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A Primer for Emotionally Focused Individual Therapy (EFIT)

Cultivating Fitness and Growth in Every Client



Susan M. Johnson and T. Leanne Campbell



“When the age-old internal battle between reason and emotion rages endlessly as it does in our patients seeking therapy, with emotion often winning, it only makes sense that the focus of therapy should be on emotion. Now two internationally acclaimed experts in the treatment of emotional dysfunction and its attachment theory underpinnings, Drs. Sue Johnson and Leanne Campbell, show how the successful emotionally focused approach that works so well with couples, has now been adapted to working with individuals. Every clinician will want to have this well-written and entertaining primer on Emotionally Focused Individual Therapy on their bookshelf.”

David H. Barlow, Ph.D., ABPP, *Professor of Psychology and Psychiatry Emeritus; Founder, Center for Anxiety and Related Disorders at Boston University*

“Sue Johnson and Leanne Campbell have written a wonderful primer for Emotionally Focused Individual Therapy (EFIT). This book is everything one looks for in a primer; it is concise and well written, providing the clear conceptual base for this therapy as well as pragmatic directions about what to do in session. The methods described build on Sue’s landmark widely disseminated evidence-based therapy for couples, bringing the insights from that work to individual therapy. Johnson and Campbell’s methods are a model of how to work with attachment and emotion in individual therapy. It is almost certain that EFIT will soon occupy a central place in individual therapy, just as EFCT has become the most widely practiced couple therapy. This is certainly a book that should be read by every individual therapist and therapist in training.”

Jay Lebow, Ph.D., *Senior Scholar and Clinical Professor; Editor, Family Process, The Family Institute at Northwestern and Northwestern University, Evanston, IL*

“... the new EFIT book, which I think is very good and quite important: This wonderful, inspiring book shares over 35 years of clinical experience in applying Emotionally Focused Therapy (EFT) to instill life-altering positive change in individual clients. The authors do a beautiful

job describing what Emotionally Focused Individual Therapy (EFIT) is, how and why it works, and what makes it such an effective new form of therapy. This is required reading for therapists as well as those interested in improving the mental and emotional well-being of others.”

Jeffry Simpson, Ph.D., *Distinguished
University Teaching Professor; Chair, Department
of Psychology, University of Minnesota*

“In this sequel to Sue Johnson’s seminal book on EFT, the authors convey, both an academic and a visceral sense about the theory and practice of this innovative emotionally focused approach to the healing of deep developmental wounds. In their dynamic approach, therapists are lead, at each-step, how to safely open their clients to their emotional wounds, and to increase their capacity for self-reflection and authentic relationships. Without any doubt, this is a most important resource for *all* therapists wishing to do depth work with their clients.”

Peter A. Levine, Ph.D., *author of In an Unspoken
Voice, and Trauma and Memory, Brain and Body in
the Search for the Living Past*

“The emotional and clinical wisdom shown in the therapeutic dialogues will lift up and empower any therapist with an experiential bent. We have a lot to learn how best to use the science of attachment in psychotherapy, but you could not do better than to start here.”

Steven C. Hayes, Ph.D., *Foundation Professor
of Psychology, University of Nevada, Reno;
Originator of Acceptance and Commitment
Therapy*

A Primer for Emotionally Focused Individual Therapy (EFIT)

This essential text from the leading authority on Emotionally Focused Therapy, Susan M. Johnson, and colleague, T. Leanne Campbell, apply the key interventions of EFT to work with individuals, providing an overview and clinical guide to treating clients with depression, anxiety, and traumatic stress.

Designed for therapists at all levels of expertise, Johnson and Campbell focus on introducing clinicians to EFIT interventions, techniques, and change processes in a highly accessible and practical format. The book begins by summarizing attachment theory and science – the theoretical basis of this model – together with the experiential approach to change in psychotherapy. Chapters describe the three stages of EFIT, macro-interventions, such as the EFIT Tango, and various micro-interventions through clinical exercises, case studies, and transcripts to demonstrate this model in practice with individuals, highlighting the unique benefits of EFT as a cross-modality approach for treating emotional disorders. With exercises interwoven throughout the text, this book is built to accompany in-person and online training, helping the practicing clinician offer targeted and empirically tested interventions that not only alleviate symptoms of distress but expand the client's emotional balance, agency, and sense of self.

As the next major extension of the EFT approach, this book will appeal to therapists already working with couples and families as well as those just beginning their professional journey. Psychotherapists, psychologists, counselors, social workers, and mental health workers will also find this book invaluable.

Susan M. Johnson, Ed.D., is the leading developer of Emotionally Focused Therapy (EFT) for individuals, couples, and families. She is Professor Emeritus of Clinical Psychology at the University of Ottawa, Distinguished Research Professor at Alliant University, San Diego, and Director of the International Center for Excellence in EFT (www.iceeft.com). She has received many awards for her seminal work in couple therapy and attachment and is the proud recipient of the Order of Canada. Her book *Hold Me Tight* has sold more than one million copies world wide.

T. Leanne Campbell, Ph.D., is co-director of the Vancouver Island Centre for EFT and Campbell & Fairweather Psychology Group (a multi-site psychology practice) and is an Honorary Research Associate of Vancouver Island University. Initially trained by Dr. Susan M. Johnson, she has been working in the EFT model across modalities for the past three decades. She trains professionals around the globe and is a co-developer of various educational materials and programs.



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Cultivating Fitness and Growth in Every
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**Susan M. Johnson
and T. Leanne Campbell**

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To my clients who constantly inspire and teach me, and to my colleagues who are my loving fellow-travelers in the search to find the secret of healing and growth in those caught in the web of human vulnerability and despair.

– Susan M. Johnson

To my clients and colleagues who continually inspire me to learn and grow, and to my family who have provided me the safe haven to do so.

– T. Leanne Campbell



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ABOUT THE AUTHORS

Susan M. Johnson

Dr. Sue Johnson is a leading innovator in the fields of couple therapy and adult attachment. She is the primary developer of Emotionally Focused Couples and Family Therapy (EFT), which has demonstrated its effectiveness in over 30 years of peer-reviewed clinical research. Sue's received numerous awards acknowledging her development of EFT, including the APA's "Family Psychologist of the Year" in 2016 and the Order of Canada in 2017.

Her best-selling book *Hold Me Tight* (2008) has taught countless couples how to enhance and repair their love relationships. The book has since been developed into an interactive relationship enhancement program, *Hold Me Tight Online*. Her newest book for clinicians, *Attachment Theory in Practice* (2019), delineates the promise of attachment science for understanding and repairing relationships and her seminal text, *Emotionally Focused Couple Therapy – Creating Connection* (2019), is now in its third edition.

As the founding director of the International Centre for Excellence in Emotionally Focused Therapy (ICEEFT), Sue trains counselors in EFT worldwide and provides guidance to over 80 affiliated centers. She consults for the US and Canadian militaries and is a popular presenter and speaker for the general public. You can find out more about Sue and her work at www.iceeft.com and www.drsuejohnson.com.

T. Leanne Campbell

Leanne Campbell is co-director of the Vancouver Island Centre for EFT and Campbell & Fairweather Psychology Group and is an Honorary Research Associate of Vancouver Island University. Initially trained by Dr. Sue Johnson, Leanne has continued to work in the EFT model and has

worked with hundreds of individuals, couples, and families over the past three decades.

In addition to maintaining an active and full-time private practice, with a primary focus in the areas of trauma and grief, Dr. Campbell currently manages a two-site practice comprising over 20 clinicians and is a site coordinator for an Emotionally Focused Individual Therapy (EFIT) outcome study. An active ICEEFT Certified EFT Trainer, Leanne has been providing trainings in EFT for many years and has similarly been involved in the development of various training materials including DVDs, on-line and other training programs, books, and workbooks.

INTRODUCTION

Introduction to EFIT

We are writing this book to do much more than give you a blueprint for a model of therapy based on the best scientific understanding we have about exactly who we are as human beings. We are writing this book to move and inspire you! We want to turn you on to the power of following the emotional charge in a therapy session and using it to color and frame a client's world differently, and to do this in an organic way that your client's brain is organized to respond to. We want you to know how to use the power in emotion to "move" clients in potent new directions. We are writing this book to challenge the world of individual therapy to take a new and long look at the mirror offered to us by attachment science and how that image clarifies human hurts and longings and gives us a direction and a destination for psychotherapy as a discipline.

More formally speaking, we might say that the purpose of this book is to share the wisdom gleaned in over 35 years of clinical experience using Emotionally Focused Therapy (EFT) with individuals, couples, and families as it applies specifically to shaping individual change. This experience has been enriched by our many research studies where we have pinpointed the process of individual and relational change, as well as many kinds of positive outcomes. The training of thousands of mental health professionals across the globe and the creation of a professional network for those professionals,

the International Centre for Excellence in Emotionally Focused Therapy (ICEEFT, www.iceeft.com) has also enhanced this model, bringing wisdom from many cultures, ethnic groups, and ways of seeing the world.

Emotionally Focused Therapy is mostly known as a cutting edge, empirically validated couple intervention, though from its inception, has always been used with individuals, especially those facing depression, anxiety, and the effects of trauma. EFT has contributed much to the world of couple therapy but this book focuses on the use of this model with individuals. As EFT developed, it has become clear that the positive and lasting results found in EFT are mainly the result of two factors: the clear map to human misery and motivation provided to us by the developmental theory of personality we call attachment theory; and the focus on systematically reconstructing emotional experience as it occurs in session. The first author's most recent book, *Attachment Theory in Practice: Emotionally Focused Therapy (EFT) with Individuals, Couples, and Families* (Johnson, 2019), has outlined how these two factors offer the promise of real integration and coherence to the field of psychotherapy as a whole (Johnson 2019).

Having stated the formal rationale for this book, it is not, in fact, intended to be a formal text. The world of psychotherapy has become a bit of a circus. So many labels, disorders, models, and interventions, it is hard to know how to find our way. Attachment science tells us who we are and shows us how to befriend our client's emotions and use the power of corrective emotional experience to enable clients to find a new sense of self – a sense of competence and worth. This book is full of stories, images, and information that will make it possible for you to create moments of transformation in every session. It is written to be accessible, easy to read, even fun! A clear map shapes a sense of confidence and competence in a therapist that translates into more on-target interventions, better outcomes and less therapist burn-out. We hope to offer you a clear way home with each and every client. We would like you to feel as affirmed as we do when clients like Mary and James tell us, "You get me; you go to the heart of the matter," and, "I can't believe what a difference that last session is making in my life."

It is worth noting that the EFIT model fits well with the major concerns of the present societal context in terms of its stance on diversity and inclusion, and in the fact that it seems to translate very well to an online format. In fact, most of the sessions outlined here took place online. In terms of diversity, the core concepts and values of the general EFT model, of which EFIT is a part, are grounded in the humanistic experiential perspective of Carl Rogers, who insisted that respect for every individual and a full valuing of the person of the client was the foundation of good clinical practice. EFT is also founded on attachment theory, which views core emotions, vulnerabilities, protective strategies, and the need for safe connection with others to be universal. Belonging and becoming are two sides of the same coin and, in a truly

civilized society, all must belong. The EFT model, and EFIT in particular, is used in many different countries and contexts around the world with almost every possible cultural, racial, and diverse group of therapists and clients. Practicing in different contexts challenges us to renew our curiosity and learn to adapt our interventions in a more refined way to fit particular cultures and particular clients. The EFT stance on diversity and position statement can be found on the website, www.iceeft.com.

In terms of online practice, EFIT interventions appear to be suited to the very factors that clinicians worry will be hard to achieve in digital sessions, namely safety, full engagement and absorption in the tasks, and experience of therapy in a way that shapes effective change. As will be apparent throughout this book, the EFIT model has always focused on creating safe haven sessions and teaching therapists to exhibit authentic, real engagement with clients, the kind of engagement that crosses the barrier from live to on-screen sessions. The focus on emotion and on-target attuned intervention also lends itself to the shaping of engagement with a client's core emotions and significant existential dramas – the dramas that continuously define a client's sense of self. The first large study of EFIT referred to in this volume was also conducted online. Suffice to say here that there seems to be no problem using this up close and personal model of intervention in an online mode.

This text is designed as a primer – a way to orient you and get you started in EFIT. However, we hope that even if you are already an experienced EFT therapist who is using EFIT in everyday practice, this volume will deepen your understanding and expand your repertoire of EFIT interventions. We have deliberately included many transcripts of actual therapy sessions and have repeated key concepts throughout the book to enable you to take in this model and make it your own. There are Play and Practice sections at the end of every chapter to help you integrate what you learn and immediately translate it into practice. DVDs of EFIT in action are available from our institute, www.iceeft.com. As a general model of individual, couple, and family therapy, EFT offers you membership in a supportive professional organization. You are invited to look on the website for an EFT community near you or look for resources in your own language, whether it is Farsi, Romanian, Finnish, Dutch, English, or German.

There is much to do in terms of finally integrating research and practice in psychotherapy, finding ever more effective interventions for emotional disorders and training professionals for life-long creative practice. We know that you will find EFIT an exciting and effective way to reach even your most difficult clients. We hope you enjoy this primer!

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WHAT IS EFIT? LET'S SEE!

This chapter will lead you through snapshots of the change process with an EFIT client suffering from very high levels of post-traumatic stress disorder due to extreme childhood sexual and physical abuse. In fact, Henny fits all the criteria for complex developmental post-traumatic stress disorder (PTSD). Therapist interventions will be outlined to give the reader a picture of what EFIT looks like in practice. The goal here is to give you a visceral sense of what EFIT is about before explaining theory and practice in more abstract terms.

The portrait of change with Henny will focus first on beginning sessions, then on transcripts from the end of Stage 1 of EFIT – Stabilization, and one point in Stage 2 – Restructuring, Expanding Models of Self and Other, where Henny makes significant changes in ordering her emotional world, and shifting her sense of self. In EFIT we think of our ultimate goal as *expanding the self*. This is in contrast to the *constriction* of the sense of self and engagement with others that is typical in chronic mental and emotional distress. The moment-to-moment attunement of the EFIT therapist is guided by the map to basic human vulnerabilities and needs set out by attachment theory and science (Johnson, 2019).

The macro-intervention sequence we call the EFT Tango is used in every session of EFIT, in the EFT model for distressed couples and in EFFT with distressed families. It will be briefly pinpointed and referred to in this chapter.

These interventions and more micro-interventions will be clarified in detail in the rest of the book. There follows a case description. Specifically, examples of key sessions with a client conducted by the first author, Sue Johnson.

Henny bounces into my room, all blonde curls, big hiking boots, and giggles. She talks very fast and immediately engages with me. She tells me she is 50 years old, has had a varied career as a specialized editor and as a teacher of gymnastics, and has two adolescent children, Vinnie and Veronica, who now live with her since the breakup of her marriage 9 months before coming for therapy. She asked her husband, Tom, a dentist whom she met when she was 18, to leave because of his complete withdrawal into his addiction to alcohol, cocaine, and gambling. This was the third time she had left him. Twice before this had involved “running away” to new cities but this time was “final.” She confides that she came for therapy because, “I have always lived in survival mode, just focusing on taking the next breath,” but now she was, “tired out.” She states, “I just shut down and sleep for a whole day now.”

In a breathless rush, she then tells me that she was diagnosed with PTSD after the birth of her second child when Tom turned up high at the hospital and her parents, who live on the other side of the country, paid her a surprise visit to see the new baby. She reports that she went into a “trance” and was “catatonic” for a week in the hospital. Indeed, at the beginning of therapy, her scores on Briere’s Trauma Symptom Inventory (TSI-2, Briere, 2011) were elevated and in the clinical range on all but one (i.e., suicidality) of the key factors on this test. After this catatonic episode she was heavily medicated but currently was taking a moderate dose of anti-anxiety medication only. She tells me that her symptoms had abated for a while but, since asking Tom to leave, she has suffered from nightmares and feelings of hopelessness, panic attacks, and intense flashbacks of her past trauma with her father, who would drug his two girls and repeatedly rape them until they reached puberty. He would always arrange where the girls slept and if you were the one in the most isolated room, then you were “hunted.” Her mother witnessed many of these incidents but would then deny they had occurred.

In spite of this traumatic history, Henny immediately comes across as honest, vivacious, highly intelligent, and eager to grow. She is resourceful, telling me, “I can fix anything. I can rebuild a house if I have to.” She describes holding down three jobs at a time and teaching gymnastics, stating that her skill at gymnastics was an ongoing joy for her. She shares that, as a child, she remembers moving a dresser in front of her bedroom door to keep her father out and other “victories.” She says, “I want a life that feels safe, I want to break the pattern. But now it’s hard – Tom was the only person who ever loved me. Seemed to love me. I don’t trust anyone.”

The goal of Stage 1 of EFIT, Stabilization, is to build a positive alliance and stabilize the client, pinpointing sources of strength and resilience,

shaping coherence and emotional balance, and formulating core treatment themes, dilemmas, and goals with the client. (See the list of EFIT Stages and the goals for each stage at the end of this chapter.) Henny tells me that her life was a “whirlwind” and indeed, she spoke very fast, moving from story to story and from childhood to recent events in an intellectualized, haphazard way that was very difficult to make coherent sense of. I struggled to piece together key events and timelines for childhood experiences, for her relationship with Tom, and for the recent breakup. We moved through assessment (see Chapter 6) and I stayed in empathic reflection mode for most of the first ten sessions, clarifying defining moments in Henny’s emotional life, how she dealt with those moments, and also patterns in how she engaged with others in her life. (We call this process EFIT Tango Move 1 – more later.) If I tried to slow her down, go deeper into any particular moment or theme, she would stop and begin another story.

I focused on shaping a safe EFIT alliance – being emotionally open and available, responsive and engaged with her, normalizing and validating her pain and her dilemmas, and waited for a sense that she was ready to deepen her emotional engagement in the session. At one point, she said she could draw a traumatic scene for me where she was with her mother and sister outside a church. When she gave me the drawing it was simply of the church. I pointed out that the people and the meaning were missing and she laughed and then changed the subject. I continued with the focused attunement and relentless empathy that an attachment-oriented model fosters and waited for her to step past giving me pieces of information and let me into her life. As always in EFIT and in the general EFT model, I wanted her to move into deeper levels of experiencing in the here and now of the session; to move from the detached recounting of ideas and events to a fully engaged, alive, visceral exploration of her present experience. (This can be measured by the Experiencing Scale which we will discuss in Chapter 4.) The deliberate, gradual creation of an attachment-oriented EFT therapeutic alliance is essential to this process. The alliance as characterized by Carl Rogers (1961) is authentic, transparent, and accepting. As suggested by attachment research, the therapist attempts to be open and accessible, emotionally responsive, and fully engaged with the client (Johnson, 2019), in a way that parallels a stronger, wiser security shaping attachment figure.

Gradually, I was able to slow Henny down and help her deal with some of her grief and fear around the breakup of her marriage so she felt more grounded and able to do tasks like filling out the custody agreement with Tom and setting limits on him seeing the girls when he was intoxicated. We also focused on searching for *resilience moments* to serve as a safe haven – a refuge for her when opening up to a painful experience was hard to tolerate. Most often in EFIT this involves a positive moment with a safe past attachment

figure where the self of the client was recognized and valued. However, any kind of moment like this was hard for Henny to access so we searched instead for a moment when she felt “strong and competent.” We found such a specific moment in gymnastics where she did well and was acclaimed. I asked her to close her eyes and I evoked a vivid, alive experience. I summarized this.

Therapist: So you are about 11 and you are up on the balance beam, feeling the beam under your feet, strong, sure of yourself. You run and leap into the air and turn your body, feeling the power, and touch the beam and leap and turn again. You know where the beam is. You know you can leap and curve your body into an arc and then leap again and land perfectly with your arms high. You see your coach’s face smiling at you – at your skill and your courage and your fierce leaps – your risks. Can you feel that in your body as we touch it? (She nods emphatically.) Good. The leap, the turn, the landing. You knew where the ground was – what was real. And you were in your body. This is a good place to go when you are scared and unsure. (She nods again.) And you were just a child – a child who couldn’t let go and sleep for fear of your father coming for you. But part of you was still strong and whole. Henny, you knew you could fly.

We return to this image and use it again and again all through the therapy process.

Gradually, Henny was able to be more emotionally present in sessions and begin to pinpoint key scenes in her childhood that continued to haunt her in nightmares and flashbacks. Her story became more coherent and we began to identify key traumatic scenes. She began to be able to enter and stay in deeper experiencing, which I would systematically assemble and deepen with her. (This is the Tango Move 2 process.) For example, she accessed dinner table scenes as a child when she was in her father’s “strike zone,” and would get so scared she would gag and throw up. There was “no safety anywhere.” She was able to identify and begin to stay with and explore memories that induced “total panic,” such as walking in as her father was raping her younger sister. Generally, she began to be able to connect with her “frightening, alien and unacceptable emotions,” (Bowlby, 1988, p. 138) and to begin to feel them rather than “numbing out and fighting to cope, to fix stuff all the time.” She told me, “Fight, Fix, Numb but don’t Feel,” wasn’t working. She reflected that she wanted to “save others” and fix things in order to not feel so helpless and alone and to “matter to someone at least for a moment,” but usually she would get hurt and numb out and “escape” into a new place or activity. I would help her turn her more vivid and alive emotions into interactions – dramas with key figures in her life (Move 3 of the EFIT Tango). The encounters we worked with were short, such as closing her eyes and telling Tom, “I can’t fix you. I have to give up on us.” After

telling me a dream where she was in a “trap” where she “treads water out in the ocean and swims to people trying to save them all the time,” we also have an encounter between us where I ask her if she can be in the water and let me hold her up sometimes and she weeps and agrees she can.

I always ask her to process key emotional scenes (Move 4 of the Tango), inquiring as to how her body feels and what comes up for her when accessing these memories and relating them to her present pain. I also continually and explicitly validate her and her experience (the last move – Move 5 of the Tango).

After approximately 15 sessions, the process moved to Zoom meetings online due to the pandemic.

A Snapshot Excerpt from EFIT – The End of Stage 1

At the end of Stage 1, we typically see more emotional balance in a client, which translates into more focused awareness and acceptance of emotions, and more ability to reflect on emotional experiences and make coherent sense of them – a sense that challenges definitions of the self as inadequate, unworthy, or helpless. Clients move with the therapist, who is now a safe haven and a secure base, into active discovery mode, and at the same time their window of tolerance widens.

Henny comes into the session saying she is “bitter.” It is her birthday and she remembers, like watching a film, a birthday party where her father started beating on one of her friends at the party. The girl’s parents came to the house to complain but “As usual, NOBODY DID ANYTHING!” The other kids then ostracized her.

Henny: It was brutal. I can see it. He pummeled her. So I told Tom I didn’t want to go out for a celebration. No more roller coaster where he is nice to me for an hour and then ... Gone.

Therapist: Yes. A kind of bitter helplessness comes up when you think of your dad and when you think of Tom.

H: It was all pretending. I remember Mom making cookies! Little morsels of caring. When Dad was nice to you it was off, kind of scary. He was planning something. I’d refuse his gifts. And Tom won’t accept he is an addict. He says it’s me and my PTSD that is the problem, that I’m too needy. That I can’t do regular things like close or lock doors. Always need an escape. Dad said I was crazy too when I resisted him.

Th: Yeah. He robbed you of your reality – denied the brutal reality that you were all alone and helpless and he was a predator – a terrifying, abusive dad. And Tom too ... he let you down.

H: She, my mom, took me to the doctor once cause I was so sore and bleeding down there ... but nothing happened. She made some excuse. I always

said I would escape ... but ... feels like I am still in prison. My sister says she doesn't remember anything but she is a mess so ...

Th: How are you feeling as you say this Henny? You are telling me that you have had to deal with this, what did you call it – life sentence of fear – with no one to turn to, to see you and tell you your pain is real – that it matters – no comfort – and you are heroically fighting for your life again and again. All by yourself. (Tango Move 1 – Reflect emotional processes occurring within self and between self and others.)

H: I don't know. I've done pretty good – lots of jobs – I can speak languages ...

Th: Yes. And we talked about how you are a fighter. An amazingly strong, vibrant lady. Remember our strong story? You can fly – you knew your strength – you were beautiful and you landed strong and balanced. (Evoke resilience image.)

H: (Her eyes fill with tears.) My inner child is broken. What did I do to deserve such horrible treatment? Wasn't good enough to be considered by my husband – I had a medical procedure last week and Tom didn't even ask me how it went – how I was doing. That was hard. (Trigger for emotion – invitation for the therapist to move into Tango Move 2 – Assembling and Deepening Emotion.)

Th: Yes. None of the people close to you in your life have seen you, have they – seen your pain and your fear and comforted you – showed you your pain mattered? That breaks you – that is so terrifying ... to be so vulnerable and abandoned. Unseen.

H: It's difficult ... (Basic perception element of emotion.) And it's sad. (Core emotion pinpointed.)

Th: Yes. Where do you feel that right now? (Body Response is key element in assembly of emotion.)

H: In my chest – here ... (Hits her chest.) And I tell myself – I must fix it. Escape. (Body and Meaning elements of emotion, she adds them herself.) So I go to the gym or work on something but ... (Putting in the Action Tendency element of Emotional Response.)

Th: (Softly and slowly, holding her with my voice.) Right, I'll fix it or I'll run, but inside the sadness and the fear breaks me. (Using proxy voice – speaking as the client.) Inside I am broken and alone. (She nods.) What did I do wrong? How can no one care about me and my pain? No one did anything to help me. Inside the vulnerable part of me is always fighting to not be destroyed by this sadness and fear. ('Broken' is an emotional handle – to be noted and used again and again to open door to the client's experience.)

H: (Very softly and with lots of hesitation.) It's a constant roller coaster – and my daughter Vinnie looks just like my younger sister did when she was little. She has little breasts now. She got mad at me the other day and

Tom isn't protecting her. He takes her to parties. (She goes very still and her eyes get wide.) I looked at her and I just got triggered. I just shut down. For a whole day. Spaced out. I was a zombie.

Th: Yeah. (Softly, slowly.) Can you stay with me right now Henny? Can you feel your feet on the floor? (She nods.) Can you look at me? If I was in the room with you, I would be laying my hand softly on your arm. (Comforting her and containing her emotion – she comes back to me.) That was how you learned to escape, wasn't it? To space out. To escape. That was the only way to survive – to protect little Henny. And now your body just does it for you. And you worry about if Vinnie is safe? (She nods and weeps.) And you saw your little sister being raped by your dad didn't you? (She nods.) And there was nothing you could do – you could not protect her. (She weeps.) You saw what was happening to you happening to her. You were a witness – a helpless witness. (She covers her face in her hands and weeps again. Long silence.) That is unbearable, isn't it? Like your dream of being in the sea holding everyone up. You were in a sea of pain and fear and you had to watch it happen to her – in front of you. That is overwhelming. (She has always stated that she does not remember any actual rape scene where she was the victim. This changes in Stage 2.)

H: (Very quietly.) Nobody did anything. (She holds herself – folds her arms around herself.)

Th: Yeah. Right. There was no safety – no protection. And you said in the last session that your goal was to find a way to have a safe life. Yeah. You couldn't protect your sister or you. You were broken and alone hiding behind your mom's curtains at night, yeah. No safety anywhere. And letting go into sleep is still so hard for you. What is happening Henny – are you with me? This is so hard.

H: (She looks up at me.) Yes. Part of me is rigid – tense. I feel the fear.

Th: I can't imagine how terrible this was for you – my heart breaks that little Henny had to go through this – all alone with no help anywhere. It is amazing that you made it through to be the you that you are now. I hurt for you. (She weeps.) Can you take that in? Can you feel me feeling with you – feeling your hurt? (Move 3 – Choreographing Engaged Encounters – with the therapist this time.) I see your terror and your pain. Overwhelming!

H: Yes. (She laughs.) So different. A switch. To feel that. (Pause.) Helps. (Long pause.) I was thinking that on Mother's Day I felt triggered all day. I couldn't call her. She denied it all.

Th: Yes. She left you – couldn't stand with you. Left you questioning your reality for so long – so alone in the face of all this fear. No one to even help you "know" what was happening. You didn't even have words for what