

## Recognizing and Following Markers

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**Markers, like inukshuks –  (stone sculptural markers that guide travellers in the vast Arctic landscape) – guide our moves through the processes of de-escalation with partners out of the negative cycle, towards the destination of a secure bond.**

## Part 1: Verbal and Non-Verbal Micro-Process Markers

What do EFT therapists listen for moment-to-moment and how do they choose their next move based on what they have just heard or observed? One of the most practical and unique features of EFT as an experiential therapy is the guidance provided by prototypical client reactions or "markers" of client internal experiencing. In *Creating Connections*, Sue Johnson says that markers signal to the therapist to pay attention and to intervene.

This toolbox article is the first of three articles highlighting markers to listen for while attuning moment to moment to each partner and to the impact partners are having on one another in each here-and-now moment. The first article will feature verbal and non-verbal micro process markers signaling for therapist attention and response. The second will focus on responding to these markers in the de-escalation of Stage One and the third will examine markers in the emergence and transference of the bonding events of Stage Two.



** Pay attention! - Non-verbal micro processes**

Therapists who seem to have a magical ability to tune into partners' emotional experiences in the negative cycle are simply paying exquisite attention to non-verbal micro-processes. The leading edge of unaccessed emotion that is driving the negative cycle is frequently hinted at in the non-verbal micro-processes occurring within the verbal "noise." These range from: subtle bodily movements such as pulling back, voice tightening, slight shrug; grand gestures, such as broadly sweeping an arm, turning away, chopping their hand; physiological signs of arousal, such as deep sighs or sudden gasps and blocking behaviours, such as facial muscles tightening or going blank. Pay attention! These limbic brain, bodily arousal markers indicate that the attachment flight-flight-freeze system is activated.

Soft, simple, slow, explicit tracking of these markers is the first and fundamental response towards creating more secure connection. Reflect what has happened, make a process replay, evoke with R.I.S.S.C., and use evocative questions to access different elements of emotion – the cue, the bodily arousal, the meanings or the action tendency. Conjecture with a metaphor about a client's core experience when for example you see a tightened, blank response: *"The blood drained from your face, as though you feel frozen stiff when..."* and repeatedly check for non-verbal and verbal indications from each partner that you are accurately resonating with them.



### **Listen to the leading edge of the words. Verbal micro-processes**

As partners react to cues that signal danger, the emotion implicit in their responses is often hinted at in the words they use. For example: "I am just numb" probably does not indicate that the clients feels nothing, but rather that he or she has a sensation of numbness or a freeze response that the therapist can actively evoke. To do so, the therapist slows the process and unpacks the emotional response, helps the client identify the specific cue that has triggered him or her, the meaning he or she has made of that cue, *"What does that say to you?"*, the bodily response, *"Where/how do you feel it in your body?"* the action tendency *"What do you feel like doing/ typically do in these moments?"* and the fleeting primary emotional response to danger that happens just before the numbness (secondary emotion) appears. *"What was it like in the split second, just before you went numb?"*

Similarly, *"I don't want to be afraid"* implies fear. The therapist responds using empathic reflections, evocative questions and empathic conjectures in the cycle context and right at the leading edge of what the client has expressed but not fully put into words. Therapist: *"You say 'I don't want to be afraid', (repeat slowly) .... and I wonder if a little part of you isn't just that...afraid, maybe?"* Client: *"Uhuh, maybe a little bit, yes."* Therapist: *"Can I get you to stay, to stay with that little bit of fear? Can you feel it here right now?"* (Pause -- look for non-verbal confirmation from her that you are resonating with her). *"Each time he turns to his mother, and not you, -- your fear gets a little bigger? Is that it?"* (Check in with her, track her non-verbal response). *"Are you feeling*

*that fear right now?"* (Give her time to check and respond). *"Where in your body do you feel it?"* (Allow time for her to discover and respond -- points to her stomach and her throat). *"It is much, much safer to get angry and blame him for not letting go of his mother, than to share this fear with him, isn't it?"* (Conjecture) *"In your typical cycle, you don't feel safe enough to share this fear -- you don't even want to feel this fear yourself, is that it?"* (Tracking). *"It makes sense then that when you sense he holds back from you, you swallow your panic, get this knot in your stomach and lump in your throat, and you lash out at him."*

Other verbal micro-markers of implied emotion, on the leading edge of the words, call for the therapist's attention and fine-tuned response: When verbal expression contains poignancy, e.g. *"It's chilling,"* reflect, heighten or conjecture about the poignant element in the cycle. *"It's chilling? hmm, kinda like when you hear her say this, then a chill runs right through your body?"*



### **Redirect clients who veer away from the leading edge of their experience**

When clients give rehearsed descriptions, with a tight seamless quality and there seems to be no way to enter the client's experiencing, be transparent in observation, use tracking, an evocative question or make a process replay of what has just taken place or find a metaphor to conjecture about the client's core experience in the cycle, *"You describe that really well -- and as you describe what must have been very difficult, I find myself wondering... 'What must this be like for you?'"* (transparency/evocative question). Or, *"Several times when I have attempted to ask you how this is for you, you've kept right on talking -- (transparency and tracking) -- almost like you're feeling an urgency to get every detail out, before your story is crushed?"* (conjecture, based on the criticize/demand, withdraw/defend cycle). When clients begin rambling, practice respectful interruption, *"I'm just going to slow you down here, o.k.?"* and re-focus on some emotional handle or process replay, *"A moment ago your voice quivered as you said, to him 'Do you really mean that?'"* When clients speak in vague, general terms with flat or distant descriptions, use immediacy of language, shifting the vague to vivid, the general to specific, the abstract to concrete, the global to the personal and the "then" to "now," using emotionally evocative language. To a partner who relentlessly avoided emotion and spoke incessantly, the therapist says: *"Do you feel anything as your wife says 'I can't take the loneliness anymore?'"* He replies: *"Feel anything? You should see me when I go to Dieppe!"* Therapist replies: *"And it comes up here again when she says 'I can't take the loneliness any more?'"*

Verbal and non-verbal micro-processes signal to the therapist to pay attention and to respond sensitively to the tiniest slices of implicit and emerging emotion. Many markers retain relevance throughout the steps and stages:

- A verbal or non-verbal marker indicating an alliance rupture points to the timeless significance of responding with basic empathy and validation to the disengaged or confrontative partner.

- A partner's sudden nonverbal response to his or her partner indicates some attachment significant fear has been touched, even for a nano-second. This marker directs the therapist to slow the process and replay the moment to evoke or focus on the implicit emotion in the nonverbal response.
- An abrupt exit on the part of one partner or a sudden lapse back into the negative cycle indicates a need to firmly and gently redirect the process back to the exploration that was taking place just before the “exit.”

Since clients' in-session engagement with emotional processing is predictive of success in EFT, it is vital that therapists become skilled at tuning into and responding to verbal and non-verbal micro-process markers. Reviewing video recordings of one's own and others' therapy sessions is perhaps the best way to fine tune one's ability to be guided by process markers, and effectively privilege process over content.

## **To Accompany Markers Part 1**

### **Different Strokes for Different Folks: Tailoring Interventions to Attachment Strategies**

From the outset of meeting a couple, the attachment oriented therapist hears hints from each partner of how they relate towards attachment needs in self and other.



*Markers of avoidant tendencies* are indifference and distancing – “I don’t see what the problem is.” *Markers of anxious tendencies* are desperateness and pursuing – “Why can’t we ever sit and talk like we used to?” Noting the markers of different attachment strategies – (“seemingly different folks”) – the hyperactivation of anxious strategies and the minimization of avoidant strategies – is important from step 1 onward.

In a typical pursue/withdraw cycle, a critical pursuer (anxious attachment strategy) may say, “Even when he is home, he can’t be found. I can never reach him...can never get him to really listen to me at all.” A typical withdrawer (with an avoidant strategy) is likely to say, “I wish we could just have peace and get along, but she is always upset about something!”

Over years or decades of enacting negative cycles, partners may flip in their interactional positioning reflecting a change in attachment strategy. Anxious pursuers may burn-out and shift to an avoidant stance – “I do avoid – I am so sick and tired of hearing how everything is my fault that I can’t be bothered to listen anymore. It hurts too much.” When pursuers emotionally disengage to protect themselves, it can evoke panic from withdrawers who may move temporarily to a reactive pursuing position:

“She spends more and more time with her friends! I can’t get her to do anything with me. She used to complain that I was never here and now I am home all the time but she just can’t be bothered with me now.”

A trauma victim with a combination of anxious and avoidant strategies will display both strategies – “Everytime I try to tell her how she has hurt me, she gets upset! She shuts down and goes away.” (anxious complaints) “I just can’t tell her how angry I am at her, so I bite my tongue and shut up and go farther away each time,” (avoidant withdrawal).

**The EFT therapist tailors** interventions to fit the needs of different attachment strategies, to help make it safe enough for partners with different approaches to trust the therapeutic process and to access emotions that have not been safe to feel. **Anxious partners** have more diffuse absorbing affect. They tend to be flooded with exasperation and unclear overwhelming worries. They are highly reactive, and typically enraged at their inability to get engaged responses from their partners. Underneath the reactive anger is mounting fear and panic that they are not important to their partner. They need a therapist to validate the secondary reactive affect such as rage towards a “defective partner” before the therapist can very slowly unpack and expand this affect to access primary desperation, loneliness or fears of not mattering and of abandonment. To do this the therapist intersperses evocative questions with focused interruptions, validation and reflections.

**Evocative questions:** “What happens inside just before your voice rises and you insist he drop everything and listen to you?” (to evoke a flash of primary emotion).

**Brief focused interruptions:** “I’m going to slow you down right here – just before you said, *I just can’t stand the silence*, I noticed you took a quick peak at him and tossed your head. Can you tell me what you saw?” (to evoke the cue or the attachment meaning).

**Frequent validation:** “I completely understand it is frustrating when his silence says to you, ‘He doesn’t care’ and the more you try to get him to sit and listen to how far away he seems to you (action tendency), the less he seems to listen.” (the cue/the cycle).

**Reflections:** “You say to yourself, if he doesn’t want to sit and talk, I guess I am just not that important to him.”

**Avoidant partners** have been accustomed to numbing emotion and to feeling that any affect is unacceptable. They will need the therapist to patiently and persistently insert more emotionally evocative questions between reflections, heighten any emotional response, refocus on the present moment when the partner exits and offer brief, tentative conjectures one step ahead of the partner’s awareness. Any conjecture must then be carefully checked for emotional accuracy and aliveness with the client.

**Evocative questions:** “You said, ‘I feel nothing -- I make myself busy, so I don’t have to see her rejecting me.’ What happens just now as you say, I make myself busy, so I never, never have to face her rejecting me’? (action tendency) What does it feel like inside to think of that rejection you work so hard to avoid?” (evoking on the leading edge of primary emotion).

**Heighten:** “So dangerous to feel -- so unbearable to risk feeling the anguish of her turning away from you!”

**Tentative conjecture:** “You say ‘It feels safer, this way,’ – almost as though it would be too dangerous to feel how much you are missing her?”

**Check to confirm:** “You said – ‘sort of’ – help me understand -- what sort of fit for you about that?” Or “Are you saying – ‘You bet! – it would way too dangerous to even let myself feel how lonely it is without her?’ “

**Check for aliveness:** “Do you feel a touch of that danger just now? Where in your body do you feel it? Can we stay with that knot of danger you feel?”

**Frequent validation:** “When you are so certain that you don’t matter to her anymore it makes sense that you stay far, far away, to protect yourself from that dreadful sense of rejection.” (connecting attachment meaning to action tendency of avoiding). “Just before the numbness, the wall came up, you said there was a flicker of dread. The wall must feel so much safer than that awful dread!” (validating the blocking of the dread/fear).

It is important for EFT therapists to notice the markers of different attachment strategies to wisely choose different strokes (or interventions) for different folks. Different attachment strategy markers also help the EFT therapist to attune to hints of primary emotional experiences that commonly lie just beyond the edge of client awareness. Attachment theory shows that withdrawers often feel exhaustion with placating, feeling unwanted and undesirable, and fearing failure and engulfment, where as pursuers’ commonly fear abandonment, feeling unimportant, unwanted, and lonely. The toolbox article on markers of present moment emotional experience, can best be utilized in the context of recognizing the markers of attachment differences.

## **Part 2: Responding to verbal and non-verbal micro-process markers in the de-escalation of Stage One**

It sounds reassuring to have a map to follow to achieve de-escalation, but what are the markers of client experiencing that an EFT couple therapist looks for in order to orient herself on this map?

This is the second in a series of toolbox articles highlighting markers to watch for while attuning moment-to-moment to each partner’s experience and to the impact partners are having on one another in each here-and-now moment. The first article (Summer 2012) featured verbal and non-verbal micro-process markers signaling for the therapist’s attention and response. This article focuses on markers of present moment

emotional experience in the de-escalation process. The next toolbox will consider markers of present moment experiences of the cycle.

## Markers of present moment emotional experience

**1. The manner in which an event is described or recounted** presents numerous markers of present moment emotional experience that can be reflected and evoked in an attachment context without getting distracted by the content:



**a) Marker: Strong emotional responses interrupt the story.**

**Task:** Reflect and validate the strong emotion, framing it in an attachment context: “You feel deprived of his attention; you are starving for her acceptance.”



**b) Marker: A partner is incongruently unemotional while recounting a story with a seemingly powerful emotional impact.**

**Task:** Reflect and be curious about the meaning of the partner’s emotional detachment and the incongruence between the intensity of the words and the lack of apparent affect. Use your curiosity to unpack the emotion process signaled by this marker: “You say, ‘All my actions are driven by fear – fear she wants to destroy me,’ as though you were reporting a simple fact - and I can’t help but wonder how very, very terrifying this must be.”



**2. Marker: Emotionally intense beliefs or rigidly held appraisals are stated as facts.** For example:

- “He feels like he is so perfect and I can’t ever get him to hear me. So I have to stop trying.”
- “She never knows how I feel and I know she doesn’t even care.”
- “Nothing can ever change, because I failed to be the husband she wanted and now nothing I ever do can make it up to her.”

These are cognitive appraisals or attachment meanings created to make sense of the unbearable or as-yet-unaccessed primary emotion. These bullets or harsh jabs call for an attachment reframe to soften the blow and to make some coherence out of what is happening in the moment. **Remain clear about whose emotion you are reflecting and exploring. These rigidly held assumptions are not truths to be reflected about another person.** For example, it would not be helpful to reflect in the first example above: “You feel defeated by his feeling so perfect.” There is no indication that he feels perfect but rather that this is the explanation she makes of his habitual responses in the cycle.

**Task 1:** Reflect/reframe these statements as “What you say to yourself?” Or, “Your best attempt to make sense out of your pain, loneliness or fear is to explain it like this.” Or, “When you feel this lonely, (implied primary emotion) you explain it as though he just

doesn't listen or care, (attachment meaning) and it hurts so much you have begun to give up trying to reach him." (action tendency)

**Task 2:** Evoke and unpack the process of emotion that happens before this appraisal is made:

- Understand the cue by asking: "What tells you that she doesn't care how you feel?"
- Evoke the bodily felt limbic sense of attachment danger: "When she says or does that, or when you see that look on her face or hear that tone of voice, (replaying the cue) what happens inside your body?"
- Evoke awareness of the habitual response or action tendency: "When that happens, how do you typically respond?" Or, "What do you feel like doing?"
- Evoke primary emotion: "When you do that, what do you feel on the inside? Is there anything tender that you might feel, even for a split second, before you feel that annoyance?"



**3. Marker: Attachment issues are identified only as a problem with the partner** and no personal ownership is taken, such as: "She is never satisfied with me" Or, "He can never be counted on." (negative working models of other).

**Task:** Frame these problems as central to the relationship distress: "Seeing your partner as largely the problem here, must leave you feeling pretty helpless about how to improve your relationship." Validate: "How difficult it must be to feel that she is never satisfied with you". Evoke the emotional and behavioral responses: "How is that for you to believe that you cannot count on your partner?", Or, "How do you respond to your partner when you feel she can never be satisfied?" Be transparent about the need to further explore and join together as detectives to discover how they are caught in a cycle or a dance that seems to be hurting both of them and keeping both of them from getting their mutual needs for acceptance and intimacy met.



**4. Marker: Powerful, but conflicting emotions are present at the same time.**

There could be intense anger mixed with twinges of primary fear or futile helplessness tinged with shame or worthlessness. Another common example is seen in expressions of hurt – the complex blend of anger, sadness and fear of loss.

**Task:** Begin by validating the obvious (secondary) anger in criticism, for example, and the futility or nervousness in withdrawal. Until a client is ready to stay with the leading edge of the emotion long enough to reformulate the reactive emotion as fear or abandonment or rejection, the therapist needs to stay in the present moment with him or her by accepting and validating the secondary reactivity first. Gradually the client may move slowly into the leading edge of the more vulnerable emotion, with gentle conjectures or evocative questions.



With hurt, validate what is most accessible, such as the anger and evoke or conjecture about another part such as sadness or even fear of losing: “I get the part of you that flares up in anger when you see her shut down (validate). I wonder if perhaps there is an edge of fear too in your heart as you say, ‘There she goes – she just shut down! Will she ever let me back in?’”



#### **5. Markers of attachment significance in a replay of the last fight.**

Partners reactively recount their last fight – as though looking for the therapist to choose sides or to solve the problem.

**Tasks:** To stay out of problem solving and the content trap, EFT therapists engage partners in moment-to-moment experiencing, by noting and responding to markers of attachment significance. Reflect obvious emotion and ask evocative questions to access each element of the emotion process. For example, with an anxious client, validate the obvious surface frustration, the assumptions and explanations made to explain what the other partner did. Possibly conjecture at the implied loneliness and how that relates to their fury. With an avoidant partner, validate the apparent numbness and the hints of helplessness and inadequacy, and how that relates to their dismissive actions. Also focus on the typical sequences of how they interact and protect selves with attacks and counter attacks (such as “The more you hide, the more I panic and chase you; the more you criticize, the more I sink and defend myself.”)



#### **6. Marker: Repeated stories of pivotal moments or *sore points* that have obvious significance for one partner seem unimportant or confusing to the other.**

**Task:** Stay with each partner in turn, validating the emotional significance for one and the confusion for the other. Expand the significance of the event for the troubled partner, using it as a reference point for each one’s emotional music and track how the dance unfolds: “It sounds like how you guys often get caught in this distancing dance - Jane, you continue to rage at Tom for forgetting your mother’s birthday, and Tom you shrug and say ‘it’s not such a big deal, I can’t be perfect,’ -- almost as though your attempts Jane to get Tom to hear your pain, touch that place in you Tom that dreads to hear you have failed Jane, so you her brush off. And Jane, your pain grows deeper with the sense he doesn’t care.”

The first four markers described above have focused primarily on partners’ inner emotional experience, whereas the last two markers open the door to exploring the cycle as it is triggered in-session. When you can use these markers to enter and expand your clients’ world, partners begin to experience themselves and each other in a new light, thus paving the way toward de-escalation. Following the attachment-based map of delineating and de-escalating negative cycles becomes much easier when we recognize that our clients are giving us markers along the way to guide our responses.

Watch for a toolbox article in the next newsletter about markers to follow in choosing your moves when the cycle happens in-session, and when the cycle frame change event is becoming a reality.

## **To Accompany Markers Part 2**

### **Emotion is more than a feeling: The elements of emotion in action**

By Lorrie Brubacher M Ed, LMFT and Alison Lee, Ph.D, C. Psych

Beginning EFT therapists sometimes feel caught in a cul-de-sac of reflecting and evoking feelings and then asking themselves, “What next? How do I engage the partners in accessing and unpacking more of their experience?” We want to give you a way forward, out of the cul-de-sac: When you view emotion as a feeling-meaning-action process you will find many ways to unpack emotion, understand how it is quickly triggered and unfold the cycle.

The markers described in the toolbox article, elsewhere in this newsletter, can best be understood against the backdrop of this information-processing model of emotion. Attachment emotions in close relationships are triggered rapidly and automatically because they are essentially about scanning the partner’s reactions to evaluate the safety of the attachment bond. They happen much faster than conscious thought and they trigger behaviours and emotions much faster than conscious thought has time to intervene.

Let us take a well known, simple example, used by J Ledoux in *The Emotional Brain*, that illustrates how emotions, wired into us by evolution, help us to survive and propel us toward actions long before we have time to engage in conscious thought. We are walking through a forest and we nearly step on a coiled object. We jump back horrified that we may have incurred terrible danger, before looking more closely and seeing that we nearly trod on a coil of rope. Whew, a close shave! What happened here was that we saw something that was potentially dangerous – a poisonous snake? The sight of the coil was the **cue** that was rapidly assessed by our limbic system, and we jump back and discover that our pulse is racing and we are breathing hard. We just made a preconscious limbic appraisal – is this environmental cue safe or dangerous?

We are constantly reacting to such cues in our environment. In the example above there was:

A **cue** (the coil)

A **rapid limbic appraisal** (safe or not safe?)

A **physiological arousal** (racing pulse etc.)

An **action tendency** (we jumped back), and

A **cognitive appraisal** (oh, wow, it's only a rope).

There is also **EMOTION** here – the **primary**, first-felt emotion of course was fear – although we may actually only be aware that we feel relief. Possibly we may also feel secondary anger – “Who left that coil of rope there to scare me anyway!!” These are the elements of emotion in action. Whether or not we consciously recognized our fear, this emotion motivates us to act in the face of danger.

If we are walking through the jungle, we are more likely to be vigilant for danger than if we are in our own back yard. Apply this concept to the most important thing in our lives, our close relationships: When we feel safe, secure and loved, we are less likely to be reactive to a moment of disagreement or impatience, whereas when we feel insecure and unloved we may become as ‘on guard’ as we are when we walk through the jungle.

Let us now take the elements described above one at a time and see how distressed couples might react to each other:

1. **Cue** – Emotion is triggered by a cue. We are always reacting to external signals received through sensory channels. Distressed couples are exquisitely attuned to each other and react rapidly to facial expressions, body language or tone of voice. One glance of that lowered eyelid or tense jaw signals danger of a partner's displeasure. Alternatively, a partner may react to an inexpressive face, sensing distance and an indication that the partner is unavailable.
2. **Limbic Appraisal** – This is a preliminary, rapid assessment of safety or danger that is pre-conscious and pre-verbal. In distressed couples, it becomes the “Oh-oh!” alarm bell in the negative cycle, long before any relationship-threatening thoughts are formulated.
3. **Physiological Arousal** – Once a cue is appraised as dangerous, there follows a physiological response (heart racing, head-pounding, knots in stomach). The body is preparing for a fight, flight or freeze survival response. Clients are frequently unaware of this response; however, Gottman found that in withdrawn, stonewalling men, heart rate and blood pressure increased sharply in response to cues that their spouses were displeased with them. It seems the body senses before the mind knows.
4. **Cognitive Appraisal** – We then attempt to make sense out of the bodily arousal we are experiencing. In our primary relationships, we tend to create attachment-threatening meanings such as “He is not there for me”; “She is not safe”; “I am failing in her eyes”; “I am not good enough for him”. These attachment meanings, made to explain the bodily felt arousal and the cue we perceived, are responses – to the limbic danger bell. The primary feelings such as fear, panic or shame reinforced by such thoughts often go underground after a

fleeting nanosecond, and are replaced by secondary emotions such as anger, despair or numbness.

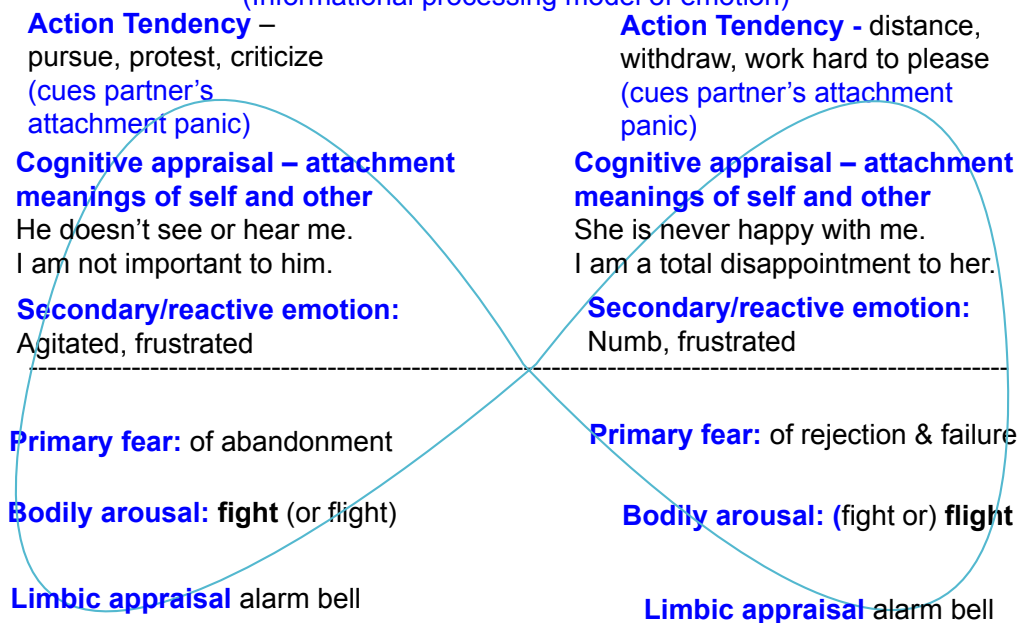
5. **Action Tendencies:** – These are verbal and non-verbal behavioral responses to the fight or flight arousal. They may include total silence or the subtle signs of bodily arousal such as tension in voice tone or strained facial muscles. We all have our own habitual methods of dealing with threat. Some partners pursue, demand and/or attack while others have learned to distance, defend, counter attack *or use a combination of these*. These are responses to the momentarily felt attachment panic, rapidly overlaid by protective secondary anger, despair or numbness.
6. The action tendencies of one partner are then quickly recognized by a distressed partner and in turn become the cues or triggers for the second partner's limbic brain to sound the alarm bell warning of attachment danger (attachment panic). And once again, primary emotions like fear, panic or shame are likely to be pushed underground and covered with less vulnerable emotions. The partner will more likely engage in his own action tendencies of protective distancing or blaming.

The infinity loop metaphor which Scott Woolley developed to illustrate the cycle between partners nicely illustrates the steps of the process of emotion in action: each side of the loops represents one partner as he or she reacts to cues from the other. The entire loop represents how, as a system, each partner triggers and reacts to the other.

In order to join with a couple in de-escalating their negative cycle, each element in this process of emotion needs to be noticed and followed processed (reflected, experienced and shared in dialogue with partners). The elements of emotion which are not apparent or within partners' awareness need to be evoked and expanded. EFT Steps One and Two typically include awareness of the parts above the dotted line in the infinity loop. These include cues/behaviours, appraisals and secondary emotions.

## Elements in the process of emotion

(Informational processing model of emotion)



Steps Three and Four of EFT involve accessing the underlying primary attachment emotions and how they can be triggered in the cycle. For example, when one partner is critical and blaming, this can cue feelings of inadequacy, worthlessness and fear of failure and rejection in the other which can cause attachment panic (“I will surely lose her as I am such a disappointment to her”). Similarly, actions of withdrawal and distancing can trigger a partner’s attachment panic often in the form of abject loneliness and fears of being unimportant and abandoned.

The EFT therapist is continually watching for markers of underlying emotions that are on the leading edge of awareness. For example, a client expresses reactive secondary emotion: “I am so exasperated with him! I have tried ten ways to get his attention, and he doesn’t hear me!” The first task is to validate the secondary emotion: “Of course you are frustrated with him when it seems to you that he is not taking time to hear you.” This helps the client to feel seen and immediately brings down the level of anxiety / reactivity in the room, which then opens the door for furthering exploration and linking the elements to each other.

To further unpack the emotion, the therapist sandwiches reflections with evocative questions such as the following, to access the different elements of emotion:

- “What do you see that tells you he is not listening?”
- “When do you get the message that he is ignoring you?” (to evoke the cue or trigger for her exasperation)

- “What sensations do you feel in your body when this happens?” (to evoke awareness of physiological arousal)
- “What do you feel like doing when... (to evoke the action tendency)
- “What does it tell you when he does not listen?” (to evoke this attachment meaning).
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In the context of the client’s appraisal, the implied attachment meaning is, “I do not matter enough and am not important / loveable enough for him to bother with me”. After validating the reactive secondary emotion in the context of this delineated experience, there is more safety to evoke primary attachment emotions that are minimized, avoided or discounted.

Holding in mind the information processing model of emotion as it unfolds in these series of cue-feeling-meaning-action elements (discussed in this article) is immeasurably valuable to the EFT therapist in tracking the cycle and accurately joining with our clients’ experiential worlds while they work to discover their hidden unmet attachment needs. The (physical) feeling is an access road to the initial raw felt sense of attachment panic, the primary emotional experience underlying secondary anger or the numbing that fuels the cycle. This vague bodily sense needs to be up and running so the EFT therapist can help partners move beyond simply naming primary emotions, into processing and reprocessing fears and anguish about being alone and unacceptable and to eventually risk reaching coherently and clearly for their attachment needs to be met.

### Part 3: Responding to interactive markers in de-escalation

This toolbox article is the third in a series of articles highlighting markers signaling for therapist response. This article delineates interactive markers to follow in Stage One when the cycle happens in session and when the cycle change event becomes a reality.

#### Markers of present moment experiences of the cycle



**1. Marker: Partners demonstrate position markers of closeness/distance, control/resignation.** Doug distances and resigns from any sense of relational influence or power. Kate pursues and pushes for contact, using every strategy of influence she can find, and then retreats behind her wall.

**Task: Before saying anything - make an emotionally attuned picture of the typical position that each partner takes in the relationship** (pursue/demand or withdraw/defend), along with their experience and their emotional responses. Intentionally inhabit each partner’s position. Step inside Doug’s world of distancing from his wife’s disappointment and exasperation with him, and feel how he gets caught in his attachment meanings of failing, simultaneously disappearing and trying hopelessly

to do what he thinks she wants, eventually collapsing in helplessness and resentment. Step into Kate's shoes and feel the rage of trying endlessly and to no avail, to pull her husband close and to get him to respond, presuming she is unimportant or unloveable eventually giving up and recoiling in despair and depression! **After attuning to the different nuances of the distancing and pursuing positions, track explicitly how each partner's behavior evolves from his or her inner experience yet how each partner's behavior pulls the other into the repetitive reactive cycle, as illustrated below.**



**2. Marker: The rapid automatic pull of the negative cycle happens in the room.**

You see each partner suck the other into reactive behaviors and emotions.

Kate's complaints or tears immediately compel Doug into stiffening his body, hanging his head and muttering, "I can never get it right!" This response just as quickly triggers Kate to bristle, toss her head and seething through her teeth, declare: "It never, ever changes! I have tried every way possible to get him to respond!"

**Task 1: Track the cycle in brief, concrete, specific ways that match their moment to moment experience, first with one and then the other, checking with each reflection that you are accurate**

"Doug – it looks like the sight of Kate's tears, shoots some pain through your entire body (conjecture)– I saw you stiffen as she wept and then immediately hang your head (process replay) as though in despair that you can never seem to get it right with her, (conjecture) Is that what is happening for you?" "Kate when you see him hang his head and turn aside, saying he can never get it right, (process replay) it's as though you see him turning away from *you*. Is that it?" (wait for her response.)

**Task 2: Clarify how the behavior of one partner miscommunicates and pulls the partner into a compelling and hurtful response.**

"Kate, you don't hear about his despair at letting you down, and you immediately get angry that he has turned away from you? (attachment frame, validating secondary) You both get caught so quickly into this spin that your longings, Doug to be a good husband (attachment longing for acceptance and safety) and your longings Kate to be close (attachment longing for connection) get totally lost. You are both left in pain and loneliness: Doug feeling pain that she is disappointed in you and Kate feeling abandoned and alone."

**Task 3: When none of the above help the couple to see their cycle in action, because of the pervasive impact of trauma and shame, draw on the liberating power of the "I" in RISSC.** The power of metaphor/imagery can provide a validating safety for partners' dissociation or reactivity. Jack's hurls hostile insults mixed with demands for openness and closeness, triggering Mona to cringe timidly, while quickly shooting the therapist a glance of despair, that seems to say, "Look what I have to put up with!" Even simple reflections or evocative questions are met with resistance. A tender metaphor is accurately reflective of their negative cycle and non-threateningly evokes their primary emotions: "It is like you are two little kittens, longing to curl up together in the basket and feel the warmth of each other's bodies, and yet Mona you tread gingerly around the

outside of the basket, not daring to move into his warmth, and Jack you tremble with loneliness and rejection longing for her to move close.”



**3. Marker: Partners makes positive contact with one another.**

**Task: Reflect the moments of emotional engagement as a relationship strength.** For example: “When Kate said, the times we spend together are so much fun, you said, ‘Yeah like taking the kids to the water slides, remember?, and you shared this wonderful laugh together, and I see how in spite of all your despair, you can share moments of warm connection.”



**4. Marker: Partners reach a moment of positive connection and suddenly one exits.**

**Task: Explore what happened in that moment to trigger the distancing move.** (Evoke the “danger cue” (limbic brain warning and/or negative attachment meaning/perception) that interrupted the connection. For example, “I noticed that when you said, ‘I am unbearably lonely!’ Doug put his hand on your knee and you turned away. Can you tell me what happened inside just before you turned aside?”



**5. Marker: Sudden exit from emotionally engaged exploration.** A partner, who is emotionally engaged in exploring the elements of his or her emotions in the relationship, suddenly exits from the exploration into reactivity of the negative cycle.

**Task : Redirect the exploration and stay with the task of unfolding this partner’s emotional experience from cue to fear to exiting** (one side of the infinity loop).

Maintain a focus on the process of unpacking this partner’s emotion, validating that the automatic negative cycle began to take over again, being transparent about the process of following the trail of the of emotion to the primary fear and the resulting action tendency.

e.g. “I realize you were doing something very difficult here – exploring how very, very lonely and sad you feel behind this wall of protection that you have put up to keep the pain away.....and then suddenly your body shifted – you stopped your tears -- and said ‘What’s the use!’ Can we please slow down and go back to see what happened when you were saying, ‘I have this wall – I need this wall or it would hurt too much!’ I almost had the sense that it became too dangerous to let him see that you *are* missing him and needing him? That it was almost safer to put the wall back up, than to feel your sadness?”





**6. Marker: Couple engages in familiar negative cycle, as identified in step 2 and then one or both partners recognizes their interactions and/or emotional experiences as part of the common negative cycle.**

**Task: Focus on one specific partner's position in the cycle and on how he or she experiences the "danger cue." Taste and savor the newly accessed attachment emotion that is typically pushed aside in the negative cycle. Continue to replay the interaction between the appraisal of danger, and the automatic protective response in the cycle** that is gradually being recognized as a cover for a hidden melody of attachment needs and longings. Help each partner to connect their primary emotions to typical behaviors and create enactments. For example, choreograph a pursuer to own: "You are so important to me, that in my panic of losing you I chase you away or I strangle you. I am beginning to see how I unintentionally destroy your sense of value, trying to hold you close!" Help a withdrawer to acknowledge: "Your acceptance and happiness is so important to me that when I hear your frustration, I freeze and disappear to keep from disappointing you....to keep the peace between us."



**7. Marker: Partners get the cycle from a cognitive meta-level but remain removed from the impact** of the cycle on their partner and themselves. For example, they do not understand the impact of their distance or their pursuit. At an experiential level they have not grasped the cycle reframe: A blamer still feels her partner is really the one who needs to change and a distancer believes he has yet to find a better way to meet the demands and requests.

**Task: Therapist needs to actively intervene to foster engagement of each partner in their own experience and action tendencies.** Ask yourself, "Has each partner actually accessed a felt sense of the primary emotion just before their reactive behavior takes over?" Sometimes a couple claims to know their cycle well, and yet a withdrawing partner has not fully accessed the fear he or she is running from. Withdrawing partners are frequently so focused on placating so their partner is not so angry, that their most catastrophic attachment meaning underlying the attachment fear may not have been articulated. For example, "My fears and needs don't matter...I am just trying harder to be there for her. The core fear/music driving the cycle may not yet have been expressed: "I am terrified I could lose her." A critical pursuer, claims to recognize their cycle, yet remains distant from his part in the cycle. Accessing his shame in response to her holding back, he accesses his deepest fear: "I am afraid I am unlovable to her, and I am terrified to ask her. It is just safer to disappear in shame and blame her for holding back."



**8. Markers of acceptance of the step 4 cycle reframe:** Both partners recognize their emotional experiences and attachment meanings as distilled and linked to the ways they cue their partner's core attachment fears and defenses. They are able to recognize and stop the cycle and have some sense of being co-creators of their distancing dance.

**Tasks: Celebrate and heighten the accomplishment of level one change.** Reiterate the emerging new perceptions of the partner and the more vulnerable emotions that have previously been covered by the habitual (cycle) responses and anger and nonchalance. Describe the value of staying in therapy to transform the cycle so that together they can calm each other's fears, meet one another's needs and create a positive cycle that will build cycles of growing safety and security.

The interactive markers outlined above point to therapist tasks of responding to both moments when clients recognize they are caught in the automatic attachment cycle and moments when they are unaware of having been sucked into the cycle. They highlight the need for an EFT therapist to maintain focus on tracking emotional experience as they trigger or become triggered by the cycle, particularly when partners exit from this exploration. In all cases the therapists tasks consist of making the implicit explicit, collaborating with partners to more coherently articulate how the triggers of attachment panic are escalating their interactions, and how one's response is the trigger for the other's fear. Heightening the fully felt sense of acceptance of the cycle reframe is the final task, opening the doorway to Stage Two bonding events.

Watch for a toolbox article in the next newsletter about attending to markers and the interventions they call for in the emergence and transference of the bonding events of Stage Two.

## **Part 4: Markers that Point the way to Stage 2 Bonding events -Step 5**

**This fourth article seeks to add 4 markers to the EFT Therapist's toolkit: markers that point the way towards Stage Two bonding events.**

In Stage One of EFT we are constantly attentive to signals of client internal experiencing that trigger interpersonal reactions, and interactions that trigger internal experience. The de-escalation of Stage 1 is complete when partners have gained a concrete, vivid and alive awareness of how they pull one another into their typical, rigid patterns of absorbing negative affect, and can congruently own their part in the dance. They see their partner in a different light. At this point the EFT therapist is on the lookout for markers for the journey into Stage Two.

Stage 2 is about expanding the previously hidden core emotions of each partner. While in the distress cycle, partners hide their primary emotions from themselves as well as from their partners. Thus a major task of step 5 for both withdrawer and pursuer is to engage with self and with disowned attachment fears, such as fears of abandonment or rejection. The newly expanded experiences and views of self and of other orientate the experiencing partner to his or her own needs (such as needs for reassurance of caring and acceptance) and mobilize him or her to new action tendencies and to send clear congruent messages about these fears and needs



**1. Markers of readiness to begin “Round One” of Stage Two with the more withdrawn partner. (The first round of Stage Two, steps 5, 6 and 7 is to engage the withdrawer to step assertively into the relationship. The second round is for the pursuer to reach from a position of vulnerability towards the newly engaged partner.)**

**The pre-requisite marker: De-escalation.** The couple recognizes moments of being pulled into the cycle in the therapy room or can describe occasions on their own when they have recognized the cycle and have been able to stop it or can take ownership for how their fears and reactions are triggered and how they trigger fears and reactivity in their partner. **Task:** At this point, the EFT therapist is attuned to partners’ primary unmet attachment needs or fears that get triggered when they feel unsafe or disconnected. The task will be to reflect or evoke the primary emotion of the more withdrawn partner. Frequently it is some variation of fearing rejection and feeling exhaustion from striving to keep the peace and to gain approval or appreciation.

**The in-the-moment marker: the more withdrawn partner touches and/or begins to talk about the primary emotion identified in Step 3 which has triggered an automatic withdrawal or defensive position.** The therapist must be finely attuned to all verbal and non-verbal micro-processes described in the first article, to detect this marker.

**Task: Engage and expand primary emotions of withdrawer**

Stay with any glimmers of that primary emotion – moving around in that experience with the client and heightening the emotion. Work on the leading edge of the partner’s experience, using interventions of reflecting, evoking, and conjecturing, to expand the felt sense and meaning of this core fear or pain.

EXAMPLE: Mike, the more withdrawn partner exhales a big sigh, radiating despair. The therapist, mindful of his fear of disappointing his wife, conjectures, “How very painful and exhausting it must be to be forever on guard for her signs of disapproval!” “Yes, confirms Mike, “My despair is .... (pause) .... my feelings of inadequacy which come directly from things she says. My radar is always on -- always on guard for signs/tone that she is displeased with me.”

After engaging the more withdrawn partner deeply in his or her attachment fears and needs (step 5), the therapist will help him or her to distill this expanded experience and disclose it to the other partner, leading towards completion of “Round One” of Steps 5, 6 and 7.



**2. Marker of readiness to begin Round Two of Stage Two with the more pursuing partner: a resurgence of the step 3 fears and insecurities in the pursuer.**

Step 5 with the more pursuing partner does not begin until completion of the first round of steps 5, 6 and 7 where the withdrawn partner has re-engaged first with self and then courageously and with assertiveness stepped forward and asserted fears and needs to the other partner. Typically this new experience of a previously withdrawn partner evokes a **resurgence of fears and insecurities in the pursuer**. This is a marker to begin Round Two of Stage 2 – this time with the pursuer stepping fully into dis-owned fears and needs.

For example, following Mike’s re-engagement, Cathy says, “He seems more caring -- All I have ever wanted is to feel that you see me -- I have that now. BUT I still have a huge fear that I am not important to you! It is a huge fear -- a huge need and I lash out and become demanding. I feel ashamed, humiliated. I am afraid you’ll disappear again -- feel I am being punished -- I get a sheer panic -- I am desperate for him to reach out for me.”

**Tasks:** Similar to the Round One of Stage Two, **engage and expand the primary emotions**, though this time it is with the pursuing partner, being careful to distinguish between fears related to view of other (“afraid you will disappear again; afraid I don’t matter to you”) and fears related to view of self (‘afraid I do not deserve your love; afraid I am too desperate for you to want me.’) After the pursuing partner engages fully with the primary fears, **choreograph an enactment** for the pursuer to share fears with the now engaged withdrawer and follow the markers into step 6 of partner’s response and then into supporting the blamer’s step 7 reach.



**3. Markers of barriers to expanding primary emotion:**

**Marker 3a: Experiencing partner exits** just as you join with their core vulnerability. An exit may be changing the topic or denying that your repetition of their experience is accurate. Less blatant exits could be indications of discomfort (fidgeting, squirming, crossing arms, sighing and so on).

**Tasks:**

- a) **Persist with curiosity:** Use playful voice, show your confusion and willingness to be puzzled when client dips into the vulnerable emotion and quickly exits. “You just touched that dreadful fear of not being able to get it right with her, and

when I repeated that now, you say, ‘No that is not quite right’ .” Track the moment-to-moment process. Evoke the experience (“What just happened inside as you crossed your arms and said –‘not really...’?”) and conjecture at possible discomfort (“Is it almost too painful to stay with this exhausting, painful watchfulness that stalks you everyday? Is it almost frightening to recognize how much your survival seems to depend on being enough for Carol?”). Allow time and space for client for reflect and organize his or her experience.

- b) **Lean into this primary attachment need and fear.** Stay with it in spite of the discomfort it evokes, engage with it, unpack in. Normalize and validate the discomfort and difficulty. For example, a partner cannot engage with the vulnerable primary emotion when shame has the upper hand – so validate the immediate impulse (action tendency) to want to hide: “It makes sense you’d just want to hide, if you fear she’ll reject you when she sees how much you struggle in silence.” Then, to deepen exploration, evoke (“Can you say more about what you imagine might happen if she sees you do not feel like the confident provider you think she wants you to be?”) or conjecture at the fear or pain and sadness embedded in that shame, (“It must be so exhausting to...”). Use RISSC to maintain exploration of the bodily felt sense of this fear, sadness, despair, pain, helplessness that is so great, and link it to the automatic self-protective attempts to regulate these unbearable emotions.

**Marker 3b: Observing partner interrupts.**

**Task: Gently and firmly block the interruption/interference**, while acknowledging how foreign and difficult it is to hear how their partner has misread them and hidden all this from them for so long. (“It is very hard to hear ....and I do want to hear your experience in just a moment – I will come back to you.”)

Continue to direct the process and deepen the experiencing partner’s exploration



**4. Marker that the core attachment fear is online and is fully distilled:**

**Marker that the core attachment fear is online: client has a bodily felt sense of the emotion.**

**Marker that the core attachment fear is fully distilled: client can link the felt emotion to its typical action tendency.**

Frequently a marker of emotion being online is when the primary fear, or pain or sadness being shared is congruently visible in the partner’s body, voice, or face. The therapist, however, to evoke a **bodily felt sense**, can also check, “Are you feeling that fear right now? Where are you feeling it?” Having confirmed that the emotion is “online” the therapist needs also to look for a marker that the emotion has been fully distilled (coherently synthesized). **A marker that emotion is fully deepened and distilled is a partner’s engagement with a felt sense of core attachment fear while**

**linking the fear to his or her typical ways of regulating this fear.** A withdrawer acknowledges, “I do hide and shut you out when I am so afraid of not measuring up in your mind.” A more pursuing partner owns, “I do criticize you and get harsh and nasty when I am terrified that you don't even want to respond to me anymore.”

**Task: Choreograph an enactment,** making sure that the experiencing partner remains emotionally engaged in the primary emotion. Refocus if he or she exits from primary emotion.

Heighten enactment of habitual position (“I hide in fear of...” or of emerging new position (“I am tired of walking on eggshells – I want to let you see who I really am...”))

Example: Therapist says to Mike, a withdrawn partner “Can you turn to Cathy and tell her how overwhelmed you get – How afraid you are that you cannot please her and how this fear stops you dead?” Mike, “I get overwhelmed. The message that I disappoint you stops me dead. I can’t meet your expectations. But I stop - I do hold back and totally freeze. It is less risky to be accused of doing nothing than to be accused of doing the wrong thing. I do need you. I need to feel safe. I want to feel close.”

This article adds markers to your tool box for Step 5 processes: markers for when to *begin* step 5 with the withdrawer and the pursuer and markers of core attachment fears being adequately online and distilled, signaling for step 5 enactments. The more withdrawn partner's step 5 emerges after cycle de-escalation, when he or she touches core attachment fears, whereas the more blaming partner's step 5 emerges after the withdrawn partner has stepped into an engaged position in the relationship. There are similar markers for following and expanding core primary attachment emotion in both the withdrawer's and pursuer's steps five.

## **Part 5: Markers in Stage 2 Bonding events, Steps 6 and 7**

*This is the final toolbox article on following EFT markers through a couple’s relational landscape towards secure connection. It delineates markers of readiness for Step 6 (promoting acceptance of partners’ newly expressed attachment fears) and Step 7 (facilitating clear reaches for attachment needs to be met). It also touches on markers to enter Stage three.*

### **Marker to begun Step 6**

(Promoting acceptance in the observing partner)



**Experiencing partner takes a new position with attachment fears:**

In Step 5, the experiencing partner discloses clearly, while congruently in touch with inner experiencing, his or her worst fears and biggest threats to safety in the relationship and how this is linked for example, to their position of hiding and defending, or criticizing and pushing. These new positions are markers for step 6.

**Example of a withdrawer's new position in Step 5:** a clear expression of the pain and exhaustion of hiding and holding back and the fears of falling short of the mark. Mike says, "I am exhausted with tiptoeing and trying to be good enough for you! I want to stop feeling so unworthy and inept in your eyes. Exhausted from holding back – so afraid to depend on you because I am so certain I will lose you and then I don't know what I'd do!" This disclosure is a marker for a Step 6 response from the partner.

**Example of a pursuer's new position, (after the former withdrawer has completed Step 7 and stepped courageously into the relationship):** a vulnerable disclosure of her fear of disconnection and abandonment and her shame at her huge need: "I am afraid he'll disappear again -- and again I will feel I am being punished -- I get a sheer panic --and then I lash out!" So afraid he will disappear – I can't count on him). (View of Other) "I am desperate for you to reach out for me. I am so ashamed of how much I need you!" Her fear of reaching shifts to her negative view of self: (unworthiness and shame). "I have this embarrassingly huge need for closeness - I feel ashamed, humiliated. (View of Self) This step five disclosure of her distilled fear and shame is a marker for a Step 6 response from the observing partner.

#### Tasks:

1. **Support observing client to experience the impact (let in/be moved by)** of his/her partner's new way of *being*. Repeating the specific experience that has been disclosed, ask e.g.: "What is it like for you to hear that he fears he doesn't deserve your acceptance and is exhausted from trying so hard to be enough for you?" What happens for you as you hear this?" It is new for the withdrawer to be so assertive about his fatigue at holding back and feeling undeserving. It is new for the pursuer to be so vulnerable about her fears and needs.
2. **Validate moment to moment experience and shift in perception**, such as in Prue's Step 5 when she says "[This needy part is] just an awful part. It's a horrible part." This was the marker for Sue to evoke Mark's experience and promote his acceptance of this new view of Prue.  
 S: Right. How do you feel about that Mark?  
 M: I'd love it if you'd show that part –  
 P: No.  
 M: It's been so long since I've felt you've needed me---you've wanted me -- That's part of who I fell in love with – you needed me -- you used to be able to show me that part more.

3. Therapist's task is then to **heighten this acceptance** – this new experience of one another and to choreograph a response from the observing partner: “Can you tell him/her what this is like to hear ...?” “Can you share this (i.e. acceptance) with her?”
4. If the observing partner cannot accept this new view, **empathize and validate the difficulty of hearing this presentation of the partner** (e.g. Validate, “It is very hard to hear h/h say, ‘I am exhausted trying to be enough for you!’” - repeating what partner said.). Help him/her to unpack the experience. The acceptance could be blocked by confusion, disorientation, anger or fear. Encourage an acknowledgment of their position: “Can you tell him/her ‘I am too angry right now to hear you or recognize that you are taking any risks here.’”
5. **If observing partner attacks or discounts, catch bullets** (reframe and conjecture as to the attachment meaning of this harsh reaction.) For example when Prue says, “He must really have hid [his feelings] – first time I have seen them – I mean where have they been all this time!?, Sue catches the bullet, conjecturing “It’s almost like you are saying – ‘Why haven’t you give me a chance to hear from you and respond to you?’ Is that what you are saying?”
6. **Track, heighten the new dialogue** that emerges in steps 5 and 6.

**Markers to begin the Step 7 Reach**(Step 7, first with the more withdrawn partner and then with the more pursuing partner are the two transforming change events of “Reaching and Responding” that form the antidote to disconnection and insecurity.)



**Marker 1. Experiencing partner expresses the core emotion from step 5 (e.g. fear of losing; fear of disapproval), but hasn't accessed the embedded attachment needs and longings.**

**Task 1:** Use evocative questions and responses, reflections, heightening and empathic conjecture to access and formulate the embedded needs and wants.

Examples with a Withdrawer:

Evocative Questions: “Feeling the tightness of that fear right now in your chest, what do you long for?” “How could she help you with that fear?”

Reflection: “You said – ‘I am afraid to look in her eyes – I am afraid she will judge me.’” --

Conjectures: “Almost as though you are longing for her acceptance or reassurance that it really is you she wants – is that it?”

Examples with a Pursuer:

Evocative Question: In that place – (therapist touches her own heart – the place the pursuer has located this bodily felt sense) where you feel so small and unworthy, what do you long for from him? How can he help you with that fear of being unlovable?

Conjecture: Almost as though you are saying I get terrified at how big my need – I long for you to hold me and assure me I am a good person, worthy of your love – is that it?”



**Task 2:** Heighten attachment emotions to evoke the embedded longings and needs. For example: Fears of rejection and being found inadequate, imply longings for reassurance and acceptance. Feeling unwanted evokes a longing for reassurance that one is wanted, desired, needed. Shame and emptiness can call forth a longing for acceptance and assurance of worth, and so on. Fears of abandonment and unworthiness imply longings for comfort, reassurance and connection. Check for confirmation after making a conjecture. Heighten the longings.



**Marker 2: The experiencing partner tells *the therapist* of his/her needs, wants and longings.**

**Task:** Choreograph a reach - an enactment for the experiencing partner to express this newly emerging longing as a request or a reach, directly to the partner.

Example with Withdrawer in step 7

Heighten the growing sense of entitlement and longing to have a right to have a place in this relationship. While this primary emotion is “online”, invite the experiencing partner to step in towards the partner, and ask for his/her needs to be met: “Can you ask her to help you? Can you ask her to reassure you that it is safe to depend on her? -- that in spite of all your slip-ups and fears of letting her down, that it is really you she wants?” “Can you tell him, ‘I long to be enough for you -- to even feel safe to ask if I deserve you?’ ‘I long for there to be margin for error.’ ‘I want to feel safe committing to you and know you won’t give up on me!’ Can you turn and ask for this reassurance?”

Example with Pursuer in step 7

Invite the reach while the fear is at a boil. Heighten the fear and then invite the reach: “So afraid she won’t find you acceptable if you show her who you really are.” “So afraid you look pathetic and needy and he won’t want to comfort you.” Can you risk it? Can you take the leap right now to ask him if he can accept you like this?”



**Marker 3: Experiencing partner makes a request for support or a reach for reassurance in a very hesitant, tentative manner.**

**Task:** Track, reflect and validate the hesitancy. Heighten the courage it takes to make this reach or to take the leap of faith that the partner will respond. Encourage them to repeat the request or process how it was to make this very important reach towards their partner.

Seed attachment to encourage and heighten the unmet longings for a safe response from the partner. “You couldn’t imagine reaching and finding she wants you totally just as you are! It feels so foreign to let her see how crumbly and imperfect you feel when you’ve lived so long thinking she just wanted superman?”

## Markers for choreographing the Step 7 “Reach-Response”



**Marker 1: Experiencing partner makes a clear reach for attachment needs to be met.** (Withdrawer steps assertively into the relationship and asks for what he/she needs to stay engaged.) (Pursuer, from a position of vulnerability asks for what he/she needs to feel safe.) Examples:

**Mike, a former withdrawer takes a new position** with his fear: “I do need your acceptance I need to know I am good enough for you -- that I am not a disappointment to you!” I want you to stop the bombardment - then I can come out of hiding.” “If I risk depending on you can you assure me you will not give up on me and walk away?”

**Cathy, a pursuer asks:** “Do I deserve your company when I am so desperate?” Can you love me like this?”

**Task: Support observing partner to respond:** Following the step 7 reach, support an emotionally engaged enactment from the observing partner and process and heighten this new bonding moment for each partner. To an engaged withdrawer following a blamer’s step 7 reach: “Can you tell her what happens for you when she asks if she deserves your company when her need is so enormous?”  
Mike: “Absolutely you deserve my company! I am here for you!” He is drawn towards her by her expression of vulnerability. “You are important incredibly important to me! You are everything to me!”



**Marker 2. The observing partner discounts the other partner’s needs and requests for reassurance, support or acceptance**

**Task: This common experience from Step 6 reminds us that empathy and validation for non-acceptance is fundamentally important.** Validate the observing partner’s difficulty, frustration or anger, and hold them while supporting the experiencing partner to stay emotionally engaged with their primary fear and to make a request or a reach arising out of this alive fear, anguish or exhaustion.

## Markers of readiness to move into Stage Three



**The prime marker for Stage Three Consolidation is that partners are experiencing a new safety and connection.** The former Withdrawer and Pursuer have fully expressed the attachment fears and needs and have accessed the motivation and courage to risk reaching congruently to their partner to ask for their deepest attachment needs to be met (safety to stay engaged / and safety to remain soft and open) and the partner has been pulled in to a supportive, connecting response. The previously more critical partner shows acceptance and appreciation for the other partner’s more

assertive and engaged position and the former withdrawer in a newly engaged position shows responsiveness, engagement and solid presence to the other partner.

**Tasks:**

Support the couple to visit old problems with the newly developed security.

Support creation of a narrative of how they have moved from distress to connection and how this impacts problem solving.

Discuss rituals for keeping their love alive