.

Session 5

The couple came back into this session in a considerably lighter mood. Kathy had found herself less angry at Tom during the week, and she had initiated love-making for the first time in months. Tom appeared very moved as he described the experience of her warmth and how sad he felt that this was usually absent. Kathy, however, then described an incident in the recent past in which she had felt the sense of betrayal that had been
accessed in the last session. She also spoke about how she had dealt with this sense of betrayal and other hurts in the relationship by “wallowing Tom out” and waiting until he proved his caring for her by coming to find her and re-initiating contact. However, when Tom failed to do this, which was usually the case, Kathy then felt totally abandoned and gave up on the relationship. The therapist was now able to summarize the problem cycle in terms of Kathy’s and Tom’s underlying vulnerabilities and their ways of protecting themselves against these vulnerabilities. The first four steps of therapy tend to recur in this way, each time becoming more differentiated and more meaningful. Tom was able to reciprocally share how he experienced the incidents referred to by Kathy, saying that there was “never any room for me to be the one who needs comfort and attention—I’m supposed to give, and if it’s not right, wham, so I keep away.” Tom and Kathy were able to interact around these issues in a more open and caring way than previously. They then became stuck again in the dilemma of who was going to reassure who first.

Finally, with the therapist’s support, Tom became very angry, and he expressed his outrage at Kathy’s treatment of him and stated that he was tired of trying to meet her standards. He stated that what he wanted was some reassurance and some recognition in the relationship. This represented a clear shift in position for Tom and opened the way for a possible new pattern of interactions.

Kathy responded by becoming relatively quiet and confused. The therapist focused on Kathy’s response, which she first identified as confusion. Kathy then admitted that she liked Tom to stand up to her but that she did not want him to become unreasonable. This struck all three people in the room as amazingly humorous. Kathy identified her response as a sense of relief and reassurance that she was important to Tom.

Tom then went on to explore how the stance he had just taken differed from his usual one, in which he assumed that the only way to survive in the relationship was to placate and/or withdraw his attention in an attempt to halt the interaction. As he continued to explore his usual passive stance, he began to access an underlying sense of defiance. The therapist expanded and highlighted this sense of reticent defiance, and Tom was finally able to confront Kathy, stating that he would not be pushed and controlled as if he were a child and that he did not want any longer to resist her control by placating and avoiding her. The therapist asked what Tom was willing to respond to, and he stated that in the past,

**THE PROCESS OF THERAPY**

when he had seen Kathy’s need clearly, he had responded. Kathy grudgingly agreed.

The session ended with Kathy stating that she did sense that she had been withholding recognition and respect from Tom. When asked how she understood this withholding, she replied that she thought of it in terms of “I’ll show you, you can’t get away with hurting me, with ignoring me.” The therapist summarized by pointing out that both partners in fact felt helpless in the relationship, but they dealt with this feeling in opposing but interlocking ways, Kathy by attacking and Tom by avoiding contact.

**Session 6**

The couple came in reporting that an unusual amount of open contact had occurred during the week. The therapist’s agenda was to focus on Katy, rather than Tom, and attempt to help her to identify more completely with her disowned needs for contact and support. Ideality, Kathy would then be able to express these needs to Tom, who was, in the therapist’s judgment, able and willing to respond. This agenda was dictated by the therapist’s perception that although Kathy had become less hostile and had made some progress, she had not really changed her basic position of the betrayed aceiser. The agenda, then, was to facilitate a softening of Kathy’s blaming position. The critical issue seemed to the therapist to be whether Kathy would be able to trust Tom enough to allow herself to be in a position of openly needing a response from him.

The therapist focused the session by recalling some of Kathy’s experiences in the relationship that had been explored in past sessions. Kathy responded by commenting that Tom did seem to respond to requests for support rather than to her angry demands. The therapist then focused on how difficult it was for Kathy to ask Tom for help, comfort—or anything. The session progressed to the point where the therapist asked Kathy if she could ask Tom for comfort, and then facilitated an exploration of Kathy’s resistance to doing this. Kathy began to access a sense of helplessness: connected to asking for help and a desire to back off and be cool—and hence to test if Tom cared enough to approach her. At this point, the therapist asked Kathy to look at Tom and assess the risk involved in reaching out to him.
Edited Session Excerpt

KATHY: (Looking back and forth between Tom and therapist, playing with necklace; voice removed and intellectural.) If I didn’t need to be in a relationship with someone, I mean, I just would have left him instead of still trying to have this relationship, right? So um, yeah, um, so what I see is like, I realize like the things that I need are, I mean, they are sort of the normal things that everybody needs.

THERAPIST: Like what? Can you tell Tom what you need?

KATHY: Acknowledgment for who I am as a person um, ah, respect, um... consideration. (Pause, looking at Tom.)

THERAPIST: Maybe you need to know that even if you’re vulnerable and needy that Tom will take care of you rather than somehow close up like an armadillo.

KATHY: (Voice hard, emphatic.) Well, that I don’t trust him to do it, if I am vulnerable and needy.

THERAPIST: Right, you’re afraid that he’s going to close up.

KATHY: My fear is that if I am vulnerable and needy that he can’t accept that, so yeah, so he will withdraw, yeah, right. (Nods head)

THERAPIST: Well that’s really a big one because then it’s like you’re risking everything. I mean you’ve experienced this disappointment in the past so you take a risk, you show your vulnerability and your neediness to Tom, risk everything and he withdraws from you.

KATHY: That’s right.

KATHY: (Pause.) So that’s why I get so furious when he closes off.

THERAPIST: Right... um... So it’s like he’s deserting you just like all the other people who’ve deserted you, disappointed you.

KATHY: Right, and that’s where, um, (voice soft, fragile) where the hurt goes into anger.

THERAPIST: How do you feel when you talk about this, Kathy?

KATHY: Well, I feel emotional, I don’t know, I assume that that is sadness. (Looking to side and down.) But I don’t have, I don’t have a specific connection for it.

THERAPIST: Well, I guess, listening to you, if you really want something very badly, believe that it isn’t there for you and nobody’s going to give it to you, I mean that in itself is sad. (Pause.) And then somehow to get to the point where you can ask for it anymore, it’s just too painful to take that risk, then that’s sad, Kathy. (Pause.) I think that makes you feel alone too.
THE PROCESS OF THERAPY

THERAPIST: To be with her and to validate her, to give her the feeling that she's real in the world and you're responding to her — and I saw you, Kathy, wrinkling your nose (Kathy laughs) and thinking maybe that's too big a risk, like I don't believe you, I don't believe you're going to be there.

KATHY: I do think that.

THERAPIST: Was he there for you right here?

KATHY: Yeah, he's here for me right now, um but how I see it is like there's someone else here, he has nothing at stake.

TOM: So when it gets down to the nitty-gritty, when you really need somebody . . .

KATHY: When it gets to when there's nobody else around,

THERAPIST: What's the difference when I am here?

KATHY: Well, it's like (pause) how I see the difference is that he feels safe when you're here.

THERAPIST: That's right, that's right.

KATHY: And I am not sure why he feels so much safer when there's someone else around. (To Tom.) It's like I don't know what you are afraid of that you need to have someone else there in order to be with me.

THERAPIST: (To Kathy.) I just want to slow down here, I agree with you my fantasy about this relationship is that if Tom felt safe there is no way that he wouldn't respond to you and be there for you, and I think if Tom's busy defending himself responding to him, if you like, to the weapons you've got, that you've got because you don't really believe that he's going to be there, then he probably won't be there because he gets preoccupied with not feeling safe.

KATHY: There's still something about it that I don't get. (Looks down, pauses.)

TOM: It seems like you can't really trust. You don't even trust what was going on here. I mean that's your excuse. It doesn't meet your conditions.

KATHY: No! I wasn't asking you for anything. I wasn't in a situation of need.

THERAPIST: Well, I saw you asking for something, I saw you asking for some kind of recognition. I am not sure though, I mean, Kathy, I also have a sense that for you it would be very difficult, I mean I hear your doubts and I don't want to say they're not important but it would be very difficult for you to allow Tom to come in and be with you and respond to you. I mean it would be almost like . . .

KATHY: I'd have to put my sword down. (Soft, small laugh.)
THE PROCESS OF THERAPY

Here the therapist attempted to work with Kathy's block to accepting Tom's caring and comfort and promote acceptance of his inability to respond under threat (Step 6). The therapist focused on Kathy's resistance to becoming vulnerable to Tom, and Kathy did seem to respond.

Session 7

This couple worked with unusual intensity, so it was somewhat of a relief to the therapist that the last two sessions were more low key than the previous sessions.

Kathy began the seventh session by again bringing up her fear of trusting Tom and 'letting down my barrier.' Tom then expressed directly his need for acceptance and caring in the relationship and his sense of "squirming resistance" to Kathy's demands. Tom then engaged Kathy as to what she really needed from him. She disclosed that her need to her child to fulfill her needs for comfort and affection and had cut Tom off from that aspect of herself. She acknowledged that she perhaps had to make the relationship safer for Tom before he could offer her closeness.

The therapist focused on the need that Kathy had turned to her child to fulfill. Kathy spoke of her need for recognition, comfort, and security, although her statements were in relation to her child rather than in relation to Tom. The therapist then framed the future of the relationship as being dependent on each partner helping the other to be open and responsive.

By this point in therapy, the interaction patterns of the couple had changed. Tom was much more assertive and less withdrawing in the relationship and Kathy, although unable to ask Tom directly for what she needed, was visibly less hostile, more relaxed, and more open to Tom. The stuck rigid cycle that the couple had presented in the first session was no longer apparent.

Session 8

This session focused on the changes in the way Tom and Kathy saw themselves and each other and their interaction patterns. The therapist summarized the apparent changes and the new positions that each
partner had assumed. The therapist also delineated future goals—specifically, the building of trust. In this session, Kathy seemed to be open to and accepting of Tom’s expression of fear in the face of her judgments, and he was able to encounter her without withdrawing. Tom stated that he was willing to risk “getting dlobbered” to show Kathy he cared and to help her to trust him. Kathy stated that she felt less aggressive toward Tom, and less cut off from him, and was willing to help him feel safer in the relationship.

The couple also discussed incidents that had occurred during the week that previously would have triggered an escalating negative cycle but for which they had found new solutions. For example, Tom had agreed to pick up a baby-sitter so that he and Kathy could go out, but had forgotten to do so. When he arrived at the house, Kathy confronted him. However, Tom did not placate or withdraw from Kathy. Instead, he simply defined the situation as one in which he had made a mistake, he reassured Kathy that it would not occur again, and he told her how he planned to prevent such a occurrence. He had also pointed out that if she wished to launch an attack on him that was up to her, but he was not going to respond in his usual fashion. Kathy calmed down and they went out and had a pleasant evening together. They also related a similar incident in their sexual relationship that they were able to resolve in a new way.

**Conclusion**

This couple improved significantly on outcome measures at the termination of treatment and continued to show improvement at follow-up. The progress of therapy had involved a reciprocal redefinition of self and the relationship for both partners. Both Tom and Kathy seemed more able to accept and respond to each other. Tom had redefined himself in a more assertive way in the relationship, and Kathy had begun to define herself less in terms of aggression and more in terms of vulnerability. Relationship transactions had been made explicit and had become more flexible and more positive.

As can be seen from the description of these sessions, the therapist typically circles through the steps of treatment, retracing steps as deepening and development occurs over time. One partner, often the partner taking the withdrawn position, usually takes the lead in therapy. The rate at which couples progress and the areas in which partners become blocked are very idiosyncratic. The process, however, is one in which clear patterns emerge. Often it is easier to get a couple to some kind of de-escalation, perhaps to Step 4, than to effect the further steps of mutual accessibility and responsiveness. This case example focused mainly on the client’s activities, statements, and progress in therapy. The following chapter focuses on the principles of therapist intervention.

**CASE EXAMPLE: THE WALL THAT SEPARATES— AN INTRUSION-REJECTION PATTERN**

Michael and Linda had been married for 5 years and had one 2-year-old child. Michael was a 29-year-old, first-year law student, and Linda was a 32-year-old teacher. In the pretherapy assessment, the couple reported on the target-complaints instrument that their major concerns were lack of intimacy and lack of communication. In addition to her concern about lack of intimacy and communication, Linda reported wanting a better sexual relationship.

On the goal-attainment measure given before treatment, Michael expected, as the result of treatment, a more relaxed atmosphere with more physical contact (four times a week) and fewer sharp words (once a month), while Linda wanted more hugging and more time talking (at least a half hour a day). Michael’s DAS score was 89 with Linda’s at 97, putting them between one and two deviations below the norm for married couples (Spanier, 1976). At termination, his DAS score had risen 20 points to 109 and hers had risen 16 points to a score of 113 (the norm being a couple mean of 114). Michael reported a great improvement in intimacy and communication at termination, while Linda reported feeling somewhat better about these two issues with a slight improvement in their sexual relationship. Both partners reported somewhat better than expected results regarding their goal attainment: Linda reported that they now achieved much more eye contact, ease in getting close, more body contact, more trust, and more sharing of intense feelings. Michael felt they had attained a heightened level of interest in each other, were more attentive, and had good contact every day. A description of the therapy process follows.