A TASK ANALYSIS OF THE WITHDRAWER RE-ENGAGEMENT EVENT IN
EMOTIONALLY FOCUSED COUPLES THERAPY

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Abstract

A discovery-oriented task analysis was conducted to delineate what therapist interventions, behaviors, and responses and client emotional processes are involved in successful withdrawer re-engagement in Emotionally Focused Couples Therapy (EFT). EFT is an empirically validated approach to treating couples. Withdrawer re-engagement is seen as a key element of the change process in EFT; yet limited research is available as to how the process is facilitated in session. Seven videotaped samples of successful withdrawer re-engagement were critically examined using task analytic methods. Therapist interventions and client emotional experiencing were assessed using the Emotion Focused Therapy Coding Scheme (EFT-CS) and the Experiencing Scale (EXP). Implications for future research, clinical practice, and training are discussed.

Keywords: withdrawer re-engagement, task analysis, emotionally focused couples therapy, EFT
A Task Analysis of the Withdrawer Re-engagement Event in Emotionally Focused Couples Therapy

Individuals, couples, and families with complex clinical issues characterize today’s psychotherapy landscape. Psychotherapy research should strive to reflect the intricate and contextual nature of therapeutic issues. In spite of this need for more “real life” research, the couple and family psychology field is predominated by randomized control trial (RCT) designs, which focus on establishing the efficacy of a particular treatment within a tightly controlled context (Sexton, Kinser, & Hanes, 2008). The field’s overreliance on RCTs has led to a phenomenon known as the research practice gap. The gains derived from psychotherapy outcome research seem to have little impact on actual practice (Pinsof & Wynne, 2000). To address this gap and enhance the delivery of evidence-based treatments, studying the process of change across couple and family therapy interventions is needed (Sexton, Gordon, Gurman, Lebow, Holtzworth-Munroe, & Johnson, 2011).

The purpose of the present study is to critically examine what therapist behaviors, interventions, and responses, and what client emotional processes facilitate change during withdrawer re-engagement in Emotionally Focused Couples Therapy (EFT, Johnson, 2004). EFT is an empirically validated approach to treating couple distress and has received substantial attention within the literature, amassing a large base of outcome and process research (Lebow, Chambers, Christensen, & Johnson, 2012). To date, process research on EFT has focused on the blamer softening event (Bradley & Furrow, 2004; Bradley & Furrow, 2007), attachment injury resolution (Makinen & Johnson, 2006), therapist presence as a predictor of client emotional experiencing (Furrow, Edwards, Choi, & Bradley, 2012), and the role of novice therapists’ attachment styles on service delivery (Wittenborn, 2012). Greeman and Johnson (2013) recently
noted how an intensive examination of change processes associated with withdrawer re-engagement is needed to establish a more comprehensive understanding of EFT and link key theoretical concepts to clinical practice. Using task analytic methods (Bradley & Johnson, 2005; Greenberg, 1986; 2007), the present study examines key components leading to withdrawer re-engagement, adding substantively to a more complete picture of how change is facilitated in one of the most well studied models of couples therapy to date.

**The EFT Change Process**

Susan Johnson and Leslie Greenberg developed Emotionally Focused Couples Therapy (EFT) in the late 1980s. Johnson further refined and developed the model. EFT is manualized (Johnson, 2004) and delineated into three stages of change comprised of nine steps. The first stage of change within EFT is *cycle de-escalation*. The interventions used in cycle de-escalation reduce the intensity and rigidity of negative patterns of interaction that erode relationship satisfaction. Cycle de-escalation is achieved when the couple has established a “meta-perspective” of their interactions and the rigidity of the pattern begins to lessen and fade (Johnson, 2008). Each partner gains an experiential sense of his or her role in the conflict escalation process. The negative cycle is reframed as the barrier to closeness and partners stand in unison.

Stage two of the model, *restructuring interaction*, facilitates secure attachment bonding between partners (Johnson, 2004). According to Bowlby (1988), secure attachment is established when individuals are emotionally accessible to one another in times of distress. Two key change events characterize the process of creating secure attachment in EFT. The first change event is called withdrawer re-engagement and is defined as the more withdrawn and/or dismissing partner shifting his or her pattern of relating from emotional avoidance to connection
The second change event is blamer softening and is defined as the more critical, attacking partner shifting from a position of anger to emotional vulnerability (Bradley & Furrow, 2004). The process of blamer softening has been critically examined through task-analysis and process oriented research (Bradley & Furrow, 2004; Bradley & Furrow, 2007; Furrow et al., 2012; Johnson & Greenberg, 1988). A complete and comprehensive understanding of withdrawer re-engagement remains more elusive (Greeman & Johnson, 2013; Rheem, 2011).

The majority of the therapeutic work in EFT occurs during stages one and two. Stage three of EFT, consolidation and integration, is the shortest stage (Johnson, 2004). Through the process of cycle de-escalation, withdrawer re-engagement, and blamer softening, a positive pattern of interaction and emotional engagement has been established. The couple is better suited to address relational problems that previously plagued them, such as dealing with finances, child rearing, caring for aging parents, and other common life challenges (Johnson, 2004). In addition to addressing these content-oriented problems from a position of secure attachment, couples in stage three are encouraged to explore and create new relationship rituals and bonding experiences to maintain the gains established over the course of treatment.

**EFT Outcome Research**

According to a recent review of the couple therapy literature, EFT is one of two empirically validated approaches to treating relationship distress, the other being Integrative Behavioral Couple Therapy (Lebow et al., 2012). A meta-analysis of four randomized outcome studies on EFT found an effect of $d = 1.30$ (Johnson, Hunsely, Greenberg, and Schindler, 1999). That is, the average person in the EFT treatment group scored approximately one-and-a-third standard deviations better than the average person in the control group at posttest on dependent measures associated with relationship adjustment. This effect is impressive considering the
effect sizes for couple therapy have ranged from $d = .54$ to $d = .87$ (Dunn & Schwebel, 1995; Shadish & Baldwin, 2003). The reported EFT $d$ effect of 1.30, however, should be interpreted with caution as it is based upon four studies identified as high quality. The generalizability of these findings to extant EFT clinical trial research is unknown.

Since the initial meta-analysis in 1999 over 20 outcome studies investigating EFT have been published. Recent investigations on the effectiveness of EFT have included issues such as changes to threat response in the brain following EFT treatment (Johnson et al., 2013), sexual assault (MacIntosh & Johnson, 2008), depression (Denton, Wittenborn, & Golden, 2012; Dessaulles, Johnson, & Denton, 2003), chronic illness (Clothier, Manion, Gordon-Walker, & Johnson, 2002; Furrow, Lee, & Bradley 2015; Gordon-Walker, Johnson, Manion, & Clothier, 1996), and cancer (Couture-Lalande, Gerrman, Naaman, & Johnson, 2007; McLean et al., 2008). EFT is an effective intervention for couples facing significant life and mental health challenges. These outcome studies are important because they critically examine the applicability of EFT beyond general relationship distress.

**EFT Process Research**

In addition to the expansive base of outcome studies, numerous process-oriented investigations have been conducted on EFT. Johnson and Greenberg (1988) conducted the first process-to-outcome study of EFT. They investigated therapist and client interactional sequences associated with positive outcome. Positive outcome in sessions of EFT is associated with deeper levels of emotional processing, the presence of couple “softening,” and more affiliative responses between partners. Greenberg, Ford, Alden, and Johnson (1993) found that the underlying process of change in EFT is associated with the clear expression of attachment-related emotion and needs. These types of expressions are associated with more positive
communication and feelings of closeness between partners. A key strength of process-outcome research design is linking theoretically driven mechanisms of change with final outcome. Process-outcome research is suited to study well-developed theories of change that can be accurately measured; however, establishing causal inference is often challenging and does not provide a complete picture of how change is facilitated in-session (Elliot, 2010). Rice and Greenberg (1984) have suggested an “events-based” approach for examining in-session change. Task analysis is an events-based approach to psychotherapy research, which seeks to discover (phase 1) and validate (phase 2) key components leading to successful resolution of problem states during therapy (Greenberg 1986, 2007; Rice & Greenberg, 1984). According to Elliot (2010), an events-based approach to process research, such as task analysis, compliments process-outcome research, leading to a more comprehensive understanding of change in psychotherapy.

Bradley and Furrow (2004) conducted a phase one task analysis of the blamer softening change event in EFT and developed a model of therapist interventions leading to successful softening. Nine videotaped demonstrations of blamer softening were collected for analysis; however, only four were utilized because five examples did not include the presence of a therapist led enactment. The therapists in these videotapes never asked partners to turn and directly communicate with one another, which is a necessary component of the EFT change process outlined by the manual. Interestingly, Susan Johnson conducted all four blamer softening events that were task analyzed. The model of softening was characterized by six therapist themes, including the processing of attachment-related fear stemming from a negative view of self. Based upon their observations of the unsuccessful softening videotapes, Bradley and Furrow (2007) proposed five ways softening attempts are derailed including: (a) lack of an
attachment focus, (b) absence of attachment-related emotion, (c) inadequate exploration of softening partner’s fears of reaching out to the other, (d) undifferentiated views of self and other, and (e) lack of an enactment between partners. Because the model of blamer softening outlined by Bradley and Furrow is based on the author of EFT, the generalizability of the findings to the typical practitioner is unknown. Furrow, Bradley, and Lee (2015) have extended this research with a task analysis of softening events with other EFT practitioners to verify components of the model as outlined in the 2004 study.

In another phase one task analysis Milikin (2000) examined the process of attachment injury resolution among couples. An attachment injury was defined as a significant moment of emotional need that was not met by one partner, such as an extramarital affair. Milikin’s research produced a nine-step attachment injury resolution model (AIRM). Makinen and Johnson (2006) conducted a phase two task analysis to verify if the AIRM discriminated against resolved versus non-resolved couples. Twenty-four couples identified as having an attachment injury were examined. Of the couples who were resolved following treatment, a link was found between the presence of the AIRM, deeper levels of emotional experiencing, and more affiliative responses between partners, and positive outcome at the conclusion of treatment (Makinen & Johnson, 2006). Menses and Greenberg (2011) also examined the presence of AIRM components with eight couples identified as having emotional injuries. They found, of the four couples that were resolved, the forgiveness process was characterized by key elements of the AIRM, including the expression of remorse and acceptance of forgiveness.

In contrast to the more developed research examining blamer softening events and attachment injury resolution, the withdrawer re-engagement change process remains more uncertain. Rheem (2011) conducted a preliminary task analysis of withdrawer re-engagement
based upon two couples. Rheem found the process of re-engagement was characterized by a series of enactments around primary emotions and speculated that because withdrawers are more easily overwhelmed by their affect, a series of enactments helped the re-engaging withdrawer acclimate to deeper levels of emotional experiencing in-session. This study represents an important first step in understanding the process of withdrawer re-engagement and closing the gap between what is known about blamer softening and attachment injury resolution with re-engagement. The present study builds upon Rheem’s work with the addition of more couples and EFT practitioners. Withdrawer re-engagement is theorized as a necessary component and precursor to successful blamer softening within EFT (Johnson, 2004). An enriched understanding of how withdrawer re-engagement is facilitated is needed to advance EFT theory, practice and training (Greeman & Johnson, 2013). The present study assesses both therapist and client processes to provide a comprehensive model of change in EFT (for an extensive review of theory and research see Appendix A).

Method

Couples

The principal investigator (PI) solicited videotaped demonstrations of withdrawer re-engagement through the EFT list-serve. The couples in this study were drawn from a data set of 12 couples that participated in treatment with advanced-level EFT practitioners at four sites. All couples provided consent for their treatment to be recorded and for videotapes to be used in process research. All of the couples consisted of a male and a female partner. Six of the seven couples were married and living together; one couple was not married and cohabitating. All of the identified withdrawers were men. Two individuals identified as African-American; five individuals identified as Hispanic/Latino(a); and, seven individuals identified as
White/Caucasian. The length of relationship ranged from four to 19 years ($M = 10.85$, $SD = 5.20$). The ages of partners ranged from 27 to 44 years old ($M = 38.64$, $SD = 5.48$).

**Practitioners**

Four EFT practitioners were involved in the sample for this study: two men and two women. One practitioner was a licensed clinical social worker, two were licensed marriage and family therapists, including the PI who provided one videotaped demonstration of withdrawer re-engagement, and one was an advanced marriage and family therapy graduate student. All practitioners had completed a 30-hour externship in EFT based upon the manual. All practitioners had completed an advanced year-long four-weekend training series focused on refining core skills in EFT. Three of the four practitioners were certified EFT therapists and the advanced MFT graduate student was in process of completing EFT certification, in accordance with standards set forth by the International Centre for Excellence in Emotionally Focused Therapy accrediting body (ICEEFT; www.icceeft.com). Certification as an EFT therapist is a competency-based training process that includes participation in a 30-hour externship, an advanced year-long training, 40 hours of supervision from an approved EFT supervisor, and submission of two clinical cases with accompanying videotapes. A formal training committee at ICEEFT then reviews the videotapes to verify competence.

**Raters**

Two doctoral students and two master’s students served as raters. Raters were divided into two teams, one for each coding measure. The PI and one doctoral student served as raters for the Emotionally Focused Therapy Coding Scheme (EFT-CS; Bradley, 2001). Two master’s students served as raters for the Experiencing Scale (EXP; Klein, Matheu, Gendlin, & Kiesler, 1969; Klein, Mathieu-Coughlan, Kiesler, 1986). The PI, who is a certified EFT therapist, and has
prior experience using the EFT-CS in task analysis (Furrow et al., 2015), conducted all training. EFT-CS raters had previous training and education on the basic theoretical and clinical tenets of EFT. The PI and doctoral student on the EFT-CS coding team have completed the 30-hour externship in EFT based upon the treatment manual and ICEEFT standards. In addition to the externship, the PI and doctoral student on the EFT-CS coding team completed a four-weekend advanced training series on EFT approved by ICEEFT. The two EXP raters have completed a 16-week course on EFT.

Training specific to the EFT-CS began by reviewing the coding instrument, how it is administered, and how to differentiate between each code. This initial introduction to the EFT-CS was conducted during two, 90-minute meetings. Following the process of reviewing the EFT-CS, simulated coding was conducted on seven practice transcripts. The PI based the practice transcripts upon actual therapy sessions collected over the last several years of involvement in the EFT training community. EFT-CS raters coded one practice transcript independently per week. After coding independently, EFT-CS raters met to discuss ratings, review disagreements, and how to improve agreement.

Training on the EXP followed the established protocol outlined by the manual (Klein et al., 1969; 1986). The PI conducted all training meetings for the two EXP raters. A total of 10, two-hour meetings were used to train EXP raters. Each training session consisted of readings from transcripts of actual therapy sessions, listening to the audiotape (included with purchase of the training manual), and practicing the rating technique (Klein et al., 1969). Ten practice transcripts were coded per meeting, totaling 100 practice transcripts at the end of the training process. The length of each practice transcript, and accompanying audiotape, ranged from 2 to 8 minutes (Klein et al., 1969). Practice ratings were compared with criterion ratings in the manual.
The PI and EXP raters discussed ratings, points of disagreement with the criterion ratings, and how to improve coding agreement.

At the end of the rater training process inter-rater agreement was calculated using Cohen’s kappa (Cohen, 1960) to evaluate if the process was effective on both the EFT-CS and the EXP. Cohen’s kappa was used instead of a raw agreement index because it rules out agreement that may occur due to random chance (Cohen, 1960). Kappa coefficients for the EFT-CS raters at the end of training ranged from $\kappa = .78$ to $\kappa = .83$. Kappa coefficients for the EXP raters at the end of training ranged from $\kappa = .63$ to $\kappa = .74$. According to Landis and Koch (1977), the following benchmarks should be used when using Cohen’s kappa to determine inter-rater agreement: .0 to .2 slight; .41 to .60 moderate; .61 to .80 substantial; .81 to 1.0 almost perfect.

**Measures**

**Emotionally Focused Therapy Coding Scheme (EFT-CS).** The EFT-CS (Bradley, 2001) was developed for use in EFT process research (see Appendix B). The EFT-CS was created by operationally defining key EFT interventions in Johnson’s (2004) manual and reviewed by experts (Bradley, 2001). The EFT-CS is designed to code therapist response modes at each “talk turn” level, where a talk turn is defined as when a therapist speaks between client responses (Bradley & Furrow, 2004). Bradley and Furrow established construct validity using a second coding scheme, the Classification System for Counseling Responses (CSCR; Highlen, Longborn, Hampl, & Lassiter, 1984). They found that codes on the CSCR correlated in predicted ways with codes on the EFT-CS lending initial support for the validity of the EFT-CS. Inter-rater agreement between coders ranged from $\kappa = .83$ to $\kappa = .92$ (Bradley & Furrow, 2004). Agreement between EFT-CS raters for the present study was calculated from three randomly
selected transcripts. Coefficients were in the substantial agreement category (Landis & Koch, 1977) and ranged from $\kappa = .82$ to $\kappa = .84$.

**The Experiencing Scale (EXP).** The EXP (Klein et al., 1969; 1986) was developed to measure the depth of client emotional processing in session (see Appendix C). The EXP is a 7-point rating scale where 1 represents the lowest level of emotional engagement—superficial engagement—and 7 represents the deepest level of emotional engagement. Scores rated at 3 or above are considered productive experiencing (Klein et al., 1969). Klein et al. (1986) assessed reliability of the EXP by coders from 15 studies where psychotherapy segments were analyzed. They found kappa coefficients in the .80s to .90s for 12 of the 15 studies. Variations in coding were unrelated to segment length or type of data coded (e.g., transcript versus videotape versus transcript and videotape combined). Reliability and validity of the EXP has been assessed in numerous studies. According to Klein et al. (1986) the EXP is associated with successful therapy outcomes and with personality variables indicative of expressive and self-reflective tendencies. Agreement between EXP raters for the present study was calculated from three randomly selected transcripts. Coefficients were in the substantial agreement category (Landis & Koch, 1977) and ranged from $\kappa = .62$ to $\kappa = .73$.

**Procedures**

**Selection of clinical change events.** The PI sent an email to the EFT list-serve requesting videotaped sessions of withdrawer re-engagement for task analysis. Practitioners at four sites responded to this request and provided videotapes of potential withdrawer re-engagement sessions for review. First, a certified EFT therapist, supervisor, and trainer/director of the Chicago Center for EFT nominated two videotapes of withdrawer re-engagement. Second, two EFT trained therapists in private practice at The Couple Zone, a center in Houston, Texas for
couple therapy specializing in EFT, nominated two videotaped sessions of withdrawer re-engagement. Third, the PI, a certified EFT therapist, nominated one videotaped session of withdrawer re-engagement from his private practice work. Lastly, videotaped sessions of EFT spanning 8-10 treatments for seven couples were obtained from a recent outcome study that was conducted on the campus of the University of Houston-Clear Lake (Furrow, Lee, et al., 2015). The PI located potential sessions of withdrawer re-engagement events from the outcome study by using therapist case notes and treatment records. Because the PI submitted a videotaped example of withdrawer re-engagement the dissertation chair reviewed this videotape to verify inclusion in the study.

A total of 12 videotapes were nominated for inclusion in the study. All videotapes were reviewed and screened for the presence of withdrawer re-engagement by the PI and dissertation chair. Consensus agreement was used to evaluate which tapes met inclusion. A total of seven videotapes were selected for analysis based upon the following change event parameters for withdrawer re-engagement as outlined by the EFT treatment manual (Johnson, 2004): the therapist asked the more withdrawn partner to turn and share his/her attachment related fears and needs with their partner within a high degree of emotional experiencing. That is, the therapist initiated an enactment. Successful withdrawer re-engagement, or resolution, was characterized by the more withdrawn partner carrying out the therapists request for the direct expression of attachment-related fears, needs, and wants, resulting in their partner reaching back with support and affirmation.

Previous literature on task analysis has noted the importance of examining therapy sessions conducted by highly trained therapists behaving in theoretically consistent ways (Bradley & Johnson, 2005). Because the overarching goal of the present investigation was to
critically examine the process of change during successful withdrawer re-engagement events within an EFT framework, it was essential that the examples demonstrated a high degree of fidelity to the model. Each of the potential sources for tape collection outlined above met the requirement that therapists demonstrate high fidelity to the model based upon the following reasons: (a) the Chicago EFT Center director, the PI, and the therapists at The Couple Zone are all certified as EFT therapists, (b) all therapists involved in the videotaped segments have completed the 30-hour externship in EFT and four-weekend advanced training series, (c) the outcome study of EFT used fidelity checks including individual supervision, weekly group supervision, live bug-in-the-ear supervision, and utilization of the treatment manual as outlined by Johnson (2004).

**Task analysis.** Task analysis (Bradley & Johnson, 2005; Greenberg, 2007; Rice & Greenberg, 1984) is a rigorous discovery-oriented research methodology designed to critically examine in-session change events such as withdrawer re-engagement. Task analysis is delineated into two phases: discovery and validation (Bradley & Johnson, 2005; Greenberg, 2007). The discovery-oriented phase of task analysis is characterized by four steps: (a) specifying change event parameters, (b) rational model building, (c) empirical analysis and, (d) synthesizing rational and empirical observations. The present study is a discovery-oriented task-analysis.

**Specifying the change event parameters.** The event marker is defined as a behavioral problem state, often including cognitive-affective difficulties, that arises during psychotherapy (Greenberg, 1986; Greenberg, 2007). Greenberg recommended that a priori audio and videotaped sessions be evaluated, as well as the theoretical and conceptual literature, to discern possible parameters of the change event such as the marker, the therapist/client performance, and the problem resolution. To establish change event parameters of withdrawer re-engagement the PI
utilized the EFT treatment manual (Johnson, 2004); the EFT workbook (Johnson, Bradley, Furrow, Lee, Palmer, Tilley, & Wooley, 2005), which contains numerous vignettes of withdrawer re-engagement based upon actual clients; and, the EFT training video entitled *Re-engaging Withdrawers* (ICEEFT, 2009), where Susan Johnson, the author of the approach, demonstrates the withdrawer re-engagement change event. Based upon these sources, the event marker used in the present study to signal a re-engagement attempt is the therapist asking the more withdrawn partner to turn and share his or her attachment related fears and needs with their partner within a high degree of emotional experiencing. Successful withdrawer re-engagement occurs when the more withdrawn partner responds to the therapist’s request for direct expression of attachment-related fears, needs, and wants, and the more blaming partner responds by reaching back with support and affirmation.

**Rational model of withdrawer re-engagement.** Greenberg (1986; 2007) and Heatherington, Friedlander, and Greenberg (2005) have noted the significant role of theory, clinical acumen, and prior researcher experience in establishing an initial rational model of successful task resolution. A theoretically derived rational model of therapist and client performance is constructed and acts as the basis for empirical observation. Based upon EFT theory (Johnson, 2004; Johnson et al., 2005) and the PI’s prior clinical experience, the rational model of withdrawer re-engagement predicted therapist interventions would facilitate the following sequence (see Figure 1): (a) the therapist tracks, reflects, and evokes the more withdrawn partner’s primary emotion associated with their avoidance and distancing within the relationship, (b) the therapist heightens and deepens the withdrawer’s more immediate and emerging primary emotion, highlighting the significance of the attachment needs associated with their present experience, (c) the therapist initiates an enactment whereby the withdrawer, within
a high degree of emotional experience, expresses their attachment hurts, needs, and wants to their partner and, (d) the therapist shapes and promotes the partner’s reaction such that mutual accessibility and responsiveness is promoted, highlighted, and directly expressed to the re-engaged withdrawer.

**Empirical Analysis.** The empirical analysis is the heart of the discover-oriented phase of task analysis and involves the intensive observation of actual therapist and client performance (Greenberg, 1986). The empirical analysis in the present study examined therapist interventions and behaviors and client emotional experiencing via two coding schemes, the EFT-CS (therapist) and the EXP (client). The purpose of the empirical analysis is to produce codified observations of therapist and client performance resulting in successful withdrawer re-engagement in EFT.

Raters for the EFT-CS and EXP independently coded each transcript and then met with one another to discuss disagreement and determine a final rating for each talk turn. Raters for the EFT-CS produced one or more codes for each therapist “talk turn” and the raters for the EXP produced a two-point code (peak and mode) for each client “talk turn.” A talk turn is defined as a complete therapist or client response. At times, the talk turn would be comprised of two therapist and/or client statements capturing a complete thought as noted in the following example (EFT-CS and EXP codes are in boldface):

**Therapist:** And the uneasiness continues. You know, I guess we talked about this a little bit before: “I’m going to stay in this place, and I don’t know what I’m going to do,” you know. I guess it’s sort of like wondering which road I’m going to go down. (**H2 [Heightening]**)

**Withdrawer:** Yeah, because… I mean, in the past, you know, before, and she knows this, I had a very bad temper and little things would just set me off. And, you know, I
went through a very tough time doing that. And again, I’ve learned to control; to calm myself down; to give myself a little breath. So, if I’m always around and present, around that uncomfortable feeling, it just sets off something. And either I just build up a wall or I just get really just distant and shut down, which is not at all what she needs. She doesn’t need that part of me at all, and nor do I want to bring that out. And that’s why, you know, again, I try to be positive about everything (T: Yeah), and just do what I can to make her comfortable enough to let me know. (4-4)

*Therapist:* Right. ‘Cause if you don’t do that, then you might sit…and if you don’t do that, she won’t kind of tell you what’s going on, and then you might sit with this, this uncomfortable feeling, which kind of then might send you down a road you don’t want to go down. Because, you’ve been there, and it was awful…

*Withdrawer:* ...way too many times.

*Therapist:* Way too many times. So that’s what you get concerned about. Do you think she knows about this concern? I called it a fear, but. (ECI [Empathic Conjecture])

*Withdrawer:* I mean, fear comes when anything’s wrong with her. You know, if anything’s wrong with her, or, you know, if she feels sick or something like that. I get fearful for her, you know, when she’s by herself. That’s my fear: that something happens to her. (4-4)

In this example, two complete therapist and client talk turns received EFT-CS and EXP ratings. While not highlighted in this specific example, it is possible for more than one EFT-CS code to be applied to talk turn. The EXP mode rating (first number) is best understood as the overall
level of experiencing for a talk turn. The EXP peak rating (second number) is the highest level of experiencing achieved in talk turn. Because of this, it is possible for a talk turn to receive an EXP rating with different numbers (e.g., 3-4). Because one of the videotaped demonstrations of withdrawer re-engagement came from the PI’s own clinical work, the second EFT-CS rater had final decision-making authority about ratings assigned to therapist talk turns. All final ratings for the other videotaped examples were arrived at by consensus agreement.

_Synthesized model of withdrawer re-engagement_. In an effort to integrate the theoretically derived underpinnings of the rational model with the codified observations, the two were compared and contrasted with one another to determine how the newly observed components of withdrawer re-engagement fit with the proposed steps. The process of examining the similarities and differences between the predicted model of withdrawer re-engagement and codified observations led to a synthesized model. The synthesized model represents a bottom-up approach to capturing key components associated with successful withdrawer re-engagement (Bradley & Johnson, 2005; Greenberg, 1986; 2007). Results outlining the most frequently utilized EFT interventions, level of client experiencing, and thematic shifts from the synthesized model is provided next.

**Results**

**Frequency of Coded Responses**

To answer the question, “What therapist interventions, behaviors, and responses are used to facilitate withdrawer re-engagement” an analysis of the most frequently used EFT interventions was conducted following the coding process. A total of 423 EFT-CS codes were applied to therapist talk turns across all transcripts. The most often-utilized therapist responses as measured by the EFT-CS were _Heightening_ (35%), _Evocative Questions and Responses_ (20%),
Validation (12%), and Restructuring Interaction (8%). The four interventions outlined here accounted for almost three fourths of the coded EFT interventions. After this, the EFT-CS response modes decreased sharply with the next highest one (Empathic Conjecture) accounting for less than 3.5% of all therapist interventions. At times, more than one EFT-CS code was applied to a talk turn if the therapist utilized more than one EFT intervention in a given statement. Two notable sequences or patterns of EFT-CS codes emerged. The first pattern of interventions was Evocative Question—Heightening—Evocative Question (4%) and the second pattern was Restructuring Interaction—Heightening—Restructuring Interaction (3%). During the codification process, we observed that one of these three EFT-CS patterns would appear sequentially in one therapist talk turn. While the frequency of these patterned responses is much lower than the singular interventions outlined above, their presence was notable. See Table 1 for the percentages of each EFT intervention and patterned sequence across all seven transcripts.

The EXP (Klein et al., 1969, 1986) was used to evaluate the unfolding process of emotional experiencing during withdrawer re-engagement. Each client talk turn was assigned a mode and peak rating of EXP in an effort to track how client experiencing unfolds throughout the session. Across all seven transcripts of successful withdrawer re-engagement, EXP modal ratings were reflective of intensifying emotional experience. Peak ratings were indicative of emotional experience leading to new insights about the self, including requests for support and reassurance. Client emotional experiencing during withdrawer re-engagement ranged from level two (limited emotional experiencing) to level six (new emotional experience leading to new insight). See Table 2 for a summary of the varying levels of EXP and associated EFT interventions during the re-engagement process. These ranges of emotional experience and
associated EFT interventions will be discussed in light of the various components of the synthesized model.

**Synthesized Model of Withdrawer Re-engagement**

The synthesized model of withdrawer re-engagement (See Figure 2) was derived by contrasting observations from the empirical analysis with the rational model. On average, the withdrawer re-engagement process took 20 to 25 minutes to complete. The synthesized model of successful withdrawer re-engagement follows three streams of processes: that of the withdrawer, the partner, and interaction between the withdrawer and the partner. Eight thematic shifts occurred during the process of withdrawer re-engagement: (a) Possible Disclosure of Primary Core Affect, (b) Heightening Core Affect/Needs, (c) Withdrawer Enactment Centered on Core Affect/Needs, (d) Evaluating Level of Emotional Experiencing and Increasing if Necessary via Two Pathways, (e) Promoting Acceptance with Listening Partner, (f) Enactment where Partner Expresses Support and Validates, (g) Withdrawer Enactment Asking for Needs to be Met and, (h) Partner Responds to Needs. The names for these thematic shifts reflect the core elements involved during the process of re-engagement. Although these themes are visually organized in a linear manner in the flow diagram, the process was recursive and cyclical in nature. At times the therapist and client returned to previous themes in the withdrawer re-engagement process. Greenberg (2007) has noted that the process outlined in any synthesized model of a therapeutic task is best thought of as components reflecting competency at resolving the task at hand and not a sequential pathway that must be followed step by step. These eight thematic processes are described next with accompanying examples from the transcripts.

**Possible disclosure of primary core affect.** Bradley and Furrow (2004) found a similar theme in their task analysis of softening events characterized by the therapist asking the client to
imagine engaging with their partner in a new manner, distinguished by vulnerability and a new way of interacting. The patterned sequence of EFT interventions typified by Evocative Question—Heightening—Evocative Question were central in this process of asking the withdrawer to imagine, in the present moment, having a new interaction with their partner characterized by emotional vulnerability. Client emotional experiencing ranged from level two to level three during this component of re-engagement. Here is an example taken directly from the data with EFT-CS and EXP codes provided in boldface.

_Therapist:_ Do you ever tell her about this? Do you ever share with your wife, “You know sometimes, when things are going wrong between us, I get so afraid inside that maybe I can’t be that guy you need, that I need to be”? Do you ever share that kind of fear with her? (EVOC-H2-EVOC)

_Withdrawer:_ I think that would lend her to be (laughs)...be insecure. And I don’t think, I don’t think…I don’t think I really do. I don’t know. (2-2)

Note how the withdrawer responds to this suggestion of a new interaction with a sense of hesitancy or doubt. The therapist next explores primary emotional blocks to becoming more vulnerable, often characterized by a sense of shame or fear at being seen as inadequate.

**Heightening core affect and needs.** The therapist heightens and intensifies the withdrawer’s primary emotional experience and reaction to having a new interaction with their partner by using the following EFT interventions: Heightening, Evocative Questions, Empathic Conjecture, and Reflecting Underlying Emotions. The central primary emotion explored in this thematic element is maladaptive shame. The experience of shame is centered on the question, “Am I defective or deficient in some manner?” According to Greenberg and Goldman (2008), shame is a core feeling related to one’s identity; to feeling not validated and recognized; and, in
some ways diminished in the eyes of one’s partner. The following excerpt represents how one withdrawer described his sense of shame.

*Therapist:* And the fear is that she might, she might get alarmed and worried, because you’re the guy that’s supposed to be in charge. (ECI)

*Withdrawer:* Yeah. Yeah, or, you know, even though I think I’m learning through the process of us coming here (T: Yeah) that it’s safe to share this stuff, like, I have this defense mechanism that, like, locks it down. (5-5)

*Therapist:* Yeah, tell me about that; what stops you, what locks it down and keeps that inside? (EVOC)

*Withdrawer:* I think it’s just I feel ashamed of myself, like… (5-5)

*Therapist:* You feel ashamed. (T/RUE)

*Withdrawer:* Yeah. And I don’t want her to, you know, think less of me because of (Speaks quieter) all these things. (5-5)

*Therapist:* The fear is that your wife may see you as less of a man, as less competent. (H2)

*Withdrawer:* (Shakes head “Yes”) Right. And I think we’ve been through this exact, like, conversation a few times; it’s just hard. (5-5)

In this segment the withdrawer is beginning to engage more around his emotional experience of being “less of a man” in her eyes, of hearing confirmation that his partner sees him as inadequate and incompetent. Once the therapist heightens the withdrawer’s emotional experience he is then asked to turn directly to his partner and, from a place of vulnerability and within a high degree of emotional experiencing, begin to share his fear of being seen as incompetent, weak, or inadequate. The level of EXP during this component ranged from three to four, sometimes
peaking at level five, which is indicative of intensifying and productive levels of emotional experiencing.

**Withdrawer enactment centered on core affect.** The therapist directs the re-engaging withdrawer to begin sharing their fear and shame with their partner. The patterned intervention sequence of Restructuring Interaction—Heightening—Restructuring Interaction was often used to not only direct the withdrawer to share their core affect with their partner, but also provided a framework of what was to be shared. For example:

*Therapist:* Right. It’s big, right. Very scary for you. I understand that. It’s like: What if I put myself out here and she doesn’t like what she sees? And she says, “Ah, I just can’t do it.” That would be just such a huge rejection and painful. So you kind of, you hold back on what’s going on inside of you. I understand that. Do you think maybe you could share that with her? That part of you that says how I hide behind anger and that I’m afraid that if I really put myself out there sometimes and show you my weaknesses, then you might leave. And I’m scared to death that you would leave if I shared that with you.

 *(RSI2-H2-RSI2)*

Here the therapist begins by initiating the enactment with “…maybe you could share that with her” followed by heightening statements using the client’s voice and language. The therapist is priming the client and providing structure to facilitate the expression of primary core affect in a clear manner. Johnson (2004) has noted the significant role that clear, direct expressions of primary emotion and requests for comfort have on reshaping the emotional bond between partners. By using this patterned sequence of interventions, the therapist actively choreographs an enactment that is clear and germane to the primary and/or attachment related emotions and needs at hand. In addition to clarity of expression, the level of emotional experiencing must be
sufficiently high to create a new experience of relating for the couple. The typical level of EXP during this component of re-engagement varied between levels three and four.

**Evaluating and increasing EXP via two pathways.** Like Rheem’s (2011) analysis of two re-engaging withdrawer sequences, we found that withdrawers often cycled through several sequences of enactments with increasing levels of emotional experiencing. On average, the therapist conducted approximately three enactment cycles before the degree of experiencing was at level five as measured by the EXP. The therapist facilitated increased emotional experiencing via two pathways. First, and most common, the therapist would return to heightening and deepening the emotional experience before proceeding with another enactment. However, at times the therapist would enlist the support of the withdrawer’s partner to help increase the level of emotional experiencing and propel the process forward, as follows.

*Therapist:* (To Partner) Can you help me here? If he were to talk about that with you, would you be able to take that in if he said, “I get so scared sometimes that I may not get to the place as a man that I need to get to. And, when I see that look on your face, or hear it in your voice, it feels so painful to me”? Would you be able to take it in if he talked to you that way? (*EVOC-H2-EVOC*)

*Partner:* I think so. I think I can. (Wipes tears from her face) (3-3)

*Therapist:* You think you can take it in. Would you think any less of him? (*H2*)

*Partner:* No. I think it’s a really, like, genuine thing. I mean, it’d be good to see Dave’s soft side. He normally has it all together. (3-3)

*Therapist:* Can you tell him that now, please? Can you tell him, “I wouldn’t think any less of you” and everything else you said? (partners turn toward each other then laugh)
That’s beautiful. That’s beautiful. Look at him. You’re doing great. You guys are both doing great. (RSI2-H2-V2)

Partner: So, I don’t think I would think anything less of you. I think it shows (voice cracks), like, a genuine place. (crying as she talks) Like, you don’t have to have everything together all the time; it makes me feel like I have to have it all together, and I don’t. So to see that you struggle it’s tough. I think it makes it feel more real. And I think that’s, like, keeping it really real. (4-4)

Therapist: If he could let you in this way, you wouldn’t think less of him? (H2)

Partner: (still crying) No, I wouldn’t. I’d be closer to you. I think, I think it would incline me to be more open to…I wouldn’t think less of you. I think this is hard to do. (4-4)

Therapist: So, it would even help if he talked to you about those moments when he struggles. (To Withdrawer) How is it for you to hear that, that if you let her in this way, she doesn’t see you as less of a man, she sees you as a man? (EVOC-H2)

Withdrawer: (five second pause) It’s real (sighs), uh, real empowering, man. (4-4)

Therapist: Feels good to hear. (H2)

In this example, the therapist elicits support of the withdrawer’s partner to move the process of interaction along. The withdrawer’s partner invites him to share his fear with her of “not getting to the place I need to be as a man.” The partner provides validation and recognition of the courage it takes to become vulnerable. Greeman, Faller, and Johnson (2012) have noted the difficulty men face, especially in couple therapy, with expressing vulnerability because of strong male gender stereotypes associated with self-containment, toughness, and ‘having it all together’. The withdrawer’s partner, especially if the withdrawer identifies as a man with a traditional
masculine gender identity, can be extremely helpful in supporting the process of re-engagement by challenging her partner’s assumptions that any expression of vulnerability will be met with criticism, ridicule, and/or a shaming response.

**Promoting acceptance and providing support.** Step six in the EFT treatment model as outlined by Johnson (2004) involves promoting acceptance on the part of the listening partner. Johnson noted the significant role that mutual accessibility and responsiveness plays in fostering secure emotional bonds between partners. In the present analysis this process was often initiated with an Evocative Question aimed at eliciting the listening partner’s response to the withdrawer’s expression of vulnerability. From there the therapist facilitated an enactment whereby the partner provides validation, reassurance, and support. The typical level of emotional experiencing during this component of re-engagement was level four.

*Therapist:* So tell me Jane, when you hear John opens up like this, and shares some of his vulnerability with you, how he feels weak and inadequate, and just scared that somehow you’re going to see all those inadequacies and you’re just going to get fed up and leave… what’s that like for you to hear him come out and show you some of this pain and vulnerability he holds? What’s it like for you? *(EVOC-H2-EVOC)*

*Partner:* I mean, I know it’s a huge step for him, but it, it’s good for me, because I think that’s one of the things we bonded on whenever we first got together…was that he was able to open up to me and I was able to prove to him that I was going to be there. So I think this is a huge step in…

*Therapist:* It helps you feel close to him. *(H2)*

*Partner:* getting things back to…

*Therapist:* Right. *(EA)*
Partner: …where we need to be. (4-4)

Therapist: You’re real proud of him for this, aren’t you? (EVOC)

Partner: I am very proud of him. (4-4)

Therapist: This doesn’t make you want to run at all, does it? (EVOC)

Partner: No.

Therapist: No. Maybe you could reassure him of that: that, John, when you, you show me this, I don’t want to run, I just want to be close to you. (RSI3)

**Withdrawer enactment centered on needs.** Once the re-engaging withdrawer has shared their primary core affect and their partner provides positive support and reassurance, the therapist proceeds with a final enactment centered on the withdrawer asking for specific needs to be met. This is reflective of step seven in the EFT treatment model (Johnson, 2004). The EFT interventions used in this process were Evocative Questions, Heightening, and Restructuring Interaction. Both Johnson (2004) and Greenberg and Goldman (2008) have written extensively about the connection between primary, attachment-related affect and adaptive action tendencies. Emotions propel us into action. The experience of sadness or pain leads one to grieve, whereas fear promotes fight, flight, or flee. In this thematic process the most common needs expressed by withdrawers were needs for validation and affirmation of one’s identity as an adequate man, as well as a need to feel close and connected. The level of emotional experiencing during this component ranged from level five to level six.

Therapist: So the fear that you have that’s so big is that she’ll be disappointed in you; she might give up on you in a way; and at the end of the day might say, “I don’t want to be with you any longer.” (H2)
Withdrawer: I mean, I don’t really go through that whole thing seriously, but yeah, yes, that’s true. (3-3)

Therapist: The fear is that you could lose her if she gets too…if she loses hope in you, faith in you. What is it like for you to sit here in this for a minute? This is big; it’s really big. (H2-EVOC)

Withdrawer: Well…I guess it’s kind of (Laughing) getting easier the longer we talk about it. I think I just…it’s a little bit of a relief just sort of that it’s out. Um…but it’s still, like…um, just a raw, um, you know…big feeling. (5-5)

Therapist: Yes, it’s a big, raw… (H2)

Withdrawer: Yeah. I think ‘cause it’s all, you know, just so stuck in there all the time, and it’s finally getting it’s, like, little whiff of fresh air. And it’s like, “C’mon, let me out.” (5-5)

Therapist: That’s right: It’s hidden away so much of the time, isn’t it? When you feel bad, when you feel kind of ashamed, you kind of hide this away. You know at some level, Rachel, that it’s there anyway (Partner: Sure). But, it feels like a little relief to let her know. Can you, can you tell her now? Can you talk with her directly about what you need when you get in this spot where you feel all this, you know, this fear, and sometimes this shame that goes with it? Can you tell her what you need from her in those moments? (RSI2-H2-RSI2)

Withdrawer: (Sniffles) (To his partner) Um, yeah, I don’t really know quite exactly what I want, but I guess I want to know, if I come and talk to you (sighs as he continues) and express this stuff, that you can tell me that, um, you know, just say you understand and that, um, you know, um, that I have your support, even if it’s hard…Um…I guess,
um…yeah, I guess I want to know that when I, if I come to you and express all the things that I’m talking about here that, um…that you’re not going to, uh, you know, feel judgmental about it, or, um, condemning. Um…and uh…that…and I guess, that you can help me find some temporary peace about it. (6-6)

In this segment the therapist directs the re-engaging withdrawer to talk with his partner about what he needs when he begins to feel this fear that she might lose hope in him, which is associated with his sense of shame as being inadequate. The re-engaging withdrawer begins to identify his needs associated with fear, a desire to feel supported and he won’t be diminished in the midst of his shame and fear.

**Partner responds to needs of re-engaged withdrawer.** The final process culminating in successful resolution of withdrawer re-engagement is when the listening partner responds in an empathic and supportive manner to the request for needs to be met. The therapist continues the restructuring of this new interaction between the couple by having the partner state clearly that they will work toward meeting their partner’s needs for support, validation, and connection. The degree of emotional experiencing during this component ranged from level four to six.

According to Johnson (2004), the therapist must become active and engaged during stage two change events, of withdrawer re-engagement and blamer softening, as couples need support and assistance in breaking their problematic patterns of relating and turning new emotional experience into new interactions.

**Discussion**

Greeman and Johnson (2013) have recently noted that an enriched understanding of the withdrawer re-engagement process is needed to advance EFT theory, practice, and training. The present study assessed both therapist and client processes to provide a comprehensive model of
change during withdrawer re-engagement in EFT. A discovery phase task analysis was used on seven successful withdrawer re-engagement sequences provided by expert EFT therapists. Previous EFT task analyses have examined attachment injury resolution (Makinen & Johnson, 2006; Millikin, 2000; Meneses & Greenberg, 2011) and blamer softening (Bradley & Furrow, 2004, 2007; Furrow et al., 2012). Rheem (2011) conducted a preliminary task analysis of withdrawer re-engagement based upon two couples. The conceptual and theoretical literature on EFT posits that deeper levels of client emotional experiencing are an essential component of facilitating change. The first process-outcome study on EFT (Johnson & Greenberg, 1988) found that higher levels of emotional experiencing; that is, a rich in-session experience where the client comes into contact with their primary, attachment-related affect is associated with positive outcome in the approach. Similar findings have been documented during investigations of attachment injury resolution and blamer softening (Greeman & Johnson, 2013).

The findings from the present study on withdrawer re-engagement support this claim and are consonant with previous findings on the role of higher levels of in session emotional processing in creating client change. The rational model of withdrawer re-engagement predicted that in order to successfully move from a place of relational avoidance, the withdrawer would need to express their vulnerabilities and needs within a high degree of emotional experience. The findings from the present study, however, broadened the scope and view of how this is facilitated by demonstrating that withdrawers do not move through this process in a linear fashion. The therapist must help the withdrawer gradually step further into their emotional experience through a sequence of (a) heightening core affect, (b) sharing core affect through a therapist initiated enactment, and then (c) either re-heightening the affect or enlisting the support of the partner until the level of experiencing is sufficient enough to foster a new emotional
experience. This process is similar to Rheem’s (2011) finding that withdrawers tend to exit their primary core affect and need support in being drawn back into a productive level of emotional experiencing. The findings presented here are also in line with Gottman’s (1994) conclusion that men become flooded and overwhelmed quickly, leading them to disengage and shutdown in distressed marriages.

The watershed feature of withdrawer re-engagement observed during the present task analysis is the process of distilling, deepening, and expanding core affect, often centered on feelings of shame, inadequacy, and fear. In discussing how to work with men in EFT, Greeman et al. (2012) have noted difficulties that arise during the task of exploring vulnerabilities and needs for connection because it runs contrary to a ‘guy code’ stemming from traditional masculine gender roles and stereotypes. Greenberg and Goldman (2008) proposed an expansion of the three-stage model outlined by Johnson (2004) arguing that in addition to attachment-related processes, issues relative to identity and attraction are other key motivational systems within heterosexual couple relationships. The identity domain of couple interaction refers to needs associated with agency and recognition from one’s partner as being strong, capable, and self-sufficient. When these needs are threatened in some fashion, including a fear of being diminished or seen as weak, a common response is withdrawal, especially with men (Greenberg & Goldman, 2008). These processes were observed during the codification and synthesized model building process of withdrawer re-engagement. All the withdrawers in this study were men and shared similar emotional experiences tied to feelings of inadequacy, deficiency, and ‘getting it right as man’. Indeed, the core affective experience shared among all withdrawers in this study was a strong sense of primary maladaptive shame associated with one’s identity as a
competent partner, provider, and protector of the family. This shame ultimately led to a strong sense of fear at possibly being rejected by one’s partner.

**Implications for Research, Clinical Practice, and Training**

A primary strength of task analysis and this study is the grounding in multiple ways of knowing, including theory, clinical experience, and prior change process research (Bradley & Johnson, 2005; Greenberg, 1986; 2007). The findings derived from the present study of withdrawer re-engagement provide several implications related to research, clinical practice, and training. First, a key theoretical concept highlighted within the EFT literature (Bradley, 2011; Johnson, 2004; Greenberg & Goldman, 2008) is the role of emotion in creating change. The synthesized model of withdrawer re-engagement outlined here supports this central theoretical tenant. The process by which the therapist facilitates the deepening and expansion of primary maladaptive shame and fear is consonant with previous findings on how men experience strong emotion (Greenberg & Goldman, 2008). Second, the synthesized model of withdrawer re-engagement has direct relevance to clinical practice. Process-oriented research helps span the gap between process and outcome that has historically plagued the field (Greenberg, 1986). Previous findings from EFT task analytic studies on blamer softening (Bradley & Furrow, 2004) and attachment injury resolution (Makinen & Johnson, 2006) have been used to inform therapist in-session interventions and have been used widely in training EFT therapists. The present re-withdrawer re-engagement model may in the same manner be used as a guide for therapists navigating how to facilitate withdrawer re-engagement. Clinical supervisors assisting trainees can make use of the model of withdrawer re-engagement to teach what to focus on in-session to facilitate change, such as greater levels of emotional experiencing and working with primary maladaptive shame. EFT is one of the only approaches to treating couples with clinical trial
research and process-oriented studies that link key theoretical elements of change with in-session and final outcome (Greeman & Johnson, 2013).

Task analysis is a phasic research program (Greenberg, 1986). Phase one consists of discovering core elements leading to successful in-session change, whereas phase two involves empirically testing and validating the observations derived in the discovery process (Bradley & Johnson, 2005). As such, there are several areas of future research pertaining to withdrawer re-engagement worth noting. First, this study critically examined EFT therapists conducting withdrawer re-engagement events who were a priori assumed to apply the model with a high degree of fidelity. As a result, the synthesized model of withdrawer re-engagement demonstrates what previous phase one task analyses on EFT have captured (e.g., Bradley & Furrow, 2004; Milikin, 2000): a preliminary model of therapist and client performance leading to successful in-session change conducted by highly skilled practitioners. This raises an important question: does the synthesized model proposed here capture the process of re-engagement as conducted by practitioners with less-extensive EFT training? Future research is needed to answer this question, as it will help inform practitioners who possess less extensive knowledge and skill in the application of EFT.

Second, the present study provides a critical analysis of the processes associated with successful withdrawer re-engagement events in EFT thought to lead to significant in-session outcome (Greenberg, 1986). The model of withdrawer re-engagement derived here aims to provide a clearer, more robust picture of how withdrawer re-engagement is related to the overall process of establishing a more secure attachment bond between partners. A next step in this line of research is to compare unsuccessful withdrawer re-engagement attempts with successful ones, utilizing phase two task analytic methodology (Greenberg, 1986; 2007). A phase two task
analysis is needed where the components of withdrawer re-engagement outlined here are subjected to empirical testing to determine if they discriminate between successful and unsuccessful treatment cases (Bradley & Johnson, 2005). By conducting a phase two task analysis, a more complete picture of key elements involved in successful withdrawer re-engagement, and their association with final treatment outcome, will begin to emerge.

Third, the sample of withdrawers in the present investigation consisted of all men. While it is typical for men to be more withdrawn and avoidant in distressed relationships (e.g., Gottman, 1994; Greeberg & Goldman, 2008), women can certainly engage in withdrawal as a way to regulate their affect. Research on negative patterns of interaction among distressed couples has noted that 80% to 90% of withdrawers are men (Gottman, 1994). Gottman and Notarius (2000) have noted in a heterosexual relationship that the typical wife-demand/husband-withdraw pattern can be reversed, especially when the focus of disconnection in the relationship is driven by the husband’s complaint (e.g., not enough sexual contact). The process of re-engagement for women withdrawers in EFT treatment has not been task analyzed. Future research is needed that examines this process among women withdrawers, including what key elements of core emotion characterize their experience of withdrawal.

In conclusion, EFT is one of the most well studied models of couple therapy to date (Johnson, 2008). A large of base of outcome and clinical trial research now exists documenting EFTs effectiveness compared to wait-list controls (e.g., Johnson & Greenberg, 1985a; 1985b), as well as other treatment approaches and/or pharmacologic intervention (e.g., Denton et al., 2012). A reduction in threat response and changes in associated brain structures have been documented using fMRI technology in couples that received EFT (e.g., Johnson et al., 2013). In addition to the broad base of outcome research, process research investigating the central role of emotion in
creating change (e.g., Johnson & Greenberg, 1988) and task analysis research investigating attachment injury resolution (Makinen & Johnson, 2006), blamer softening (Bradley & Furrow, 2004), and withdrawer re-engagement (Rheem, 2011) now exists. The present study adds substantively to this rich body of research by filling a gap within the literature for a research-driven understanding of the withdrawer re-engagement process (Greeman & Johnson, 2013). The present withdrawer re-engagement task analysis completes the process of task analyzing three key change events in EFT as outlined by the manual (i.e., attachment injury resolution, withdrawer re-engagement, and blamer softening; Johnson, 2004).
References


Table 1

**Percentage of Most Frequently Used EFT-CS Interventions**

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<th>H2</th>
<th>EVOC</th>
<th>V2</th>
<th>RSI2</th>
<th>EVOC-H2-EVOC</th>
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<td>35%</td>
<td>20%</td>
<td>12%</td>
<td>8%</td>
<td>4%</td>
<td>3%</td>
</tr>
</tbody>
</table>

*Note.* EFT-CS = Emotionally Focused Therapy Coding Scheme. H2 = Heightening; EVOC = Evocative Questions and Responses; V2 = Validation; RSI2 = Restructuring Interaction. The codes H2, EVOC, V2, and RSI2 accounted for approximately three fourths of all EFT interventions. After these four codes, the next most frequently coded EFT intervention represented less than 3.5% of all EFT-CS codes. The percentages for the two patterns of codes, EVOC-H2-EVOC and RSI2-H2-RSI2, were determined by counting frequency of occurrence during a single therapist talk turn.
Table 2

**Withdrawer Re-engagement Themes**

<table>
<thead>
<tr>
<th>W/E Themes</th>
<th>Level of EXP</th>
<th>EFT Interventions</th>
<th>Core Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Possible Disclosure</td>
<td>2 to 3</td>
<td>EVOC-H2-EVOC; Evocative Questions</td>
<td>Does not open up with vulnerability; Hesitancy and Doubt</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Heightening; Empathic Conjecture;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Evocative Questions; Reframing</td>
<td></td>
</tr>
<tr>
<td>Distilling Core Affect</td>
<td>3 to 4</td>
<td></td>
<td>Fear of being rejected; Being seen as less of man</td>
</tr>
<tr>
<td>W/E Enactment</td>
<td>3 to 4</td>
<td>RSI2-H2-RSI2; Heightening</td>
<td>Difficult to open up and express one’s self</td>
</tr>
<tr>
<td>Increase EXP/New Enactment</td>
<td>5</td>
<td>Heightening; Validation; Evocative</td>
<td>Fear of being inadequate and/or deficient; Not good enough as a man</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Questions; EVOC-H2-EVOC</td>
<td></td>
</tr>
<tr>
<td>Promoting Acceptance</td>
<td>4</td>
<td>Evocative Questions; Heightening;</td>
<td>W/E disclosure feels connecting; Strength and Courage</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reframing</td>
<td></td>
</tr>
<tr>
<td>Partner Enactment</td>
<td>4</td>
<td>RSI2-H2-RSI2</td>
<td></td>
</tr>
<tr>
<td>W/E Expresses Needs</td>
<td>5 to 6</td>
<td>Evocative Questions; Heightening;</td>
<td>Need for acceptance and validation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RSI2-H2-RSI2</td>
<td></td>
</tr>
<tr>
<td>Partner Responds</td>
<td>4 to 6</td>
<td>Restructuring Interaction</td>
<td>Responds empathically and validates</td>
</tr>
</tbody>
</table>

*Note.* EXP = level of client experiencing as measured by the Experiencing Scale. EVOC-H2-EVOC = three code pattern in a single talk turn; RSI2-H2-RSI2 = three code pattern in a single talk turn. EVOC = Evocative Question; H2 = Heightening; RSI2 = Restructuring Interaction.
Figure 1. The rational model of withdrawer re-engagement highlighting the theoretically derived components of change associated with successful resolution.
Figure 2. The synthesized model of withdrawer re-engagement.
Appendix A – Literature Review

There are increasing calls within the couple and family psychology literature for more methodological diversity in how psychotherapy research is conducted. More specifically, research that delineates change processes of couple and family therapy interventions is needed (Sexton, Gordon, Gurman, Lebow, Holtzworth-Munroe, & Johnson, 2011). The purpose of the present study is to answer this call by providing a critical examination of what therapist behaviors, interventions, and responses facilitate change during withdrawer re-engagement in Emotionally Focused Couples Therapy (EFT, Johnson, 2004). EFT is an empirically validated approach to treating couple distress and has received substantial attention within the empirical literature (Lebow, Chambers, Christensen, & Johnson, 2012). The overarching goal of EFT is to foster secure attachment between partners using emotion as a key vehicle of change. EFT is an integrative theory that blends elements of adult attachment, experiential psychotherapy, and systemic techniques to improve relationship functioning. According to Johnson (1986, p. 260), “this approach assumes that affect is primary in relationships between intimate adults and that a new synthesis of affective experience is the most efficient way to restructure intimate bonds (i.e., attachment).”

The corpus of EFT research contains both outcome and process-oriented studies. Process research on EFT has critically examined attachment injury resolution (e.g., Milikin, 2000; Makinen & Johnson, 2006) and blamer softening (e.g., Bradley & Furrow, 2004; Bradley & Furrow, 2007). The present study will use task analytic methods (Greenberg, 1986, 2007; Rice & Greenberg, 1984) to delineate the process of change associated with a critical component of EFT called withdrawer re-engagement. The following literature review will provide a description of EFT, its underlying theoretical concepts, and review extant research. Because of the significant
role that attachment processes play within EFT an appraisal of the adult attachment literature is warranted. Following this, an examination of the literature pertaining to emotion and its role in psychotherapy is provided. Emotion is at the core of EFT and it is seen as a mechanism to foster secure attachment; therefore, attention to emotional processes and its connection to attachment theory is necessary for understanding the present study. Lastly, literature pertaining to task analysis and its appropriateness for studying therapist behaviors that promote change will be provided, as are implications for future research, clinical practice, and training.

**Emotionally Focused Couples Therapy**

Susan Johnson and Leslie Greenberg developed Emotionally Focused Couples Therapy in the late 1980’s. During this time, the predominant treatment interventions for couple distress were behavioral interventions and communication skill building techniques, where couple relationships were conceptualized from within a social exchange paradigm (Johnson, 1986). This view suggests that relationship problems are caused by an imbalance in the level of reciprocity between couples and through communication training this imbalance could be corrected. Little attention was given to the role of emotional bonds within intimate relationships, which emerging literature suggested was important to couple functioning (Hazan & Shaver, 1994). Therefore, Greenberg and Johnson developed a new approach to couple therapy that integrated key findings from both adult attachment research and experiential psychotherapy techniques. Since it’s initial development in the late 80s, Johnson and her colleagues at the Ottawa Couple and Family Institute (OCFI) have been the primary developers and researchers of the approach.

EFT is manualized and delineated into three stages of change with nine treatment steps (Johnson, 2004). The following section will outline the three stages of change and the nine steps
that comprise the model. Gottman’s (1994) research suggested that rigid interaction patterns of blame-withdraw, which account for approximately 80% to 90% of distressed relationships, are deleterious for relationships. Recognizing the importance of Gottman’s empirical findings, the EFT treatment approach was established in such a way that it targets these negative interaction sequences between partners. The first stage of change in EFT is entitled “Cycle De-Escalation” and it is comprised of the first four treatment steps. The first four treatment steps of the model that lead to cycle de-escalation consist of building the therapeutic alliance (Step 1), assessing the negative cycle (Step 2), accessing primary emotions underlying the negative cycle (Step 3), and reframing the couple’s problems as being caused by the negative cycle, which leads to unmet attachment needs and insecure bonding (Step 4).

Once cycle de-escalation is achieved the treatment process endeavors to initiate a new cycle of interaction that promotes secure attachment. Stage two of EFT is entitled “Restructuring Interaction”, and the EFT therapist assists the couple in fostering communication that is typified by emotional accessibility and responsiveness (Johnson, 2004). According to Bowlby (1988), secure attachment is established when partners are emotionally accessible to one another in times of attachment distress and receive responses that are comforting and reassuring. To enable this process, the EFT therapist facilitates the completion of two change events—withdrawer re-engagement and blamer softening. Withdrawer re-engagement occurs when the more withdrawn, avoidant, and/or dismissing partner shifts his or her pattern of relating and no longer flees from emotional intimacy or closeness. Instead, the re-engaged partner states his or her need for acceptance and desire to be there for the other. Blamer softening occurs when the more attacking, pursuing, and/or critical partner becomes more vulnerable, relinquishing his or her anger, and asks for their attachment needs to be met. To achieve this, the EFT therapist
deepens each partner’s emotional engagement with his or her attachment fear, needs, and longings (Step 5). Next, each partner is asked to be more accepting, responsive, and empathic toward one another’s newly emerging awareness of their attachment needs (Step 6). Lastly, each partner directly shares his or her attachment fears, needs, and longings with the other (Step 7). The following vignette is an example of steps 5, 6, and 7 culminating in withdrawer re-engagement:

Therapist: Tell me Bob (withdrawer), what happens to you as you think about approaching Sharon (pursuer) when you are feeling down on the inside? What happens inside for you in those moments (Helping the client begin to engage with primary emotion around being close in the relationship – Step 5)?

Bob: I’m not sure. I just freeze up you know? It’s like I get stuck and can’t talk. I want to open my mouth, but I just can’t. It’s like I’m scared to tell her. I don’t normally talk like that.

Therapist: I see, Bob. Opening up to Sharon when you feel down seems big… sort of scary? Is that right? Can you tell me more about your fear? What’s that fear like for you when you imagine yourself being vulnerable with Sharon (Promoting further engagement with attachment-related fear – Step 5)?

Bob: What if she thinks I’m weak or something? I don’t want her to think of me as someone who doesn’t have it all together…

Therapist: Bob that does seem big to me. You don’t want the person you care the most about to see you as weak. To see you as someone who doesn’t have it all together. Do you think you can begin to share this with Sharon in your own words? Could you begin
to tell her about your fear of being weak or inadequate in some way *(Have the client share directly their attachment fears with their partner – Step 5)*?

Bob: (To Sharon) I’m just so scared that you are going to see how weak I am and not want to be with anymore. That’s why I close up and disappear on you sometimes. It’s not that I don’t care. It’s just so hard to vulnerable like that.

Therapist: Sharon, what’s it like for you to hear that Bob struggles with this fear…that he’s afraid you’ll see him as some weak guy if he were to open up to you *(Promoting acceptance with the partner – Step 6)*.

Sharon: I never knew that and I certainly don’t want him to feel that. I don’t see him as weak at all. In fact, I think it takes guts to be open like that.

Therapist: Bob, what’s it like to hear that Sharon doesn’t think that you are weak when you open like this? In fact, she actually thinks it takes guts *(Promoting acceptance – Step 6)*.

Bob: It’s really nice to hear, but I think it will take some time to get used to it. It’s still really hard for me, you know?

Therapist: Yes, I can certainly understand. You were always told growing up that being emotional means your weak. Can you tell Sharon what you need from her in order to feel more comfortable about opening up? What would help you *(Having the re-engaging withdrawer share their needs directly – Step 7)*?

Prior to moving on to Stage 3, the therapist then circles back and completes steps 5, 6, and 7 with the more critical/blaming partner which is the second change event called blamer softening.

As a new pattern of interaction emerges, characterized by emotional engagement and mutual support, the goal then becomes to consolidate the changes that are being made. Stage 3
of EFT is entitled “Consolidation and Integration” (Johnson, 2004). Now that a positive cycle of interaction is being established, the couple is better suited to address relational problems that previous plagued them, such as dealing with the finances or child rearing (Step 8). As the couple successfully addresses these issues, the EFT therapist continues to validate the relational changes that have been made, specifically highlighting the positive attachment that has been established (Step 9).

In 2008, Greenberg turned from his research and writing on EFT with individuals and, along with colleague Rhonda Goldman, published a manual on EFT with couples that expanded the framework from three stages and nine steps to an approach characterized by five stages and 14 steps. The original three stages and nine steps proposed by Johnson (2004) are still present; however, additional therapeutic work that focuses on issues pertaining to identity, power, and attraction are incorporated (Greenberg & Goldman, 2008). Differences between the two models certainly exist at the intervention level; however, the more substantive distinctions between the two approaches arise from their conceptualization of couple distress.

Johnson’s (2004) approach to EFT postulated that the primary motivational system driving couple interaction is attachment. Greenberg and Goldman (2008) suggested there are three motivational systems influencing couple interaction, including the deterioration and repair of relationships. These motivational systems are attachment, identity/power, and attraction. Being critical of the adult attachment literature, Greenberg and Goldman stated:

The adult attachment literature has treated identity and self-esteem as a component of attachment, noting that secure attachment produces feelings of positive self-worth and confidence and has held that a secure attachment inevitably results in good self-esteem. Although it is certainly true that a history of secure attachment usually produces
a feeling of being loved and lovable, self-esteem in people with a history of secure attachment still fluctuates as a function of being validated or invalidated by success with peers and achievement. This often has an impact back on the attachment relationships they form as adults (2008, p. 66).

Greenberg and Goldman go on to say:

Attachment theory, in our view, too often is over applied to explain all relating and is used as an all-encompassing theory to explain not only security seeking and comfort but also love, warmth, emotion regulation, and even agency, exploration, and self-esteem. Attachment also conflates closeness and nurturing with validation, which we see as separate phenomena (2008, p. 80).

Greenberg and Goldman are not alone in their concern that EFT relies heavily upon attachment theory as an all-encompassing framework for understanding couple relationships. Gottman and Gottman (2008), ardent supporters of EFT with couples, have suggested that other “command” systems beyond attachment influence couple dynamics and must be accounted for within therapeutic interventions. They suggested seven command, or motivational systems organize couple interaction:

This idea of including all seven emotional command systems (and not just two as with EFT) is critical for couple therapists. It suggests that secure attachment does not necessarily result in well-matched partners in the emotional command system for lust, romance, passion, sex and intimacy (The Sensualist), nor for play and fun (The Jester), nor for exploration and adventure (The Explorer), nor for balancing energy inputs and expenditures (The Energy Czar), nor for managing power and anger (The Commander-in-Chief). Although Bowlby may have suggested that all these emotional command systems
will work well by themselves once their is secure attachment, we disagree. It is our contention that every emotional command system needs the special attention of the couple therapist. For example, the entire world of positive affect (The Sensualist, Jester, Explorer, and Energy Czar) needs to be built intentionally, and the therapist cannot assume that these command systems are activated, function well, or are matched across partner once conflict is managed or attachment is secure (Gottman & Gottman, 2008, p. 152).

While these criticisms are warranted and necessary to stimulate further thinking, revisioning, and expansion of EFT with couples, the interventions proposed by Greenberg and Goldman (2008) to address issues of identity, power, and attraction within a couple context need to be subjected to further empirical testing. Currently, one larger outcome study of Greenberg and Goldman’s approach exists (Meneses & Greenberg, 2014). Thirty-three couples suffering from emotional injuries received 10-12 sessions of EFT-C. Couples were assessed on measures of dyadic adjustment (Dyadic Adjustment Scale; Spanier, 1976), levels of forgiveness (The Enright Forgiveness Inventory; Enright, Rique, & Coyle, 2000), and interpersonal trust (Interpersonal Trust Scale; Rempepel, Holmes, & Zana, 1985). Repeated measures t-tests (pre/post test) were conducted for each dependent measure to assess treatment effect. Partner’s who were emotionally injured experienced significant changes on all dependent measures following treatment. More research is needed on the Greenberg and Goldman approach to EFT-C to verify if the additional components beyond the Johnson model are indeed important components associated with change in couple distress.

**EFT outcome and process research.** A substantial body of research now exists detailing the effectiveness of EFT as put forth by Johnson (Lebow et al., 2012). There are currently over 25 outcome studies investigating EFT compared to no-treatment controls, other models of
intervention, and pharmacologic treatments. Sexton and et al. (2011) have put forth a framework for evaluating psychotherapy research that addresses issues of clinical relevance and utility in addition to overall effectiveness. They have proposed a “levels of evidence” framework consisting of three categories or levels of research. The first category involves both absolute and relative efficacy studies. Absolute efficacy refers to a treatment approach producing reliable and clinical significant outcomes when compared to expected recovery rates; that is, compared to a no treatment control condition (Sexton et al., 2011). Relative efficacy refers to a treatment model producing reliable and clinically meaningful change when compared to another viable treatment approach. Category two research refers to treatment approaches that are efficacious and have verified the underlying change processes associated with change through process to outcome research. Category three research involves studies that examine the clinical utility of treatment approach with a specific clinical population or concern. Sexton et al. (2011) have referred to this category as contextual efficacy. The corpus of EFT outcome research will be discussed in light of this framework, demonstrating the scope, effectiveness, and clinical utility of EFT.

**Absolute and relative efficacy.** The first outcome study conducted on EFT was in the mid 1980s. Johnson and Greenberg (1985a) compared the relative effectiveness of EFT and a cognitive-behavioral intervention that focused on problem solving skills for relationship distress. Forty-five couples were randomly assigned to the two treatment conditions or a wait-list control group. After eight sessions of therapy the results revealed that both treatment conditions were superior to no-treatment controls; however, the EFT group scored significantly higher on marital adjustment than the problem solving intervention and this difference was maintained at 8-week follow up. Interestingly, no couples dropped out from this study, which is uncommon within
psychotherapy research where follow up tests are administered. A follow up study was conducted utilizing the wait-list control group from the previously mentioned study (Johnson & Greenberg, 1985b). A repeated measures design was used where the participants served as their own controls. Because the couples waited for over 8 weeks prior to beginning treatment, the researchers assessed if the couples had engaged in any therapeutic activity that might confound the results through a simple questionnaire administered before treatment began. Results from this questionnaire suggested that the couples did not engage in any extra-therapeutic activity that could have influenced the results. Overall, findings supported EFT’s effectiveness. Couples showed significant improvement on marital adjustment at post-treatment compared to pre-treatment. Nonetheless, these two studies have several limitations that deserve mentioning. First, the couples were carefully screened to rule out any comorbid issues such as psychiatric diagnoses, sexual problems, or substance abuse. While this strategy serves to enhance internal validity, it limits the generalizability of the findings to routine clinical settings. Second, the researchers did not report on the racial, ethnic, or cultural background of the participants; therefore, the results must be applied cautiously to couples with diverse backgrounds.

James (1991) examined the comparative effects of an EFT treatment group, an EFT plus communication skill training (EFT-CT) group, and a waitlist control group. Both treatment groups, EFT and EFT-CT, received 12 sessions of treatment. As predicted, both treatment groups were superior to the waitlist control group at posttest on measures of dyadic satisfaction and target complaints; that is, the issue at hand that brought couples in to seek treatment. However, both treatment groups did not significantly improve on outcome measures associated with passionate love or intimacy. James (1991) speculated the constructs of dyadic satisfaction and target complaints might be more amendable to therapeutic change within a time-limited
context (i.e., 12 sessions). In addition to these findings, James found the EFT-CT group to show superior gains on measures pertaining to communication skills than the EFT group. Nonetheless, the EFT-CT treatment failed to produce results above and beyond the standard EFT treatment application on other outcomes. In another comparative study, Goldman and Greenberg (1992) investigated the differential effects of an integrated systemic intervention (IST) and EFT with 42 couples. Couples were randomly assigned to one of the two treatment groups or a waitlist control. The IST intervention, a team-based approach, targeted change at the interaction level by using classical family systems techniques such as reframing, enactments, prescribing symptoms, and paradoxical statements (e.g., “don’t change too fast”) (Goldman & Greenberg, 1992). As predicted both treatment approaches were equally effective at alleviating marital distress, promoting conflict resolution and goal attainment, and reducing target complaints. Interestingly, the IST group maintained treatment gains more than the EFT group at four month follow up. Goldman and Greenberg speculated that the effect of having a team of therapists investing in your relationship created a credible “think tank” of sorts, which could have influenced the lasting effect of the approach on couples.

In another comparative study, Dandeneau and Johnson (1994) explored the effect of EFT compared to a cognitive marital therapy approach (CMT). Thirty-six couples were randomly assigned to either treatment approach or a waitlist control. Both groups were significantly improved on all outcome measures compared to waitlist controls. The EFT group demonstrated higher gains on scores of intimacy and closeness than the CMT group and at ten-week follow-up the EFT group’s were significant higher than the CMT group. Lastly, Denton, Burleson, Clark, Rodriguez, and Hobbs (2000) conducted a randomized control trial of EFT with 40 married couples who received either eight sessions of EFT or were assigned to a waitlist control before
receiving the treatment. Consistent with other absolute and relative efficacy studies, the EFT group in this study demonstrated superior gains on dependent measures at posttest compared to the waitlist group.

Denton, Wittenborn, and Golden (2012) were the first to examine the effect of EFT compared to a pharmacologic intervention in the treatment of depressed women. Twenty-four depressed women and their male partners were randomly assigned to either medication management alone via an anti-depressant or EFT plus medication management. Denton and colleagues noted that previous research has found that poor relationship satisfaction predicts the worsening of depressive symptoms. They found that women who participated in EFT plus medication management experienced more relationship satisfaction and this level of satisfaction did not deteriorate as rapidly from posttest to follow up as it did for the medication management group alone. Denton and colleagues then speculated that EFT might be helpful in reducing the likelihood of depressive symptoms recurring when taken together with antidepressant medication. Nonetheless, this research needs to be replicated with larger samples and where men are included in the analysis for depression.

In sum, the absolute and relative efficacy studies on EFT paint a robust picture of its effectiveness at reducing target complaints, enhancing intimacy, and most notably, improving dyadic satisfaction and adjustment. Moreover, the gains achieved by couples receiving EFT tend to be maintained at follow-up assessment. While findings from these outcome studies suggest that it is an effective intervention they rely heavily on RCT designs. As such one limitation of these studies is that generalizability to routine clinical settings is not easily achieved. In other words, one might ask if EFT has a high degree of clinical utility given these findings? Over the
last decade an explosion of research examining the clinical relevance of EFT to specific populations and clinical issues has been conducted. These studies are reviewed next.

**Contextual efficacy.** Several studies examining the effect of EFT on issues associated with sexual concerns have been conducted. McPhee and Johnson, (1995) investigated the effect of EFT on couples where the female partner was experiencing inhibited sexual desire (ISD). A total of 49 couples were randomly assigned to either the treatment group or a waitlist control. An additional 15 couples were identified to serve as a non-ISD comparison group. The non-ISD group completed all outcome measures associated with the study and received a feedback session about their test results. Their scores were used for comparison purposes with the treatment and control conditions. When comparing the ISD and non-ISD groups, McPhee and Johnson found the ISD group had more severe marital distress at pretest than the non-ISD group, suggesting that sexual concerns are particularly important and influential in overall dyadic satisfaction. In general only modest treatment gains were made by the EFT group following the intervention period, possibly due to the degree of initial distress found at pretest (McPhee & Johnson, 1995).

In a similar study, Honarparvaran, Tabrizy, and Navabinejad (2010) examined the effect of EFT with regard to sexual dissatisfaction in couples. Sixteen couples were randomly assigned to either the EFT group or a waitlist control. Following treatment, the EFT group reported higher levels of sexual satisfaction than the control group, and this was especially true for the women in the sample.

In addition to the topic of sexual satisfaction, several studies with regard to couples parenting a chronically ill child were conducted. Gordon-Walker, Johnson, Manion, and Cloutier (1996) first examined the effect of EFT on parents who were navigating the complexities of raising a child with a chronic medical condition. Thirty-two couples were
randomly assigned to the EFT group or a waitlist control. Couples in the treatment group received 10 sessions of a modified EFT protocol that included information specific to parents raising a child with a chronic medical condition. The EFT group demonstrated a significant increase in marital adjustment as measured by the Dyadic Adjustment Scale (DAS; Spanier, 1976). Effect sizes for posttest and follow-up were $d = 1.27$ and $d = 1.28$ respectively. Two things are of note here. First, this is a large effect when compared to the average effect size of psychotherapy in general (.70s) and couple therapy specifically (.80s) (Lebow et al., 2012). Second, the treatment gains made during the study lasted through the five month follow up period, which is consistent with other EFT research. In a two-year follow up study, Clothier, Manion, Gordon-Walker, and Johnson (2002) reassessed the treated couples to determine if the gains seen at five month follow up had maintained or deteriorated. Astonishingly, results indicated that gains made during the initial study were maintained at two years. No couple had received further psychological intervention since the initial study, making these findings quite impressive. In a similar vein to health related issues, several studies have investigated the impact of EFT on couples where one partner is suffering from cancer. McLean, Walton, Rodin, Esplen, and Jones (2008) examined the impact of a modified EFT protocol, consisting of eight sessions, on couples where one partner had received a diagnosis of metastatic or recurrent cancer; that is, more severe cancer. Sixteen couples receiving EFT over eight sessions saw a significant increase in dyadic adjustment and satisfaction. Similar studies conducted by Couture-Lalande, Greenman, Naaman, and Johnson (2007), as well as Naaman, Johnson, and Radwan (2013) found similar results.

Another area of clinical interest that has emerged within the EFT literature is the treatment of attachment injuries (Greeman & Johnson, 2013). Attachment injuries are defined as
key moments where actual or perceived abandonment or betrayal occurs, resulting in significant mistrust and disruption in relational functioning (Johnson, 2004). Using Milikin’s (2000) model of attachment injury resolution (AIRM), Makinen and Johnson (2006) conducted a phase two task analysis whereby the components outlined in the AIRM model were tested in non-randomized outcome study. Twenty four couples received on average 13 sessions of EFT. Of the 24 couples receiving EFT, 15 were identified as having resolved their attachment injuries. Posttest scores on measures of dyadic satisfaction, forgiveness, affiliative interactions/responses, and depth of emotional experiencing were all significant higher for the resolved couples than the non-resolved couples. Makinen and Johnson suggest this lends initial support for the utility of the AIRM approach in helping couples resolve highly challenged impasses. Halchuk, Makinen, and Johnson (2010) conducted a follow up to this study by reassessing 12 couples (eight resolved and four unresolved) at three year follow up. For the resolved couples, results showed no significant changes in dyadic adjustment and forgiveness between posttreatment and three year follow up. Nonresolved couples also maintained their scores on dyadic satisfaction at follow up; moreover, these scores remained in the distressed range.

One final area of note within the EFT outcome research has been the use of fMRI (Functional Magnetic Resonance Imaging) to evaluate the degree to which an affective, attachment-based model of treatment results in changes in the brain. Johnson and colleagues (2013) examined the effectiveness of EFT at modifying the brain’s regulation of threat cues in twenty four couples. To entice the brain to experience threat, female partners were placed in the fMRI machine under duress of potential electric shock. The pre and posttest fMRI conditions where characterized by two groups: 1) handholding with either their romantic partner or a stranger while in the fMRI machine under threat of shock; or, 2) or no-handholding (alone) while
under threat of electric shock. All female partners were subject to the brain imaging and male partners were handholders. In between pre/posttest assessments, couples were randomly assigned to one of 15 EFT practitioners and received an average of 22 sessions of treatment. Partner versus alone comparisons were conducted following posttest and found that EFT plus partner hand holding significantly reduced perceived threat within the brain. Also, EFT plus stranger handholding also significantly reduced perceived threat within the brain when compared to being alone. To date, EFT is the only model of couple therapy to utilize brain imaging techniques to capture how treatment aids in the down regulation of threat responses within the brain.

In sum, the outcome research pertaining to EFT is robust. Lebow and colleagues (2012) have noted that apart from behavioral marital therapy, no other approach to working with couples has been as widely researched. In addition to the clinical trial research previously outlined, a strong line of inquiry investigating the process associated with change has been examined. Those studies, including results from process-to-outcome and task analyses, are provided next.

*Change processes.* According to Heppner, Wampold, and Kivlighan (2008) process research is the examination of therapist and client thoughts, feelings, and behaviors, as well as interactional sequences that lead to change. Elliot (2010) has provided a cogent review of four specific process research methodologies. The first type of methodology is process-to-outcome design, which is the most common within the fields of counseling psychology and couple and family therapy. Process-to-outcome research seeks to establish the connection between the presence of a particular process variable, say empathy, and its connection to treatment outcome. The second type of methodology Elliot describes is helpful factors design. In this approach to
process research, the investigator qualitatively explores the opinions and perspectives of what clients found helpful during the treatment process. This is an underutilized type of methodology, but it would provide interesting insight into what seems meaningful in therapy from the client’s perspective (Elliot, 2010). The third type of methodology outlined by Elliot is micro-sequential analysis. This type of process research methodology analyzes small interactional sequences between therapist and client looking for cues and response patterns. Like helpful factors design, micro-sequential analysis is not utilized often because of its time consuming considerations. The fourth type of process research methodology described by Elliot, which is the focus of the present study, is change event designs. Under the umbrella of change event designs is task analysis (Greenberg, 1986; 2007; Greenberg & Newman, 1996). Next, the process research pertaining to EFT will be reviewed in light of these methodological frameworks, namely process-to-outcome and task analysis. To date, the majority of task analytic research has been confined to Emotionally Focused Therapy (EFT; Johnson & Greenberg, 1988). Having said that, there have been studies using task analytic methods that fall outside the scope of EFT. For instance, Daly, Llewlyn, McDougall, and Chanen (2010) studied therapeutic rupture resolutions in adolescent clients who had borderline personality disorder. The lens through which they viewed alliance resolution was Cognitive Analytic Therapy. Clark (1996) investigated “meaning-making” processes with clients who had experienced a diagnosis of cancer. Safran and Murray (1996) have explored the process by which the therapeutic alliance was repaired following a rupture.

Within the purview of EFT, numerous task analysis studies have been conducted examining both individual and couple therapy. Greenberg and Foerster (1996) investigated the process of resolving “unfinished business” in individual sessions of EFT. They found that
Successful change event resolution entailed a deepening and distilling of primary emotional experience. Indeed, this will be a key theme throughout other studies investigating EFT. Pascual-Leone and Greenberg (2007) critically examined the process of how global distress became more clearly differentiated and defined in sessions of individual therapy. This particular study has impacted my clinical work tremendously in that it has influenced how I conceptualize the role of affect in the psychotherapy process. More specifically, Pascual-Leone and Greenberg found that the process of resolution of global distress, which is often comprised of under-regulated affect, entails helping the client come in contact with his or her primary emotional experience and associated behavioral action tendencies. They found that these action tendencies were often adaptive in nature. For instance, when someone comes into contact with their pain, they are often motivated to seek comfort (Pascual-Leone & Greenberg, 2007). Comfort seeking is an adaptive behavior that can be used therapeutically to help a client acquire more effective affect regulation skills. In addition to task the analysis studies focusing on individual EFT, a handful of studies on EFT for couples have also been published.

Johnson and Greenberg (1988) conducted a process to outcome study of EFT by using best and worst sessions of therapy. They investigated how therapist and client interactional sequences were related to positive outcome. Three successful and 3 unsuccessful video taped sessions were collected from a previous randomized control trial of EFT (Johnson & Greenberg, 1985a). Video taped sessions were selected based upon extreme change scores on the Dyadic Adjustment Scale (DAS; Spanier, 1976), a global measure of marital satisfaction, as well as therapist and client ratings of session quality that were administered at the conclusion of each session. Results indicated that successful final outcome in EFT was associated with deeper levels of emotional processing and more affiliative responses between partners (Johnson &
Greenberg, 1988). That is, clients who engaged more fully with their emotional experience as evidenced by in-session emotional arousal (depth of emotional processing) and who had more empathic and affirming interactions (affiliative responses) with their partners demonstrated more positive treatment gains. This study lent initial support to the underlying theoretical constructs associated with change in EFT—deeper processing of core emotion and facilitating communication between partners that is mutually accessible and responsive facilitates relationship adjustment and promotes secure attachment (Johnson, 2004).

Greenberg, Ford, Alden, and Johnson (1993) reported on results of two unpublished dissertations that examined possible client variables associated with positive outcome in EFT. In one study, the process of accessing and working with emotion was examined. Similar to the results found by Johnson and Greenberg (1988), results from this study suggested that clients who experienced deeper levels of primary emotion were able to create more positive changes in their relationship. Primary emotion is defined as more vulnerable feelings often characterized by hurt, pain, and fear. In addition to exploring the role of emotion in creating change, the impact of intimate self-disclosure on relationship adjustment was examined. Intimate self-disclosure was defined as one partner sharing his or her feelings and needs within a high degree of emotional arousal (Greenberg et al., 1993). Results from this study indicated that when the therapist helped one partner self-disclose in this manner, the other partner responded with warmth and support almost immediately, which enhanced relationship adjustment. This suggests that self-disclosures that are vulnerable in nature elicit an attachment-seeking response from partners. It also supports the notion that therapists should focus on facilitating these exchanges within session.

The previously mentioned findings were derived primarily from occurrence and response rates of key client and therapist behaviors. While it is helpful to know how often emotionally
expressive interchanges occur within session, this type of methodology has a key limitation. Johnson and Greenberg (1988) pointed out that solely focusing on response rates assumes that treatment is uniform within and across sessions. In other words, the frequency of an intervention does not necessarily correspond to quality therapeutic interactions. Psychotherapy is a dynamic interaction between therapist and client that can vary based upon numerous factors. Therefore, process research should also focus on the unique qualities of therapy that vary within or across sessions. To achieve this sensitivity to context, it has been suggested that patterns of responses that lead to in-session change events be examined (Rice & Greenberg, 1984). Stated another way, studying therapist and client interactional sequences that facilitate meaningful change has the potential to provide clinical relevant information beyond reporting the frequency of interventions alone.

Within the EFT literature, two types of change events have been the focus of attention: attachment injury resolution and blamer softening. Milikin (2000) was the first to use task analytic methods to critically examine the attachment injury resolution process in Emotionally Focused Couple Therapy. Using the task analytic methods of phase one outlined above, Milikin explicated the following model of resolution (Attachment Injury Resolution Model; AIRM): (a) the injured partner recounts the traumatic experience within a high degree of affect, (b) the offending partner dismisses and discounts the experience, (c) the injured partner reiterates their hurt and pain, (d) the offending partner begins to tolerate the experience and avoid defensiveness, (e) the injured partner shares their experience of the rupture, within a high degree of primary emotional arousal, (f) The offending partner begins to hear and accept responsibility for his or her role in causing this pain, (g) The injured partner risks, asking for comfort and
contact from the one who instigated the hurt and, (h) The offending partner reaches back and provides reassurance and comfort.

This model has been implicated in other research studies investigating attachment injuries. For instance, Makinen and Johnson (2006) used the AIRM model in a phase two task analysis study to link process to outcome. They treated 24 couples with 13 sessions of EFT. After the treatment period ended they determined that 15 of those couples were considered resolved. Makinen and Johnson then selected videotaped segments representing best sessions and found that the AIRM model provided an accurate reflection of how those couples reached resolution following an attachment injury. In another phase two, task analysis study, Zuccarini, Johnson, Dalgleish, and Makinen (2013) compared 9 successful cases with 9 unsuccessful cases of attachment injury resolution. Zuccarini and colleagues found that the model, again, provided an accurate reflection of the process of attachment injury resolution. More important, they noted that the degree of emotional arousal around attachment-related primary affect was a significant factor in determining who was resolved and unresolved. These findings are consonant with the conceptual literature on EFT, as well as other process research findings that suggest higher degrees of affective arousal are necessary for change (Johnson, 2004; Johnson & Greenberg, 1988).

Bradley and Furrow (2004) conducted a task analysis of the blamer softening change event in EFT. As previously stated, research suggested that couple softening is a key step in successful outcome. Yet, this research has mostly reported on the frequency/occurrence of softening in EFT (Johnson & Greenberg, 1988), not the actual process of how softening is facilitated. Therefore, Bradley and Furrow (2004) critically examined successful softening events using task analytic methods and developed a preliminary mini-model of how the EFT
therapist created in-session change. Their model found that therapists directed couples through 6 different themes as the blamer softening process unfolded. First, the therapist helped the more blaming partner begin to open up about their fears of intimacy. This process was often interrupted by fear stemming from a negative view of self and other (Bradley & Furrow, 2004). That is, the more blaming partner was self-critical and denigrating of their capacity for closeness. Next, the therapist used interventions targeted at deepening emotion associated with a fear of being seen as unlovable or deficient in some way. Once the fear was sufficiently processed, the therapist would help the more blaming partner “soften” and disclose their fears and needs with their partner (Bradley & Furrow, 2004). Next, the therapist helped the softened blamer’s partner be supportive and empathic. Finally, the therapist helped the softened blamer consolidate the gains achieved by being more expressive and vulnerable with their partner. This model has direct implications for EFT theory and clinical practice. First, the model supports previous research findings that direct self-disclosure of attachment affect (i.e., fear) is related to positive outcome. Also, the model provides credibility for the theoretical change process outlined in the EFT manual (Johnson, 2004). Because this model focused specifically on therapist interventions, it is a useful tool for clinicians who are looking for specific instruction on how to conduct a blamer-softening event. Based on a secondary analysis of the data collected for this study, Furrow and colleagues (2012) examined the effect of therapist emotional presence in predicting heightened levels of client emotional experiencing in softening events. Therapist emotional presence was defined as giving explicit attention to the client’s experiences and feelings in such a way that was not flat, casual, or distant (Furrow et al., 2012). In other words, the therapist conveys to the client that they are personally present with them in the moment. Furrow and colleagues found that therapist vocal quality, characterized by a slow and soft speech, predicted client levels of
experiencing as measured by the EXP (Klein et al., 1969). This study provides insight into the
critical role therapists play in facilitating deeper levels of emotional experiencing in blamer
softening events.

Currently, there are *no published studies* detailing the process of withdrawer re-
engagement in EFT in the same manner. Nonetheless, Rheem (2011) conducted a small,
preliminary task analysis of withdrawer re-engagement as part of a dissertation. Rheem initially
attempted to sample withdrawer re-engagements from four couples that were part of a larger
ongoing EFT outcome study. Three of the four couples were improved at the conclusion of the
outcome study based upon changes in dependent measures of dyadic adjustment. Of the three
improved couples, two were included in the task analysis. According to Rheem, one couple was
dropped because of confounding factors that “clouded the data”; that is, they decided to end their
relationship post-treatment (p. 37). Ultimately two couples were used as case examples,
producing a total of five withdrawer re-engagement segments. Rheem speculated during the
rational-model building phase of task analysis that the process of withdrawer re-engagement
would be as follows: (a) Withdrawer engages with his/her experience of partner, cycle, and/or
position in the relationship and fully feels fears of contact (Step 5 of EFT), (b) Processes fears of
engaging and prepares to share emerging experience with partner (Step 5 of EFT), (c) Shares
his/her fears with partner (Step 7 of EFT), (d) Continues sharing deeper fears and specific needs
and wants (Step 7 of EFT) and, (e) Process experience of actually engaging with partner (Rheem,
2011, p.54).

During the empirical model building phase, based upon coded performance of client and
therapist responses, Rheem found the most commonly used interventions were *evocative*
responding, *empathic conjecture, reflecting underlying emotion, reflecting secondary emotion,*
and heightening. Rheem then synthesized the rational model and empirical model (codified responses) into the following three-step map of withdrawer re-engagement:

1) Withdrawer engages with and talks about his primary feelings (mostly focused on sadness). Withdrawer stays with internal experience. Starts to distill his/her experience including sharing imagining sharing experience with partner (Step 5). EFT Interventions utilized: empathic conjecture, heightening, evocative responding, and reflecting emotion.

2) Withdrawer goes through a series of smaller enactments with partner which focus on views of self and other (Step 7). EFT interventions utilized for enactments: restructuring and shaping interaction. EFT interventions utilized for processing in between each small enactment: reflecting emotions, empathic conjecture, evocative responding, and heightening.


Rheem noted that process of withdrawer re-engagement within her sample was characterized by a series of smaller enactments that helped mitigate withdrawals from exiting deeper levels of emotional processing and expressing their attachment related emotion and needs to their partners.

The findings from Rheem’s study represent an important step in addressing the absence of process research that specifically delineates how change is facilitated during withdrawer re-engagement in EFT. The findings from Rheem’s study are limited, however, in two ways that will be addressed by the present investigation. First, the model generating by Rheem is based upon two couples. Greenberg (2007) has recommended that a minimum of three case examples
be used because this is “the minimum number in which one can begin to have confidence that observed commonalities are unlikely to be due to chance” (p. 17). While Rheem’s analysis utilized five withdrawer re-engagements, they were based upon two case examples limiting the tenability of the findings. Second, Rheem’s study did not include the withdrawer’s partner as a unit of analysis within the change process. The core theoretical and conceptual literature related to EFT (Johnson, 2004) has pointed out that a more secure attachment bond between partners is built upon mutual accessibility and responsiveness. Therefore, it is important to note and critically examine the role that both partners take in contributing to the formation of a more secure relationship. The present study will build upon Rheem’s initial work by generating a model of withdrawer re-engagement derived from a larger sample of clinical case examples, as well as examining the role the withdrawer’s partner in the change process.

**Adult Attachment**

In order to conduct effective couple therapy a clear conceptualization of adult romantic relationships is needed. Without such a conceptualization the ability to understand distress, recovery, and the impact of specific interventions is limited. Attachment theory, as described by Bowlby (1969, 1973, 1980, 1988), provides a broad conceptualization of intimate relationships. According to Johnson (2004), attachment theory provides one of the most cogent theoretical models of adult love that now has broad empirical support. The following section provides a review of key findings from the adult attachment literature as it pertains to the practice of EFT.

Social psychologists Hazan and Shaver (1994) were the first to conceptualize and empirically examine adult love as an attachment process. To investigate if Bowlby’s conceptualization of attachment (secure, anxious, and avoidant) was true of adults, Hazan and Shaver (1994) conducted two studies using a 96 item questionnaire they developed to assess how
individuals conceptualized their love life. The first sample consisted of newspaper respondents \(N = 620\) and the second sample consisted of undergraduate students \(N = 108\). Results suggested that, like parent-child interactions, at the heart of intimate relationships is an emotional bond and adults fall into one of the three attachment patterns: secure, anxious/ambivalent, or avoidant. Securely attached adults “find it relatively easy to trust others, open up emotionally, and commit themselves to a long-term intimate relationship” (Schachner, Shaver, & Mikulincer, 2008). Those who are securely attached have stable and satisfying relationships (Collins & Read, 1990). Davila and Kashy (2009) found that securely attached couples were able to engage in more supportive gestures and experiences with one another than anxiously or avoidantly attached individuals. Anxious and ambivalently attached individuals experience higher amounts of insecurity, hyper vigilance, and fear of abandonment than their securely attached counterparts (Collins & Read, 1990; Hazan & Shaver, 1994; Schachner et al., 2008). Anxiously attached individuals are preoccupied and often over estimate the risks involved in intimate relationships (Mikulincer, Shaver, Bar-On, & Ein-Dor, 2011). Avoidantly attached individuals are less interested in emotional intimacy or long-term committed relationships than anxiously or securely attached individuals (Schachner et al., 2008). Unlike their securely attached counterparts, anxious individuals were less likely to engage in self-disclosures leading to intimacy (Keelan, Dion, & Dion, 1998), which process research pertaining to EFT has suggested is important and associated with positive change romantic relationships Greenberg et al., 1993).

In addition to these general findings, several gender differences have emerged relative to relationship stability and satisfaction. For heterosexual couples, research has suggested that wives’ security in the relationship predicts husbands’ satisfaction (Schachner et al., 2008). The overall stability and quality of the relationship has been associated with men being low in
avoidance and women being low in anxiety (Kirkpatrick & Davis, 1994). These findings seem to match with the proposed change process in EFT that was outlined previously (i.e., withdrawer re-engagement and blamer softening). Within EFT the withdrawer can be seen as avoidantly attached and the blamer as anxiously attached. Gottman (1994) suggested that most men withdraw whereas most women are critical and pursue (i.e., blame). Withdrawer re-engagement directly targets the tendency of men to avoid and create distance by facilitating their direct engagement in the relationship on an emotional level, which as Kirkpatrick and Davis (1994) suggest, is directly associated with relationship satisfaction.

**Attachment theory and EFT.** Attachment theory provides an organizing framework for the EFT therapist. Johnson (2004, 2008) outlined several important ways attachment theory provides a rationale for conducting couple’s therapy. First, attachment processes are an “innate motivating force” where contact with an intimate partner is considered natural across the life span (Johnson, 2008, p. 5). Bowlby (1988) argued that dependency has been pathologized within culture rather than seen as a fundamental component of human survival. Second, adaptive functioning means maintaining a balance of autonomy and healthy dependence with an intimate partner. Third, a secure attachment acts as a safe haven that ameliorates anxiety, fear, and vulnerability (Bowlby, 1988). Fourth, secure attachment provides a base from which risk taking can be carried out. That is, when an individual is certain that his or her partner will be there when needed, he or she is more likely to feel safe enough to take risks (Johnson, 2008). Fifth, emotional accessibility and responsiveness between partners are the foundational elements to a secure attachment bond (Bowlby, 1988; Hazan & Shaver, 1994; Johnson, 2008). Insecurity results when the attachment figure is either emotionally inaccessible or inappropriately responsive. Sixth, the attachment system is activated in the face of threat, often triggered by fear
and insecurity (Johnson, 2008). Seventh, the unfolding process of attachment distress is somewhat stable and predictable. For instance, Bowlby found that children who were disconnected from their attachment figures for extended periods of time moved through a predictable process of angry protest, clinging, depression, despair, and detachment. Therefore, early intervention with couples is critical before the process of relational deterioration takes place. Eighth, previous research suggests there is a limited number of possible attachment patterns and styles; that is, secure, anxious, and avoidant (Hazan & Shaver, 1994). Lastly, the attachment system is organized by internal working models of self and other, which serve as schemas for interpreting relationships (Bowlby, 1988). An internal working model of self that is worthy and capable of receiving love characterizes secure attachment, and that others are trustworthy and reliable (Johnson, 2008). Insecure attachment, such as anxious and avoidant attachment, is characterized by an internal working of self that is unworthy of love or is unsure if others will be able to consistently provide support and safety.

For the EFT therapist, attachment theory provides a coherent and organizing framework for viewing couple distress and intervention strategies. In EFT couple distress is conceptualized as an insecure emotional bond that is perpetuated by negative cycles of interaction (Gottman, 1994; Johnson, 2004). As previously stated, Greenberg and Goldman (2008) and others have argued that attachment alone cannot fully explain couple distress and subsequent repair of emotional bonds. Nonetheless, there is a strong association between emotional regulation and the attachment system that has been documented in the literature (Mikulincer & Shaver, 2005; Mikulincer, Shaver, & Pereg, 2003). As such, interventions within EFT are specifically targeted at generating corrective emotional experiences that challenge existing internal working models
of self and other (Johnson, 2004). The following section will review the role of emotion within psychotherapy and explicate the core interventions found within EFT.

The Role of Emotion in Psychotherapy

According to Greenberg (2008), the historical view of emotion within psychology was that it was disruptive and maladaptive; however, recent research suggests that emotions are a “fundamentally adaptive meaning-making system” which can be targeted to create change (p. 49). Emotions can be delineated into two subcategories: primary and secondary (Greenberg, 2008; Johnson, 2004). Primary emotions are often the initial gut reaction to a situation. Secondary emotions are emotional reactions to primary emotions. Secondary emotions often obscure primary emotions. For example, a husband’s anger may be a reaction to his underlying feeling of rejection by his wife. Not all anger may be in response to a more vulnerable primary emotion, like rejection; therefore, the emotional reactions of couples must be sufficiently explored to determine if the secondary emotional reactions are in response to primary, attachment-related emotions. According to Greenberg (2008), “primary emotions need to be accessed for their adaptive information and capacity to organize action, whereas maladaptive emotions need to be regulated and transformed (p. 52). The distinction between primary and secondary emotions is important when designing and implementing interventions to create emotional change. According to Greenberg (2008), secondary emotions are almost always maladaptive in nature because they obfuscate the underlying primary emotions, which carry with them an action tendency. For example, sadness is often connected with the desire to seek comfort or to soothe oneself. Pain, for example, is often connected with the tendency to grieve and heal. If a secondary emotion, like anger, blocks an individual’s awareness and
understanding of his or her primary emotion, then the potential adaptive action associated with the primary emotion can not be accessed.

Several processes for effectively working with primary and secondary emotion in psychotherapy have been suggested (Greenberg, 2008; Greenberg & Pascual-Leone, 2006). A primary goal in working with emotion is fostering awareness of one’s internal experience. To facilitate this awareness, the therapist uses evocative techniques to create emotional arousal in session. In other words, the therapist helps the client attend to and experientially explore their emotions as they arise in session. In addition to fostering awareness and arousal of emotions, helping couples regulate their emotional experience is also important. According to Greenberg (2008), individuals can either over or under regulate their emotions. Both strategies prohibit sufficient exploration and processing of primary emotions and their adaptive tendencies. For example, an individual who over regulates their emotion attempts to control their emotional experience by avoiding unpleasant feelings. Because primary emotions are often more vulnerable and painful, individuals who over regulate will struggle to gain awareness and insight into their experience. On the other hand, individuals who under regulate their emotion are often flooded by maladaptive secondary emotions that obfuscate adaptive possibilities from more primary emotional experience (Greenberg & Pascual-Leone, 2006). They experience emotion in an opposite fashion as individuals who over regulate. Therefore, helping individuals learn to appropriately regulate their secondary, maladaptive emotional experience assists with creating positive change because the adaptive tendencies associated with primary emotions can be explored and processed. Another principle in working with emotion pertains to creating meaning from emotion. To do this, one must have the capacity to reflect upon their emotional experience and its significance for life (Greenberg, 2008). The final goal in processing emotion is to
facilitate the transformation of maladaptive emotion into adaptive emotion. This transformation relates to emotions that are maladaptive nature, such as fear and shame (Greenberg & Pascual-Leone, 2006). Research suggests that positive emotions have the capacity to transform negative emotional experiences; that is, when an individual can reflect upon their negative emotions and create new meaning a positive emotion state can be generated (Frederickson, 2001). For example, when sadness is sufficiently processed it leads to grieving and healing, which creates a positive state of growth and potential hope for the future. Taken together, the principles for working with emotion—awareness, arousal, regulation, and transformation—have direct implications for the interventions found within EFT. An explication of these interventions is found next.

**Interventions within EFT**

*Emotional awareness.* There are several interventions within the EFT conceptual frame that target increasing emotional awareness as outlined previously. The first intervention involves tracking and reflecting secondary emotional responses that inform the negative interactional cycle of the couple (Johnson, 2004). As previously stated, secondary emotions are maladaptive responses to primary emotions (Greenberg, 2008). The following vignette characterizes the process of tracking and reflecting secondary emotion:

Therapist: So help me Sharon (wife), what happens to you when see Bob (husband) turn his back in the middle of a conversation? What happens inside for you?

Sharon: I just become so angry, you know? My body goes all hot and I just want to scream at him to pay attention to me.
Therapist: I see… When you get the message from Bob that he doesn’t care about your feelings you get really angry with him. It makes you want to lash out at him?

*(Highlighting the maladaptive nature of the emotion)*

In addition to tracking secondary emotion, the EFT therapist begins to access and increase contact with each partner’s primary emotional experience that underlies the negative emotion. The common interventions used in this process are reflection, evocative questioning, and empathic conjecture (Johnson, 2004). Evocative questioning is used to help the client begin to reflect upon possible primary emotional experience that goes unnoticed. Empathic conjecture is used when the client is unable to exactly target the nature of his or her emotional experience; therefore, a tentative suggestion is offered. For example:

Therapist: Sharon, I hear you that you get angry with Bob and then you want to lash out. I wonder if in those moments you begin to feel hurt because the person you want to come and be with you seems to disappear? *(Highlighting potential underlying primary emotion)*

Sharon: Of course… It hurts so badly when he walks away from me.

Therapist: I hear you… When you hurt like this it is easier for you to show him your anger *(Here, Sharon’s primary emotional experience of hurt is connected to her secondary emotional reaction of anger)*.

**Emotional arousal.** Increasing the level of emotional arousal within session has been connected to positive outcome and best sessions of EFT (Johnson & Greenberg, 1988). The primary intervention within EFT to increase emotional arousal is heightening. Johnson (2004) provides the following guidelines for heightening and increasing emotional arousal in the form of the acronym R.I.S.S.S.C. **R** stands for repeating key images and metaphors used by the client
that could highlight attachment related emotion. **I** stands for using images and metaphors that are germane to the client. **S** stands for softening your vocal quality. **S** stands for slowing down the pace of therapy and keeping a sharp focus on the unfolding emotional experience. **S** stands for using simple, concise, and short wording. Johnson (2004) suggested that being verbose will cause people to move out of their emotional experience into a more cognitive stance. **C** stands for using client words and phrases as often as possible because it carries more significant meaning for them. For example:

Therapist: Sharon, I get the sense that when Bob turns his back on you that you start to feel all alone. Like you are too much for him. You needs are too big. You are too much of a burden. Like you said, “How can anybody possible want to be with someone who is so needy”? *(Repeating key words and using client’s language to highlight the feelings of loneliness)*

**Emotional regulation and transformation.** The principle of emotional regulation is an ongoing process throughout EFT. Each of the interventions previously mentioned have the capacity to assist with emotional regulation by helping partners come into contact with their emotions and make connections to how their experience informs their behavior within the relationship. Emotional transformation is achieved through the use of an emotional enactment (Johnson, 2004). An enactment is when the therapist asks one partner to turn and share their primary emotional experience, eliciting its adaptive qualities, with their partner. For example:

T: Sharon, can you please turn and share with Bob, in your own words, how painful it is for you when you get the sense that he is not there? Can you let him know how lonely you feel?
As Sharon begins to share her feelings with her husband, a corrective emotional experience that challenges previously held internal working models of self and other is challenged and a new internal working model of self other begins to emerge. It is anticipated that Sharon’s primary emotional experience and her need for contact will elicit a more affiliative response from Bob.

Bradley (2001) first developed the Emotionally Focused Therapy Coding Scheme (EFT-CS) because other coding measures, such as the Hill Verbal Response System (Hill, 1978) and the Classification System for Counseling Responses (CSCR; Highlen et al., 1984), were transtheoretical in nature and did not capture specific responses used in EFT. The purpose of task analysis is to critically analyze meaningful events in therapy that are theoretically driven (Greenberg, 2007). Therefore, a measure that is specific to the interventions within EFT was needed to accurately model how change occurs based upon this modality of treatment.

**Withdrawer re-engagement and emotion.** The conceptual literature identifies the process of withdrawer re-engagement as when the more avoidant and/or dismissing partner begins to engage in emotional contact, closeness and intimacy (Johnson, 2004). In terms of the emotional processes and interventions outlined above, withdrawer re-engagement is achieved with the following interventions: tracking and reflecting primary emotion, evocative questioning, empathic conjecture, heightening attachment related affect, and enactments. According to Johnson (2004) the common primary emotions exhibited by withdrawers are fear of inadequacy, rejection, and shame. The common secondary emotions are anger and feelings of numbness.

The counseling process research on EFT is scant in examining what therapist behaviors, interventions, responses, and client reactions facilitate change during withdrawer re-engagement. The conceptual literature and treatment manual on EFT proposed that withdrawer re-engagement will involve using emotional processes to create new relationship interactions that challenge
dysfunctional internal working models of self and other, thus restructuring attachment (Johnson, 2004). However, what the therapist does to facilitate this process needs more examination. Therefore, the present study will examine how the therapist works with emotion and attachment processes within an EFT framework to facilitate change. A more detailed explication of the present study and how the withdrawer re-engagement process will be examined is provided next.

The Present Study

The EFT process literature to date has developed a robust line of inquiry that has investigated the blamer softening event (Bradley & Furrow, 2004; Bradley & Furrow, 2007; Furrow et al., 2012) and the attachment injury resolution process (Makinen & Johnson, 2006; Zuccarini et al., 2013). Recently, Greeman and Johnson (2013) pointed out a need for process studies specifically focusing on the withdrawer re-engagement event in EFT. To address this gap in the EFT literature, and add to the expansive base of process studies on EFT, the present study used task analysis to examine the underlying change processes that characterize successful withdrawer re-engagement within Emotionally Focused Couple Therapy. Rice and Greenberg (1984) first suggested using task analysis in psychotherapy process research. Task analysis is a rigorous process research methodology designed to examine in-session change events (Bradley & Furrow, 2004; Bradley & Johnson, 2005). This process has been delineated into two phases where the first phase is discovery-oriented and the second is verification focused. The discovery-oriented phase is characterized by four steps and was the focus of the present study (Bradley & Johnson, 2005; Greenberg, 2007). Step one involves explicating the task to be studied by reviewing the conceptual literature, previous empirical research, and intensive case observation. The task studied in the present investigation was the withdrawer re-engagement event, which has been identified as a key aspect of EFT in both the empirical and conceptual
literature (Johnson, 2004). During step 1 an event marker is established that signifies the beginning of the change event. A resolution maker is used to establish the end of the change event. Both of these markers were generated based upon prior research, the EFT theoretical literature (e.g., Johnson, 2004), and systematic review of video taped therapy sessions. Step two involves generating a rational model of the change process. This preliminary model is based upon the researcher’s initial assumptions about the change processes and the theoretically proposed elements of change. This initial map is theoretically driven and grounded in previous empirical work (Bradley & Johnson, 2005). The present study relied upon the EFT treatment manual (Johnson, 2004), previous conceptual literature (Furrow, Johnson, & Bradley, 2011; Johnson, 2008), and the principal investigator’s (PI) personal clinical experience to provide an initial map of the withdrawer re-engagement process. Step three involves codifying actual therapist and client performance. The present study used the Emotionally Focused Therapy Coding Scheme (EFT-CS, Bradley, 2001) to code therapist responses and The Experiencing Scales (EXP; Klein, Mathieu-Coughlan, Kiesler, 1986) to code client responses. Step four involves synthesizing the rational model with coded observations.

This study is important for several reasons. First, there are currently no published studies detailing the potential change processes that underlie this important aspect of EFT. A small preliminary task analysis has been conducted on withdrawer re-engagement (Rheem, 2011); however, due to limitations of sample size a follow up study is necessary and warranted. As previously noted process research on EFT has focused on general process variables, the blamer-softening event, and a model called of Attachment Injury Resolution Model (Makinen & Johnson, 2006; Zuccarini et al., 2013). A more detailed explanation of withdrawer re-engagement is warranted and would contribute to fuller understanding of how change is
facilitated across stage two of EFT (Greeman & Johnson, 2013). Second, there is an increasing need for research that explicates change processes in psychotherapy within the age of evidence-based practice. Sexton et al. (2011) outlined the growing need for a “levels of evidence” approach to disseminating effective couple and family therapy interventions, where underlying change processes have not been sufficiently studied. There is a growing gap between psychotherapy research and clinical practice and change process research has the potential to lessen the divide (Sexton et al., 2008).

The present study has several implications for theory, research, practice and training. The present study has the potential to evaluate key theoretical concepts within the EFT literature such as the role of emotion in reorganizing attachment during withdrawer re-engagement. EFT conceptualizes this as a fundamental change process (Johnson, 2004). Because the purpose of task analysis is establish the process of change within meaningful therapy events (Greenberg, 1986, 2007), the present study has the potential to evaluate how emotion plays a central role within the withdrawer re-engagement process. Second, the present study has the ability to impact clinical practice by generating a mini-model of change that is focused on therapist interventions and behaviors. A relevant clinical tool will be gained as a result of this study. The EFT therapist can use this model to guide therapeutic interaction and facilitate successful withdrawer re-engagement. Lastly, the present study has the ability to impact counselor development and training by providing a detailed map that can be incorporated into the training protocol outlined by The International Center for Excellence in EFT (ICEEFT: www.iceeft.com).
References


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## Appendix B – The EFT-CS

<table>
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<th>Intervention</th>
<th>Definition</th>
<th>Key Descriptors</th>
<th>Code</th>
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<tbody>
<tr>
<td><strong>Heightening</strong></td>
<td>The therapist chooses to highlight and intensify particular responses and interactions. In steps five, six and seven the therapist heightens to make emotional responses more alive and present, and so facilitate the clients’ engagement with them in the session. Heightening brings forth and opens the often implicit desires, needs, or fears of spouses.</td>
<td>Repeat a phrase or ask the client to repeat; intensify how something is said by leaning forward and lowering/slowing his/her voice; use of images and metaphors; ask partners to enact their responses to bring the intrapsychic experience into direct interpersonal messages; maintain a specific focus, blocking exits or changes in the flow of experience that may lessen the emotional intensity of the moment.</td>
<td>H1</td>
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<tr>
<td><strong>Evocative Responding: Reflections and Questions</strong></td>
<td>Therapist behaviors focus on the tentative, unclear, or emerging elements of a client’s experience. Therapist tries to elicit/capture the implicit elements of the client’s experience in a tentative manner to help the client encounter, construct and differentiate.</td>
<td>Therapist often uses an evocative voice and leans toward the client. Metaphors may be used to convey ind. Experience. Can be questions of: specific emotion (is this painful for you?), impact of stimulus (often noting the way something is said), personal intrapsychic internal responses, present arousal (how do feel as/when you say that). When, what, how, and where often used.</td>
<td>Evoc</td>
</tr>
<tr>
<td><strong>Engaging in Empathic Conjecture/Interpretation</strong></td>
<td>Therapist is on the leading edge of experience with the client and tries to move the client forward in their experience so that new meaning can naturally emerge (Johnson, 1996). An ideal conjecture is respectful, tentative, specific and one step ahead of the client.</td>
<td>Often focuses on attachment fears, both the fears of other’s responses, and the fears concerning the nature of self. Therapist draws from his/her experience of clients and her own perspective on marital distress and intimate attachments. If it does not fit, clients often correct and therapist formulates around the correction. Ex. It’s almost like…</td>
<td>ECI</td>
</tr>
<tr>
<td><strong>Tracking and Reflecting Interactions</strong></td>
<td>Therapist tracks and reflects the process of interactions. The sequence of interaction is reflected back to the couple and noted as a recurring pattern.</td>
<td>Commonly this is labeled as blame/defend or pursue/withdraw.</td>
<td>TRI</td>
</tr>
<tr>
<td><strong>Restructuring and Shaping Interactions</strong></td>
<td>The therapist moves directly to facilitate interactions between the partners to create new relationship events that will redefine the relationship.</td>
<td>During these moments the relationship moves into new arenas and each partner needs the direction and support of the therapist. The area of restructuring and shaping interactions is broken into three therapist directions.</td>
<td>RSI1</td>
</tr>
<tr>
<td><strong>Reframing</strong></td>
<td>As a result of the tracking and elaboration of the cycles of interaction the therapist is able to reframe each spouse’s behavior in those terms. Interactional responses are framed in terms of underlying vulnerabilities and the attachment process.</td>
<td>Johnson (1996) breaks reframing out into two categories: context of the cycle, and context of attachment.</td>
<td>Refr</td>
</tr>
</tbody>
</table>
2. Reframing Each Partner’s Behavior in the Context of 
Attachment Needs.  

| Reflection | The therapist attends to, focuses on and reflects 
| present intense emotion.  
| The therapist slowly tracks with the client, both 
| becoming aware of how the client constructs her 
| experience moment by moment.  
| 1. Reflecting secondary emotions.  
| Reflecting the cycle of interaction that is more obvious and easily observed.  
| RSE |

| Empathic Attunement | Therapist attempts to empathically attune and connect 
| on a personal level, to inhabit client’s world for a 
| moment. Sometimes described as an act of 
| imagination.  
| 1. Reflecting underlying emotions.  
| This involves bringing to the forefront emotions that often 
| have not been apparent for each spouse. These have often 
| been acted upon by each spouse, but not brought as much 
| to their current awareness. This is not “upping the ante” as 
| seen in heightening.  
| RUE |

| Validation | The EFT therapist is steadily showing each partner 
| that they are entitled to their experience and 
| emotional responses (Johnson, 1996). The stance is 
| one that clearly shows that there is nothing wrong or 
| deficient about their responses.  
| 1. Validating present responses.  
| V1 |

| Monitoring the Alliance. | The therapist reflects what is happening in the present 
| therapy.  
| Therapist often reflects in-session emotional exploring 
| difficulties.  
| MTA |

| Diagnostic Pictures or Narratives | The therapist paints pictures of the couple’s positions 
| and cycles and elaborates on the nature of the present 
| impasse process.  
| Therapist presents the couple with a limited number of 
| choices about the future nature of the relationship. 
| This is most often seen with blaming spouse not being able 
| to risk and allow emotional engagement with now engaged 
| partner. 
| This can be a summary of the process of therapy, or a story 
| that captures the essence of the impasse.  
| DPN |

| Self-Disclosure | This is not used very often, but at times may be used 
| to for a specific purpose, such as to build an alliance 
| or to intensify validation.  
| Therapist uses “I” in the context of joining with the 
| client’s experience.  
| SD |

| Other | Therapist is not working within any recognizable 
| EFT interventions.  
| O |

Brent A. Bradley, Ph.D. provided permission for use of this measure in the present study (B. Bradley, personal communication, January 2013).
### Appendix C – Experiencing Scale (EXP) – Short Form

<table>
<thead>
<tr>
<th>Stage</th>
<th>Content</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>External events; refusal to participate</td>
<td>Impersonal, detached</td>
</tr>
<tr>
<td>2</td>
<td>External events; behavioral or intellectual self-description</td>
<td>Interested, personal, self-participation</td>
</tr>
<tr>
<td>3</td>
<td>Personal reactions to external events; limited self-descriptions; behavioral descriptions of feelings</td>
<td>Reactive, emotionally involved</td>
</tr>
<tr>
<td>4</td>
<td>Descriptions of feelings and personal experiences</td>
<td>Self-descriptive; associative</td>
</tr>
<tr>
<td>5</td>
<td>Problems or propositions about feelings and personal experiences.</td>
<td>Exploratory, elaborative, hypothetical</td>
</tr>
<tr>
<td>6</td>
<td>Synthesis of readily accessible feelings and experiences to resolve personally significant issues</td>
<td>Feelings vividly expressed, integrative, conclusive, or affirmative</td>
</tr>
<tr>
<td>7</td>
<td>Full, easy presentation of experiencing; all elements confidently integrated</td>
<td>Expansive, illuminating, confident, buoyant</td>
</tr>
</tbody>
</table>
Appendix D – De-Identified and Coded Withdrawer Re-Engagement Transcripts

W.E. Video 1 Transcript:

M = Male
F = Female
T = Therapist

41:56

M: It’s just the reality that there’s a limited number of chances that you can get before, you know, she quits trying, you know. And… and so there’s, there’s that sense of pressure, too, and so that it kind of creates this kind of little train wreck in my head, you know. And uh, she, she will raise up to the…You know, I’ve kind of trained her to raise up to her head. I think in the beginning of our marriage she wasn’t in her head nearly as much. Because that’s where I am, and so she goes up there to sort of, like, (T: Um-hm) meet me, you know. Um, so…

T: I get this…I get this image that you guys are kind of doing this back and forth. T/RC

M: Yeah, well I’m mostly up her (motions with hand by head), (laughs) so she goes up there to meet me and then goes back down and sees whether I’m going to go back down there or not, you know. And then she comes back up again. (T: Um-hm). And then, so…yeah, uh…right.

T: I really get a sense from you, Mike, as you talk about this train wreck, of “I used to do this, I used to do that. (M: Um-hm) I should do this, this is my opportunity.”…all of those things…that you get flooded with this fear, this fear that says, “I have to do this right. (M: Yes) I have to be there for her. (M: Right) It’s my role as a husband.” ECI-H2

M: And the clock starts ticking, (T: Yeah) right. And I’ve never been good in those situations, you know, (T: Um-hm) where you have two seconds, you know. Uh…I…

T: So, (inaudible) a little bit. (M: Right) I want you to kind of sit with that fear a little bit, (M: Um-hm) and (speaks softer and quieter) help me understand that fear. EVOC

M: Um, (five second pause) yeah. Well…

T: Where do you feel it? EVOC

M: (ten second pause) I get sweaty palms.

T: (quietly) Okay. EA
M: Um...yeah...I get sweaty palms. (15 second pause) Um-hm, that’s where I feel it. So, yeah. And then, also, it sort of makes it worse that, that she really is really good, I think, at telling me what would have been better to say, like when you do a post mortem. I think: I should know, because she’s told me this, but now I can’t quite remember it. And which, you know...which one is this again? And...and...anyway. Uh, yeah, it sort of, it sort of breaks down. (T: Um-hm) I do think the recent...I am still optimistic, though, that, like, my recent, like, internal, like...My main picture of what our marriage is about, I’ve got a new picture recently, you know. And it’s, uh...there...there...And this is only the second time that that’s happened in our marriage, you know, so this is a...this is a...I had a picture at the beginning and a picture after, when we had marriage counseling the first time (laughs). And so, now, there’s a second picture. And so, that helps me kind of, sort of like a paradox shift or whatever (moves hands back and forth), that I’m not currently feeling hopeless about it. In the past, I’d feel sort of hopeless (T: Uh-huh) and pressured, that kind of on-the-clock feeling. Sweaty palms. You know, like you’re, you’re taking a test, you’ve got an hour, you’ve got to move, you know. And it’s got to be right. Um, so, uh. So yeah, uh...right. Yeah, and you know, there’ve been so many times in the past, and there still are, you know, where...where I (seven second pause) I don’t, don’t really want to experience the negative emotion, you know. I’d rather just, you know, fix it, or listen, make listening sounds, but not, you know...I’d don’t really have the heart to...to find out exactly how she’s feeling, you know. And so, yeah, so that still happens too, but now I see that that’s what it means to fight for your marriage, you know, that’s what it means to fight for her, you know. (T: Um-hm) That’s the paradigm shift.

T: Can I ask you a clarification? (M: Um-hm) Have you (speaks slowly) ever really shared with Tricia what it’s like when you feel like you can’t reach her? Like in these moments when you’re racking your brain and don’t know what to do. And that feeling that you’re left with, like, I can’t do this. (M: Um-hm) I mean, it sounds like a really challenging and terrible feeling. EVOC-H2

M: Yeah. I...I have talked about that, probably in less emotional terms. You know, like when we do a post mortem, she’d be like, well what were you thinking? (T: Right) (laughs) And then there’s, like, this five-second pause, you know. And so, I’d replay the script from my head, you know, of all of these things that was going through my head. So, but yeah, I haven’t said...right, yeah...I have this kind of pressure, like sweaty-palm feeling, where I know this is a huge moment, and I know that I’ve not handled it well in the past; that I really want to handle it well. Um, but, you know, I see the train wreck coming. I feel hopeless to stop it. Got a couple of seconds, let’s do anything. But that’s not right! Everything I think is wrong! 4-4

T: What’s happening for you right now as you talk? EVOC

M: Yeah, my palms are moist (laughs), and they’re getting hot and sweaty. And uh, um. Right, uh...yeah. And I...There’s...It’s...I get so focused on myself (T: Uh-huh) that I, uh, right, I’m not anymore in those moments focusing on her. I’m just totally, uh (four second pause). What’s the word?
T: It sounds very trying. T/RUE

M: Fighting with myself. 4-4

T: Yeah. You try and struggle. T/RUE

M: Yeah. (In louder voice) It’s I’m struggling. I’m struggling. That’s the word. I’m frustrated and feel sort of, um, um, bound. (T: Yeah) Yeah. Uh-huh. 4-4

T: Okay. It’s like when she’s trying to reach for you, when she’s giving the signal that I need you, (speaks with emphasis) you desperately want to catch her (M: Yeah), but you’ve failed so many times. (M: Um-hm) It’s like this feeling that stays with you now, that you feel her desperation, and you feel how badly you want to catch her, but in the back of your head you’re like, “I can’t do this.” REF2-H2

M: Um-hm. Yeah. Right. There have been many times like that, yeah (nods head “yes”), where… 2-2

T: Can you let her know, Mike, can you look in her eyes and let her know? I desperately want to catch you, (M: Um-hm) and it eats me up inside (M: Right) that I miss so often. Can you tell her that? RSI2-H2

M: Yeah. Yeah. (Looking at F) I really, really, really want to catch you and support you. Um, yeah, it does really bother me. It uh, uh, uh, a tormenting thing, you know, that I’ve failed at this, you know, so many times in the past, and, you know, in that moment where I know it’s a big moment, and I know that you’re hurting. Um, and uh, yeah, I have this sense that whatever it is that I’m going to do or say is not going to…it’s not going to meet you and catch you. It’s, it’s a tormenting thing. 4-4

T: Tell her again, Mike, “It torments me when I can’t catch you.” RSI2-H2

M: (speaks quietly) It torments me when I can’t catch you; it really does. 4-4

T: Take a second. This is very powerful what you’re saying. Take a second just to look in here eyes. And Leah, I want you just to look at him, and I just want you to (M: Yeah) be with him in this moment. H2

M: (both partners looking at one another) It torments me when I can’t catch you; it really does.

T: Now just let there be no words for a few moments. (twelve seconds of silence as partners look at each other) (F laughs) (4 seconds of silence) What do you sense from him, Leah, as you look in his eyes? H2

F: I see it’s really hard. Um, yeah, yeah, I mean I definitely believe that it’s hard for him.2-2
T: Do you believe it here or here? **EVOC**

F: Um. Mostly, I think probably mostly, um…

T: You okay? **(NO CODE)**

F: Yeah. I think, um, yeah, I think this…I mean, I think we’ve come kind of to this place before, where like, my personality…Like if I’m…The way that that would manifest is…2-2

T: I want to stop you for just a second (F holds M’s hand). (F: Okay) Is that okay? (F: Uh-huh) I want you to try again to quiet your mind, to ask the callous part to step away, because he is really sharing something vulnerable with you right now. And I sense from him that this is (with emphasis) a very vulnerable place to be. I want you to try to quiet your mind and look in his eyes, and be with him in this vulnerable space. **H2**

F: (nods head “Yes”) Okay. (partners look at each other) (50 seconds of silence) (F turns to look at therapist)

T: Keep looking at him. **H2**

F: Okay. (Turns back to look at M; F and M chuckle)

T: Tell me what’s going on for you as you’re looking at him? **EVOC**

F: I’m trying not to think about anything. (T: Yeah) Right. **2-2**

T: Do you sense his vulnerability in this moment? **EVOC**

F: Um…a little bit. Not as much as you, I think. **2-2**

T: This is a lot of new information you’re hearing, I think, about how… **T/RC**

F: It…it doesn’t feel new, like new information, right now. **2-2**

M: The new part is kind of the, the emotional words, (T: Right) like feeling bound or…

T: I wonder…

M: …this torment in me. I’ve explained the train wreck in my head before. Um, so… **2-2**

T: Leah, I can’t help but remember past conversations we’ve had, when you talk about how in your marriage there are these times when he comes to you from an emotional place, or a vulnerable place, and you’re left with this conflict within yourself. The callous part
says, “Don’t acknowledge it, don’t talk about it.” And the vulnerable part says, “I love
this.” But, usually, the callous part wins. Do you know what I’m talking about? T/RUE

F: Um…no.

T: Do you know what I’m talking about, what I’m referring to, Mike? Maybe you can help
me out. O

M: Um, well, like the example of the, um…like, um, when I was, when I was…

F: When you’re not feeling connected.

M: Yeah.

F: Okay.

M: So then when I was saying, “Remind me again why this mistake is, you know…” (F: Oh)
that was expressing a need, like, I need you to reassure me; I need some reassurance and
encouragement now. And, and you kind of said, “Well anybody can do this, (F: Right)
you could ask anyone for this.” But really, I was coming to my wife and asking you,
because I needed it from you. 3-3

F: Yeah, I guess I don’t feel like that happens very regularly. So, like…It might happen
more than I’m aware of, but I wasn’t aware of that one. (M: Yeah) But, yeah. So, I
don’t, I don’t…What you just described to me, I don’t really…that’s not a regular thing
for me to experience. 2-2

T: But now, today, you’re not…you’re not receiving him as being incredibly vulnerable.
T/RC

F: Yeah. I mean, yeah, not as much as usual. I mean, I think part of, part of what’s
happening is, like, you know, you’re kind of feeding him words. And I know he’s not
going to say words that he doesn’t mean, (T: Um-hm) like, I know that. (T: Um-hm) But,
it feels… 2-2

M: Right, it doesn’t sound like me, it sounds like someone else, because I don’t talk like that.
(F laughs) Right. But that’s, that’s the point is that, that I do feel that. Tormenting, I
chose that word because that is the truth, that I feel tormented by this, that this…that, that
in those moments, I want to…to…to wow, you know, for you! And I can’t! And I know
that, that every time this goes bad makes the next time harder and worse, and there’s
eventually going to be an end. And, why can’t I get this? It’s tormenting me. You
know, like, that’s the truth. And see, like, the, one of the, the new paradigm, or the new
picture, is that…and that’s what we have…And you need a new picture too. Like, at the
beginning of our marriage, I thought, Okay, Leah’s like this and I’m like this, and that’s
the way I’m going to stay forever, is I’m going to be like this. You know, so she’s going
to come to me like this, and I’m just going to be like this; it’s going to help. (T: Um-hm)
But that didn’t help; it made it worse! I mean, maybe she kind of smoothed out to be more like me but I don’t know because it was getting helped. Because, you know, the callous was building, or whatever. And so, uh…right, so, right. And so, then there was a second picture. And so this third picture is, no! I’m going to help her not by being like this, but by joining her in this and together we come to, you know, more of a, uh, less, you know, painful place together. And, and, so, um, right. So, what she has seen of me is: Yeah, it’s not risky for this guy to share emotions because, because he’s got this huge, like, reservoir of stability that…Well, yeah, he’s not anywhere close to going unstable; it’s not scary for him. (T: Um-hm) Um, and that’s what I’ve shown her. Um, uh, but at the same time, like, the risky part of it is: Yeah, you’ve been sharing your feelings and emotions all over for your whole life, and for me, you know, this is…this is, you know, not something that I’m used to. So, it, it does feel sort of risky (T: Um-hm) to talk in a way that, that is a way that you, yourself, say, “Well, that doesn’t sound like him.” I don’t talk like this. But I’m not lying; it’s the truth. Um, I’m, I’m in the new paradigm. You know, I’m trying to meet you in that place. And it is vulnerable. It’s risky because, uh, it’s not something that I’m used to. And so, it’s…Yeah, I feel like I probably am bad at it. 5-5

T: Mike, I’m overwhelmed (M smiles) with…I’m very proud that you were able to share this just now in a very passionate way. I hear you saying (M: Um-hm), “This is really hard for me. I don’t know how to do this. I have leapt off the cliff and I am hoping you’re going to be there to catch me when I’m at the bottom. Because I’m doing this for you. (M: Um-hm) And this is really risky. And really scary.” Can you tell her, right now, how, in your own words, how risky this is for you right now? V2-H2-RS12

M: Um, (five second pause) yeah, I, uh, I think that this, that this…I think that we’ll have a new sort of normal now in our marriage. (T: Hmm) We’ll have a new normal. And it…it won’t take ten years, you know, I think it will… 2-2

T: Mike, I’m going to stop you. (M: Yeah) I want you to tell her specifically that this is hard for you, (M: Yeah) that you’re doing something that’s risky…right now. RS12

M: Yeah. Yeah, it is, it is hard for me; it is risky, uh…to be, uh, sort of a new me, you know. And yeah, so I would like you to sort of believe that…that there is a new me, that’s still, you know, still me; to believe that there’s something in there that you don’t know about. 4-4

T: To believe that, maybe, I’m figuring out how to catch you. RS12

M: Yes! (F laughs) To believe that I’m figuring out how to catch you. You know, that I can do this. To believe that I can do this. And it’s not some misty future point, you know, but that it’s actually happening now.

T: And I need your help, and I need your patience, (M: Yeah) as I learn now to do this. RS12
M: Right. (To F) I need your help. And I need you to risk the possibility that I might not catch you again, and to keep risking it. Because, I think that I am getting it, and I will get it. Yeah. 4-4

F: Why does it feel risky for you?

M: Um, because it’s a whole new way of communicating, and um, uh, (seven second pause) yeah, it’s, it’s new. And so, I suspect that there will, there will be a cost that I don’t see. And, and… 3-3

T: Can I add something to that? (M: Uh-huh) It’s almost like you’re saying, “Leah, you mean so much to me that the thought of continuing to fail torments me. And I’m jumping from my head to my heart, and I’m doing it for you.” REF2

M: Yeah, yeah, that’s true. That’s true.

T: Because I’m not sure that she knows that, Mike. I’m not sure Leah really knows that (M: Right) that you’re doing this because she means so much to you. H2

M: Right, that’s true, that’s true. Um-hm. Um, okay. I mean, that wasn’t what I was trying to say, but it’s true. (To F) I mean, you know me, I’m happily up here (points to head) most of the time. I think that there’s more…You know, I haven’t valued your heart, and because of that, I haven’t valued your heart, and everybody else’s heart. And, um, uh, this is the first relationship that I’ve had like that. But when we say it like that, it, like, objectifies it. I mean, what it means is: You’re the first person that I have loved like this, where I want to love you with everything, you know, and where just this (points to head) is not enough. I mean, other people will be willing to call it good enough, you know, and I’m willing to call it good enough, but I’m not willing to call it good enough up here (points to head) with you. This is not enough for me, for you. Because, I though I could get this (points to F’s head) and this (points to own head) if I just gave you this, but now I see that that’s not, that’s not the…It’s happening and I don’t want to lose this. And so, I want to give you this, too (motions from his heart to her). And, and, uh, um. Yeah. I mean, I forgot where we started with that. 5-5

T: It’s all right. The stakes are really high for you here. V2

M: Yeah, yeah, right. I, uh, I think that, uh…yeah, I think that God is using this to, uh, heal me. (To F) You know, that God will use you and use this relationship to, um, make me the man that I was created to be. That, that early on in my life, I started taking a different path, away from the passionate, sort of poet-warrior, you know, towards…You know, I think the enemy wanted me to be an accountant, and um, sort of just accounting things. And, and, uh, that’s not what I’m supposed to be. And, and, so, uh…so yeah, this is, this is the chance, you know. This is a chance. But it is risky, because I haven’t done this for a long time, you know. And the last time I was this, I got hurt. (T: Mmm). And so, so yeah, it’s talking about being a new me. You know, it’s me, but it’s, its been so long since I’ve lived like this that I’ve kind of forgotten about it. I have agreed with lies for so
long, um, that uh, yeah…But, there is a me. The real me can catch you, you know. That’s, uh, that’s, that’s…it’s not…(in quieter voice) it’s not becoming someone that I’m not.

T: Um-hm. Mike, wow. You really risked. (M smiles; F puts arm around M) (To F) Do you see that? V2-EVOC

F: Um-hm (Shakes head “Yes”).

T: Do you see that now? H2

F: Yeah, yeah. (To M) I believe you (M smiles).

T: What is it like to have your husband look at you and say, “I’m going to do everything I can to catch you, and it torments me that I’ve missed you so many time”? EVOC-H2

F: Yeah. I…I mean, I, I…understand better. And it, um, it makes sense, and I believe him. And I do believe that he’s totally capable. Like, for sure. I mean, yeah, I’m very confident.

M: There’s something I want to say again: I have never loved someone enough that it has made me want to do this. No one else has been worth trying to do this. I would just say, well, somebody else is going to have to help them, you know, I can’t. And I’ve said that to you, but I’m taking it back. I don’t want somebody else to help you! I want to help you! (F cries)

T: Tell him about those tears, Leah. RSI3

F: (To M) It makes me feel really good.

T: Yeah. Tell him how good it feels. RSI3

F: It feels very good…and loved and cherished (M: Um-hm) 4

T: Yeah. I want you to spend a minute again looking in his eyes, right now. (twenty-four seconds of silence as partners look at each other) Can you let this love for you in today, Leah? H2

F: Yeah…yeah…yeah. Very easily. (F and M smile)

T: It’s nice that now you’re having no trouble looking at him. (F: Um-hm) (eight second silence) He took a big, big risk today (F nods “Yes), and I want you to spend a lot of time letting him know that you see that and what it means to you that he’s doing this for you. Because, he doesn’t have to do it, and he’s saying, “You’re right I don’t, but you’re worth it. (F nodding head “Yes”) You mean this much to me. (in a whisper) You’re the only one worth it.” (F puts arm around M) V2-H2
T: Well, I'll tell you what, We'll let you guys relish in this moment a little bit (F and M laugh). We’re going to go downstairs and get a little bit of feedback from the group (F: Okay) for what kind of things they kind of observed…what they observed and what they heard. And those are things that you guys can take with you for the next two weeks to kind of continue, in addition to what… V2-O

F: So you guys will come back?

T: Yeah. Oh yeah, yeah. O

F: Oh, okay.

T: No, we’re not just going to leave you. (laughter) O

F: Yeah, that’s fine.

1:14:51 (Video ends)
M: Like, I’m really…I really got issues, ‘cause I can’t seem to, like, do it right. (4,4)

T: In that moment.

M: In that moment, you feel that, like, dang.

T: Yeah, you feel like you’re failing. ECI

M: Right.

T: Like you’re losing. (M: Um-hm) And like you’ve failed Jane. And, again, what happens right in that moment before you get…before you get angry? I think you’re touching on some of it even right now (M: Yeah), to have Jane see you, or to feel like maybe she sees you. It’s like everything good about you just evaporates. (M: Yeah) Can you help me? What are you think…what are you going through right now as you’re talking about it, inside? EVOC-H2-EVOC

M: Yeah I think, uh (four second pause)…I think, uh, that, that right before that anger moment, it’s just, uh, it’s just despair, man. It’s just that despair, like… (4,4)

T: Tell me about it. You feel it now? You feel it inside? EVOC

M: I,I,I…I don’t. No I think I still…I don’t know if I should, but I still a little bit believe in myself (T: Hmm), in a sense. I believe that I can be…I can change. Like, I really do. I’ve seen myself do a lot of dumb things and grow, and so, you know, that despair, it feels really real, but part of me wants to, you know, just really want to see, you know, what can I, what can I do. And not just look at it, because it’s really hurtful (T: Yeah). And, uh, you know, I was telling Brian this, too. You know, I, I, I have a job where I can pour out a lot (T: Yeah), as a school teacher, and not see much right away. And I have to, like, wait years. And even after years…Say this kid goes to college and they don’t finish college and they do something wild…So, like, there’s a lot of, like, ups and downs, and so, it’s just, it’s just rough to just constantly, like, be in my feelings with that, all that stuff. You know, I just want to be positive; I want to joke; I want to use humor to get rid of a lot of that stuff and just be happy. So that right before anger part is just that real, that real part that I just don’t really know how to deal with. And then I just get upset. And then my voice raises (lifts hand in air) (T: Yeah). And the bad thing is, like Jane said,
like when I’m upset, I’m not able to, like, be upset with her and then be cool with you. Like, I just really struggle with that. (4,5)

T: It spills over (M: Right). And that’s part of why you worry…

M: She hates…she don’t like that. (2,2)

T: (To F) You worry about him getting worried with the kids, too (M: Yeah), and then spilling over and maybe even saying, “I don’t want to be in this any longer.” It’s no wonder it becomes kind of, kind of big. (To M) And you want to dial it back at that moment. REF2

M: I mean, she’s right. Like, it’s true, you know, like, if I’m upset with her and the kid comes and plays with me, I’m like, “Yo, not right now.” (T: Yeah) Like, you know. (2,2)

T: When this, when this happens, it’s like it takes you over. (M: Yeah) And, it’s hard to get back. Um, there’s something I wanted to come back to, you know. I don’t know if this is the right words for it, John, but when you think, you know, you’re not that guy who just takes it out on other people, and when you hear you’ve let her down, and she doesn’t feel safe from you, I’m getting that it hits you right, right in your core. (F wipes tears from face) EC1

M: ‘Cause the fear is maybe I am, you know, maybe I am that dude. (Shakes head back and forth) Maybe I’m not redeemable. ‘Cause I’m trying really hard and I still make these huge, you know…so it’s like…

T: The fear… H2

M: Well, maybe…

T: Maybe…

M: …maybe I’m not a good…maybe I don’t have the tools to be a good husband. I think…I thought I did when I got married, you know, but… (5,5)

T: It’s no wonder you get so…

M: Pissed.

T: …pissed. You’re saying at these moments when you hear words like that from Jane, this fear sets in, and (M: Yes) it says… H2

M: ‘Cause she’s real smart, she’s real perceptive, so she’s saying that, you know…

T: I know. I get you. EA
M: So, I’m going to believe her over what I feel. (3,3)

T: You trust her that much. REF2

M: Right. I do, ‘cause she’s (T: Yeah) good at…that’s her area…

T: So listen. Bring me back…

M: …You know what I’m saying? (3,3)

T: I know. I get you (M leans back in chair and puts hand to face), that you look at her and you say you trust how she sees you, and then this fear sets in. And I can see it in your eyes a second ago, and I could feel it inside, how big that pain would be. This fear that you can’t get there, that’s the fear, anyway. (F hands M a tissue; M laughs) Is that okay? H2

M: She’s being funny?

F: (laughs) (inaudible).

M: She’s not being funny. It’s funny, I’m sorry. (F wipes tears from her eyes)

T: Do you ever tell her about this? Do you ever share with your wife, “You know sometimes, when things are going wrong between us, I get so afraid inside that maybe I can’t be that guy you need, that I need to be”? Do you ever share that kind of fear with her? EVOC-H2-EVOC

M: I think that would lend her to be (laughs)…be insecure. And I don’t think, I don’t think…I don’t think I really do. I don’t know. (2,2)

T: You want to protect her. REF2

M: Yeah, I don’t want her to think that I don’t…I don’t want her to think that I believe in one moment that I’m not a…not going to be a good dude, or redeemable. (T: Yeah). Yeah. (4,4)

T: It’s like it’s too scary (M: Yeah) to even talk about. T/RUE

M: Yeah, early in our relationship, you know, I would say things like, you know, “I’m coming in with a water gun, you know, you blasting me with a canon or something.” We would…I would kind of say, like, “You don’t fight fair.” ‘Cause at one point we tried to, like, come up with rules in terms of how we argue. Because, I was, I was…I was feeling like…I generally feel like most things in life are petty anyway. So, so I was just like, just kind of talking…and then I get hit with something, and I just, I get very upset. So…(4,4)

T: So, I got to come back…
M: Kind of…I’ve kind…we’ve kind of talked about it, I guess is what I’m trying to say.

T: Yeah. Yeah. You talk about how sometimes it feels like you’re not equipped with the (M: Right) right tools in the moment. T/RC So, listen, what you said a minute ago was really, really big. You said you hear from Jane this kind of fear, and you start doubting yourself. And, you start to fear, in a way, if this lady sees you as dangerous, it’s kind of like there’s no hope. I mean, for a moment, right. And you come back, I get that. But, you don’t usually tell her; you wouldn’t usually say, “I get so afraid I’m going to let you down that I can’t be the man I need to be.” And instead it goes into that anger. (M: Yeah) These words hit me really hard when you say them, man, they hit me really hard.

M: ‘Cause…what if I say that and it doesn’t matter? (F wipes tears from her face) It’d hurt more. What if I say, “I don’t think I’m the man,” or whatever, and then she goes…

T: Or you say, “I’m afraid I’m not the man.” (M: Right) Right. H2

M: And then, and then she’s like…(makes a “shaking off” gesture with head). (T: Oh) Like, I don’t know how much of that I’m supposed to be able to handle. Like, do you know what I mean? (3,3)

T: You’re not sure what you’re going to hear? You step out on a limb that far…

M: Yeah, I don’t know if being that real is going to be able to bring me to a point where…’Cause, when I mess up (T: Yeah), it’s not like she’s trying to hug me in (makes hugging motion with arms), you know what I saying.

T: (To F) Can you help me here? If he were to talk about that with you, would you be able to take that in if he said, “I get so scared sometimes that I may not get to the place as a man that I need to get to. And, when I see that look on your face, or hear it in your voice, it feels so painful to me”? Would you be able to take it in if he talked to you that way?

F: I think so. I think I can. (Wipes tears from her face) (3,3)

T: You think you can take it in. Would you think any less of him? H2

F: No. I think it’s a really, like, genuine thing. I mean, it’d be good to see John’s soft side. He normally has it all together. (3,3)

T: Can you tell him that now, please? Can you tell him, “I wouldn’t think any less of you” and everything else you said? (partners turn toward each other then laugh) That’s beautiful. That’s beautiful. Look at him. You’re doing great. You guys are both doing great. RS13-H2-V2
F: So, I don’t think I would think anything less of you. I think it shows (voice cracks), like, a genuine place. (crying as she talks) Like, you don’t have to have everything together all the time; it makes me feel like I have to have it all together, and I don’t. So to see that you struggle it’s tough. I think it makes it feel more real. And I think that’s, like, keeping it really real. (3,3)

T: If he could let you in this way, you wouldn’t think less of him? H2

F: (still crying) No, I wouldn’t. I’d be closer to you. I think, I think it would incline me to be more open to… I wouldn’t think less of you. I think this is hard to do. (3,3)

T: So, it would even help if he talked to you about those moments when he struggles. (To M) How is it for you to hear that, that if you let her in this way, she doesn’t see you as less of a man, she sees you as a man? EVOC-H2

M: (five second pause) It’s real (sighs), uh, real empowering, man. (4,4)

F: Feels good to hear.

M: Yeah, feels real good. Makes me feel like I owe you some money or something. (M and T laugh) No, it really feels good, man. I can, uh, I can live off of that for a while, you know. I just… (4,4)

T: Well, listen, if you’re okay with it…

M: … I’m going to try.

T: … if you’re okay with it, I’m going to ask you to do it more. I wonder if you can turn to her now, and tell her about that fear that sets in for you when you feel like you’ve let her down and you’ve scared her. Can you turn to her now and tell her about that fear you were sharing with me a minute ago? Take a minute. RSI2-H2-RSI2

M: (four second silence) Yeah. Um…

T: I want you to look her in the eye; I want you to let her in if you can. H2

M: (thirteen second silence) (turns to F) So, uh, like the whole, like, I’m not safe comment, it made me feel like…it made me feel real low. It made me feel like I’m one of those people that, like, is just an emotional, you know, jerk. And I was really trying to…I really felt that I was trying to be helpful, you know. So then, when that happened, it just made me feel that, you know, even my best efforts can’t, you know, win you over. Like, you won’t think of me in a, you know, in a positive way. So, it just really messed me up, you know. I, I wasn’t okay. (4,4)
T: (five second silence) You’re doing a lot. Tell her about the fear. (F wipes tears from her eyes) Please. You’re so close. You’re just right there. Just please let her in if you can. V2-RSI2-H2

M: (fourteen second silence) I just feel like I…I don’t know, I’m just really afraid that I’m not the person that I want to be, you know. I just feel like it’s just not…up to snuff, you know. You know, I’m a…I really do love you, and I really want to do those things; but, sometimes I feel like it’s just not in me, like I’m just messed up. (5,5)

T: That’s the fear. (F wipes tears from her face) (twelve second pause) You’ve done a lot, man. You’ve done a lot for her right now, okay. You’ve done a lot for the two of you. (six second pause) (To F)What’s happening for you right now? He’s taking a huge… (M rubs eyes with hand) (To M) Right, you’re on the edge of a freaking cliff. (M laughs) Am I right? V2-EVOC

M: (Still rubbing eyes with hand) Yeah, of the sixteenth floor. (4,4)

T: Sixteenth floor. (To F) What happens for you as he takes such a big risk and shares this with you? This underneath all that anger. What’s happening for you now, Jane? EVOC

F: Um, I know it’s the right thing to say, but it makes me feel, like, safe. It makes me feel…like…I don’t know, like, good to know, like, the façade that has to…It just feels real. (4,4)

T: He let you in just now. (F: Yeah) When he let’s you in, you feel safe with him? T/RUE

F: Yeah.

T: Can you tell him that? RSI3

F: (Turns to M) So, when you (sighs) let me in, like when you just…I don’t know, it just makes me feel safe. Like, we can have conversations and be in a soft place together. (4,4)

T: (five second silence) How do you see him right now? EVOC

F: Like a partner. (3,3)

T: How do you see him as a man, as a husband? EVOC

F: Like a caring husband. (3,3)

T: Yeah. (seven second pause) Do you see him right now…do you see him as dangerous? H2

F: No.
T: Do you see him as hopeless? H2

F: No.

T: (Six second silence) Can you share with him what’s happening as he’s letting you in in such a big, big way? Just tell him a little more. RS13

F: Um, it makes me feel like, like a weight has been lifted off my shoulders (makes concordant motion). And like, so many times I have to be, like, strong. (T: Yeah) And I’m guarded. It just makes me feel like, like relieved, like I don’t have to do that right now. (6,6)

T: (twelve second silence) How is it to hear that right now, John? When you let her in like this, you talk about your biggest fears right out front, you’re a warrior. And when you let her in this way, she feels (with emphasis) safe with you. You feel real to her. Can you take that in? EVOC-H2-EVOC

M: Yeah, a couple things. It was like…the first thing was like, uh, uh, how backwards, like, in terms of how it felt in terms of my logic. (T: I know) Part of me…That makes me real sad. Part of it is ‘cause it’s like...(lightly laughs). I guess I just feel sad for mankind. Like, I don’t know how us men are supposed to figure this stuff out. (T: Um-hm) So, it makes me sad. (lightly laughs) (3,4)

T: You didn’t have good models for that… V2

M: I know.

T: …and it makes you sad when you think about how the more you’ve hidden it, the more unsafe she’s felt. Am I getting that? T/RUE

M: Then the second thing that hit me was, uh: How can I, uh, be more practical with it? Like, so, I get hit, so instead of snapping, what I’m going through, just share that. Even if she’s, like, saying it in a pist way, just be like, “Yo, you just f’ed me up.” (3,3)

T: So, that’s a really, really good question. V2

M: So I just say like, “Yo, like, I’m dying.” But she’s dying too. (4,4)

T: You’re asking me, “How do I say I’m really hurting inside when you talk to me that way?” Right? What do you need from her to be able to come and share this part of John with her? What do you need from her in a moment like that? She’s, she’s down on you, she’s upset with you, what do you need to be able to come and say, “You know, this feels so bad to feel like I’ve let you down in this way. This isn’t the man I wanted to be”? What do you need… EVOC-H2
M: I guess I just want to earn some grace, you know, some grace with it. Like maybe, you
know, treat me the way...kind of, I don’t know, self-seeking. Don’t treat me the way I
deserve at that point, for a second. “Cause I’m just real...I don’t’ know. But then
sometimes I do do bad. I guess she has the right to be genuinely upset. I guess I just
want her to love me in the sense that she hopes, she’s hoping the best about my intention.

(3,3)

T: Please tell her that in your words: I just need to know you can love me, even when I’ve
 messed up. RS12-H2

M: (Turns to F) Yeah, I think especially during this time I just need more grace, just like a
second look, you know. (seven second pause) That would help a lot. ‘Cause, you know,
like I said, this whole, the whole logic of the whole...Like, I just (T: I know)...I don’t
know how I’m supposed to get that. (4,4)

T: I know. It’s like the world just got turned upside down for you, didn’t it? (M: Yeah)
Listen, I appreciate that. (To F) Can you do that for him? He’s saying, “I just need to
know that you love me. I just need some grace at that moment.” He’s not saying you
can’t be upset. Are you hearing that? He’s not saying that you can’t have a complaint.
(To M) I don’t mean to speak for you; am I getting that right? V2-H2-EVOC

M: No, no, you right.

T: But there’s something about...You’re actually real tender in those moments when you
 messed up. (To F) Can you do that? Can you tell him, you know, you still love him?
Can you tell him he’s still your guy? H2 (note: not asking her to share now)

F: I think so. I think, like... know that I know that there’s more behind it (T: Yeah) than
just the, like, yelling, then it’ll be easier for me (turns toward M) to do what you need me
to do. (3,3)

T: Yeah. EA

M: (twenty-two second silence) (In a quiet voice) That’d be real good.

T: (five second silence) I don’t even know what to say; I’m blown away with how much you
guys have done. And I mean it. V2

M: We appreciate you, man. We appreciate it.

T: Thanks. I appreciate hearing that. It means a lot to me. SD (speaks slowly) Um...I’d
really like, now that you’re able to talk about your fear...And when you talked about it,
you know, you got real honest with yourself about the impact it has on you. And then
you started to talk about how bad it feels. And you let me push you a lot. I really
appreciate that. You’re a tough guy. You’re a strong man. And what really hit me was
when you said you let her in on this, and it got really scary to think about what might happen, and you went there anyway and you let her in. And when you did it, it’s like it hit you right in your heart. Am I getting this right? (To F) I just think you really saw John as a man, as a husband. (To M) And you were able to ask for what you need.

M: (seven second silence) (breaths in deeply before speaking) (To F) We got to have this guy move in. (F and M laugh) (2,2)

T: How does it feel to let her in this way? I mean, I can see it’s kind of, kind of hitting you. How does it feel right now? EVOC

M: I feel really, uh, I feel really good right now. And I feel really hopeful (T: Yeah)... really, uh, almost, like, uh, I really want to see the next fight to see what happens. (T laughs) I mean, not really, but, you know what I mean? (4,4)

T: I do. I do. You want to test it. T/RC

M: It’s almost like a new, uh, a new tool in the marriage toolbox.

T: Um-hm, it is. EA

M: And I feel like it’s a really good one. (T: Um-hm) Probably a Swiss Army knife. (T: Yeah) What do they call those little things? (3,3)

T: Yeah, utility knife. T/RC

M: Yeah. (laughs)

T: Multi-tool. T/RC

M: Yeah.

T: So, you said it feels real good. Where inside do you feel that right now? You said it feels real good to be able to do that. EVOC

M: I feel like I’m learning, man.

T: I know. Where do…

M: Like, I’m a teacher, I like to learn. I feel like I’m learning, and I feel like, I feel like I can really, like, do, do well and gain favor. Yeah. And then I’m a dad. So like, I can put that to them (T: Yeah), you know. I teach Bible lessons (T: Yeah). I just, I just feel like…I feel like I want to, you know, I really want to be a good husband; and, this is going to help me a lot. (T: Yeah. Yeah) So that, that’s what I care about, you know, (T: Yeah) being a good husband, uh, not only for my wife but for my kids. And, you know, for spiritual kids, and the neighborhood and everybody. (3,3)
T: Listen, if you do some of this like you did today, and you guys will keep at it…You’ll have setbacks along the way, everybody does. You’ll have moments where you kind of lose it and you have to kind of get it back, and you’ll find ways, but nobody can take this away from you, what you’ve done here today. This is real. Something shifted for you, and you’re going to be able to come back to it. And you may lose it sometimes, because this is a new piece of learning for you. Right. You might forget the equation, but you’re going to get it back. And I hear how important it is to you. So Brian’s going to keep helping you with this. I’m actually going to chat with him if he wants at some point (M: Yeah, do that) about how things are going. Okay. V2

M: Do that.

T: And um…Are we good? Good place to stop for now? O

M: Yeah. (To F) We good?

T: I’d like sometime, if you can, in the next…maybe before the weekend gets out, when the kids finally get down and you have a few minutes to yourselves, would you remind him, please, about what it means to you when he lets himself talk about the fear with you? Remind him what it meant to you today. Could you do that? O

F: Yeah, I can do that.

T: Would that be okay if she brought that up? It might be a two-minute conversation, might be longer, I don’t know. Would that be okay? O

M: (shakes head “Yes”) Yeah.

T: All right. You guys go home and bask in this. V2

M: (laughs) We will. (T laughs)
W.E. Video 3 Transcript:

M = Male
F = Female
T = Therapist

30:27

M: It’s an uncomfortable feeling (T: Sure), yeah.

T: Yeah, it can be. EA

M: More than anything it’s just unsettling and uncomfortable. 4-4

T: Can you tell me more about it? When you, when you…Is it, like, present right now for you? EVOC

M: Not until we actually talk about, you know, the rest of what happened today. You know, with her and I. It’s still present, yeah, absolutely. 2-2

T: Okay. Tell me…can you tell me what about it sparks a fire in you? EVOC

M: Um…specifically the…I mean, it’s, it’s, it’s like I said before, uneasy (T: Okay) until, you know, I know that she…or, I know exactly what she’s thinking or why, you know, she’s looking at me like that right now (F turned and staring at M; all laugh). 3-3

T: All right, yeah, tell me about uneasy. You know, like, some people, when they feel uneasy they feel like, like everything tenses up; or, they feel like…I don’t know, like there’s butterflies in their stomach. I don’t know. Is there anything like that for you? EVOC

M: It’s more of the…and I think I’ve brought this up before when we’ve talked about it. It’s more of me trying…it’s like I’m walking on egg shells with whatever it is that I’m doing. (T: Oh) Because, if she’s not (looks at F briefly), you know, happy, either there’s something wrong or she’s really not letting me in. I can’t…I don’t know what’s going on, so, it’s kind of like: Do I do this, do I do that (Makes a back and forth motion with hands)? 3-3

T: It’s very tentative T/RSE

M: (Shakes head “Yes”) Yeah. So, until we finally, you know, talk about it and work through things, it’s, it’s kind of like that. It’s just worrisome and uneasy about what I’m going to do next; whether or not it’s going to upset her more (T: Yeah), or I’m not doing something right. 3-3
T: Yeah. Yeah. Yeah. Yeah, so it’s kind of worrisome and uneasy and uncomfortable, and tentative. You…when you feel this way, it’s almost as if…it’s almost like, you know, until you can hear something from her… I don’t know, “We’re okay. Things are going to be okay.”…it hangs around. ECI

M: It’s more of I need to know what she’s…what’s wrong with her, like, completely. And I guess…I don’t even know. It’s not something where I can say it’s a word or it’s an expression; it’s just knowing what’s going through her mind…that she tells me. Because, again, if she tells me, I can either fix it, or, at least I know, I can understand it a little bit. 3-3

T: What are you getting afraid of when she doesn’t tell you? EVOC

M: Um, I don’t know if it’s I’m afraid of it; it’s more of…again, I hate being in that position where I feel uneasy about anything. Um, because, it starts to play with my head, you know, and I start to either get frustrated or (shakes head back and forth), you know, just shut down completely. You know, I won’t ask anymore, and that’ll be the end of it. 4-4

T: Right. So, the, the uneasiness is not necessarily about her, it’s about: What will happen with me? T/RUE

M: Exactly.

T: And the uneasiness continues. You know, I guess we talked about this a little bit before: “I’m going to stay in this place, and I don’t know what I’m going to do,” you know. I guess it’s sort of like wondering which road I’m going to go down. H2

M: Yeah, because…I mean, in the past, you know, before, and she knows this, I had a very bad temper and little things would just set me off. And, you know, I went through a very tough time doing that. And again, I’ve learned to control; to calm myself down; to give myself a little breath. So, if I’m always around and present, around that uncomfortable feeling, it just sets off something. And either I just build up a wall or I just get really just distant and shut down, which is not at all what she needs. She doesn’t need that part of me at all, and nor do I want to bring that out. And that’s why, you know, again, I try to be positive about everything (T: Yeah), and just do what I can to make her comfortable enough to let me know. 4-4

T: Right. ‘Cause if you don’t do that, then you might sit…and if you don’t do that, she won’t kind of tell you what’s going on, and then you might sit with this, this uncomfortable feeling, which kind of then might send you down a road you don’t want to go down. Because, you’ve been there, and it was awful.

M: Way too many times.

T: Way too many times. So that’s what you get concerned about. Do you think she knows about this concern? I called it a fear, but (inaudible). ECI (combined with prev. TT)
M: I mean, fear comes when anything’s wrong with her. You know, if anything’s wrong with her, or, you know, if she feels sick or something like that. I get fearful for her, you know, when she’s by herself. (laughs; F smiles) (T: Yeah). That’s my fear: that something happens to her. 4-4

T: Oh, is that it? EA

M: Yeah.

T: Okay. EA

M: I feel…I think that’s, that’s…to be honest, that’s one of my biggest fears. And I don’t think I’ve ever told her that. (F shakes head “No”) I just…her just sometimes being defenseless by herself…like, you know, it’s just if she’s not okay. 3-3

T: So you get really afraid if, if there’s something going on and you’re not…it’s one of the things you worry about…that she will be harmed in some way…It hurts. You won’t be there to help her out (M nods head “Yes”), and that would be devastating. H2

M: Oh, yeah. I mean, (quietly laughs) if something were to happen to her (looks at F)…(four second silence)

T: What? Can you tell her about your thoughts about this fear? ‘Cause I don’t think she’s known about it before. RS12

M: No. (M and T laugh; F shakes head “No”)

T: It’s tough. EA

M: It is. But, you know, it’s because I think I’ve…we’ve been struggling so much that, for her to hear that I love her so much…But the reality is also…Because everyday I fear for her, you know…where she works; what she’s doing; when she’s alone. I don’t live with her, you know. When she’s driving. And, you know, it gets very tough for me sometimes, especially when I don’t know where you are. I get kind of frustrated sometimes when I don’t hear back from you. 3-3

T: Then do you get…You get frustrated, but what’s going on that’s driving that frustration? It’s this fear. T/RUE

M: Yeah. Yeah, like I said, it’s, it’s the fear that she’s not okay. You know, that something might have happened to her. You know, she’s becoming a part of my life, so (T: Right), you know, if, if…she were to be in danger or anything like that… 3-3

T: You might lose her.
M: Yeah.

T: That’s why it’s so important to you to know what’s going on. (M: Yeah) If you don’t know what’s going on, you might lose her. Will you just stay there for a second? This is really hard. (partners staring at each other and smiling; M laughs; F grabs his hand)

M: You already saw it. (all laugh) 2-2

T: It’s tough, I know. (M: It’s tough) Yeah, yeah, it’s tough. But you’re doing great, really great. V2

M: But yeah, it’s just…it’s definitely a yes; there you go. It’s something I hide. If anything ever happens to her… 3-3

T: Yeah. So you do…so what you’re doing now is, you’re really telling her a bit more about this fear. And this is what she doesn’t know, you know, when it’s so hard for you to share stuff with her. You’re afraid. H2

M: It’s definitely (inaudible).

T: Can you tell her just a little bit…you don’t have to tell her…just a little bit (M chuckles). Do do it. RSI2

M: (To F) I fear that, uh, that anything could happen to you any day. Um, I fear that you hurt so much emotionally, um, and then I can’t do anything about that. It’s a constant struggle, especially when we don’t…or, when we’re not in a good spot or we’re not on the same level. Or if you’re angry or hurt or crying (F chuckles) and I don’t know about it, it’s definitely…it’s not good…it truly is fear. (T: Yeah) And it sucks. 4-4

T: You were so brave to tell her that. Wow. You’re doing it. V2

M: I don’t know (smiles and shakes head back and forth).

T: It’s a little risky. V2-H2

M: Very. 3-3

T: Yeah. Do you think she knew about any of this? H2

M: I don’t think so.

T: (To F) Did you know that this is what he was feeling? (F shakes head “No”) To hear it…He’s taking a big risk. (F shakes head “Yes”) EVOC
F: It’s, uh…it’s overwhelming to hear, ‘cause I didn’t realize that was how he felt at all. Um, you know, I never questioned that he cared or loved me. I just didn’t realize there was that fear, that unsettling feeling. I didn’t realize that’s what was going on in your head on a daily basis. 3-3

T: He cares so much about you, really. You, you know, when you don’t…when he comes to you like this, it’s (speaks with emphasis) so difficult for him because of this fear. You now really see it. Okay. All right. And let that sort of…It’s a little overwhelming for you. Anything else going on for you? REF2-EVOC

F: Just trying to process how much of a jerk I’m being. (laughs) 3-3

T: Aww. EA

M: (laughs) That’s not…

F: But, I mean, it’s…me not sharing with you and causing all of this.

T: So, you’ve got a little bit to, you know, sort of (inaudible). (F laughs) It’s very important. V2

M: I think we both blame each other too much sometimes. It’s just the natural tendency we have. 2-2

T: Yeah, yeah. (To F) I noticed that when you started talking like this, you sort of put your arm on his leg and kind of grabbed his hand. (F: Um-hm) I wonder…my sense is that when he, like, opens up to you like this, that it, it…kind of pulls you towards him. (F wipes tears from her eyes) H2

F: I definitely want…And I know it’s hard for him to do that, so I want him to feel reassured that he can open up to me and I’m not going to shut him out or, you know, reject and be sad or say, “Oh, that’s ridiculous!” You know, I’m just hear to listen (T: Hmm), you know. I think giving that little extra physical touch just reassures him that: you can count on me and open up to me, and I’m not going to shut down; and vice versa, which is what I need to do with you. 3-3

T: It helps you when he tells you this stuff (F shakes head “Yes”). It helps you…Well, it’s kind of like you get to know him more. (F: Um-hm) You really…you say to yourself, “Oh my gosh,” you know, “When I shut him out this is what it generates.” (F: Right) “And wow, it’s tough, and I really want to improve myself.” H2

F: Right. ‘Cause, like I said before, it’s not about me, it’s about him and how this makes him feel. (T: Yeah) Um, you know, just like he’s not worried about himself, he’s worried about me. You know… 2-2
T: He loves you so much; you know he does. Steve, I know you touched that place and that was really hard for you. V2

M: Just a little bit. (laughs)

T: And I know that I heard you say, you know, when you go to this place, you need some kind of reassurance from her. You know what that is, when you get to feeling afraid that something might happen to her, ‘cause you don’t know what’s going on. H2-EVOC

M: Right. What I need to know is what she’s thinking, why she’s acting like that, or why she feels like that. Um, that’s what I need to know. That’s what will calm me down, or at least get me out of thinking, get me out of that internal struggle—that dark place. 4-4

T: “You know, what I feel is fear. And what I really need is for you to let me in”—is that something close? H2

M: Absolutely. Because, if she were to let me in, if she were to tell me what she’s thinking, obviously then I wouldn’t be in that place; I wouldn’t feel like that. 4-4

T: You know, just because the line is going here, it occurs to me that there was a time when she did let me in, and you kind of did lose that. H2

M: Well, to be honest, I don’t think she ever really did let me in the entire time we were together, which is why this is a little different. Because, from the very beginning, it wasn’t like that. (T: Yeah) It was more of a…It was a good relationship. It was a normal relationship in terms of, you know, two people being… 3-3

F: It was easy (laughs). I’m not saying it was functional, but it was easy.

M: Again, because we wouldn’t talk about issues. 2-2

F: Right.

T: Yeah. EA

M: I’d let things go; she would not tell me anything. (T: Right) And, that’s what led to our downfall. 2-2

T: This is really…so new, you know. You just...you’re just discovering what it means for you when she says something’s going on and she doesn’t let you in. You’re just discovering what that really means for you. And so...And then you’re letting her know about this fear. And what you’re saying to me is… maybe for you…”When I touch this place, I don’t really stay there very long; I get frustrated. (M: Right) But when I can, like, understand it and touch it, what I really need from you is to let me know.” V2-H2
M: (Shakes head “Yes”) I’m sorry. I mean, it’s…Yeah, and again, I don’t want to be selfish, because, you know, if she doesn’t want to tell me, it’s for her own reason. But at the same time… 3-3

F: No, it’s because I’m not comfortable with doing that. So, you poking and prodding might be just (inaudible). 3-3

T: Well, let me ask you this: Now I’m not saying that she needs to tell you everything right now, but, do you need that reassurance right now? EVOC

M: I feel like I do. Um, you know, for whatever reason, I don’t know if she’s told me; I would think she would tell me. And like I said before, you know, until she tells me “No, that’s it, that’s all I have. It’s just been a terrible day, there’s nothing else going on,” then I’m sorry for telling you that (T: Yeah) or not acknowledging, because I really did try today. It was a very rough day. (T: Yeah) And I feel like I really didn’t get an entire explanation, or an entire sincerely you tell me, her tell me what was going on. (T: Yeah. Can you…) (To F) And if I…(T: Keep going) misconstrued it I apologize. I’m sorry, but that’s, you know, (in softer tone) that’s how I feel. 3-3

T: Yeah. Could you ask her…or, could you, you know…”Like, it’s like the reassurance I need is when I feel this way. I want to…I want to know that at some point, whether it’s now, or later, you know. That’s what would be totally reassuring.” Is that, is that right? H2

M: I still don’t know.

T: Can you see if you can ask her that right now? RSI2

M: (To F) What I, what I need from you at some point in our relationship, is for you to let me know and tell me, without any fear or any sort of doubt…let me in and tell me everything you’re feeling (T: Yeah), was it the appropriate time. Because, if you don’t, internally for me, it’s, it’s not…it’s a very constant struggle; it’s a very hard struggle. And, again, just knowing that you’re not okay, or that something’s wrong with you, is, is very difficult for me to handle. 4-4

T: Yeah. How is it Steve? EVOC

M: It’s a little hard.

T: You did great. V2

M: But it’s hard, because, normally I’m the guy that doesn’t need anything. 4-4

T: (drawn out) Oh, okay. It’s okay. EA

M: Yeah.
T: Yeah. That makes sense. That makes sense. V2

M: Yeah. I think it’s somewhat that I’ve had to develop, or, like, it’s come naturally...But, like, I’ve never felt...again, with anybody else I’ve been with. 4-4

T: She’s the only one. H2

M: (M shakes head “Yes”) Yeah.

T: Can you tell her? (F smiles and giggles) RSI2

M: (To F) You’re the only one that’s been able to make me feel crazy sometimes. (F laughs; then M laughs) But at the same time, I care about you and I love you so much that (speaks slower) if I don’t know you’re okay, it just drives me nuts. One day I’ll go crazy maybe. And that’s what’s so difficult...very, very difficult. 4-4

T: And it’s hard to tell her but you did it. How do you feel now? What’s that feel like? You know, that’s a little frightening (inaudible). V2-EVOC

M: It feels a little good. It feels better to get it off my chest and at least acknowledge it. And now knowing that three people know that, it’s a little bit better. (F and T laugh) 4-4

T: You, her, and me. (laughs) Yeah. Right. Not that you need to tell him anything, but he’s kind of asked you for some reassurance, you know, and he wants you to let him in. What do you...what’s going on for you as he’s asking you for it? EA-EVOC

F: (four second silence) (To M) I appreciate you sharing and opening up to me. It’s not...I know it’s hard for you...and I know that. And out of comfortability, I want to. It’s just getting...it’s just a new habit that I have to work on. Um, it’s something that I’ll constantly have to work on, you know. I don’t know that I’ve really been trying as hard as I could, but...And I don’t know why, ‘cause you never turned your back on me or...I don’t know why I can’t. I don’t know (lets out a frustrated laugh). It’s not that I can’t, I just...I know I can. It’s just that I don’t. (T: Yeah) And I don’t know why. I can’t make sense of that. (T: Yeah) Because it seems like, you know, every time we do this I’m like, okay, yeah, I can do it, I can do it, but then when something happens, I don’t; I retreat back to the old way. And I don’t...I don’t know why. 5-5

T: There’s something that blocks you from doing it. But...So, part of you says, “I don’t know how to do it.” And part of you says, “I really want to do it, because I see how much, you know, how vulnerable...”...H2

F: Especially now...

T: ...he is.”
T: Yeah, when he shows you that. Can you tell him that: There’s a part of me that says, “I just don’t know how,” but there’s a part of me also that says, “That’s what I want most in the world.” (inaudible) RSI3-H2

F: (To M) I want to open up to you, I do; it’s just hard for me. Um, it, it just doesn’t feel natural. But knowing now what it does for you makes me want to do it more. 4-4

52:55 (segment of focus ends)
W.E. Video 4 Transcript:

M = Male  
F = Female  
T = Therapist

23:41

T: So, there’s this part of you that says, “Yeah, I’d love to invite Tammy into this with me. I’d love to show her this tender side of me where my pain and my hurt lie.” (M shaking head “Yes”) But there’s another part of you that says, “Unh-uh. Don’t do it (M: Don’t do it.), it’s scary. You’re going to get hurt.” H2

M: (Still shaking head “Yes”) Yep, exactly. Been hurt too many times; don’t do it again. (T: Don’t do it again) ‘Cause when it happens, it’s my fault. 4-4

T: Yeah. Don’t get hurt again. It’s your fault. Be strong, don’t show your weakness. (M: Yepp) Yeah. Tell me more about that scared part of you, Tom. You feel scared and aren’t showing her. H2-EVOC

M: It just…seems like most my life I’ve been by myself. (T: Um-hm) Whether I was with somebody or not, I’ve just always put my thoughts upon myself. (T: Um-hm) The only person I could ever really count on was me, (T: Um-hm) that was it. (T: Right) And that’s still how I’m living. I know…I know anything I’ve ever needed done, she’s done. I mean, that’s not a question, and it never has been. But, I don’t know. I guess, since we started having problems, it’s like that switch came back on. (T: I see, yeah.) The only person I can count on is me. 4-4

T: Right. Right. It’s like you grew up learning: Don’t trust anybody, they’ll screw you (M: Right) in the end. So don’t be weak. Don’t show them your vulnerability. You just take care of yourself. (M: Yeah) So, that’s how you protected yourself. (M: Yeah) So here you are and you find yourself with your wife, the person you want to be close to, you want to be open with, but still there’s this part of you that, you know, it says, “You know, what if I show her my weakness? What if I show her how much I hurt and how vulnerable I really can be, how much it pains me to feel like I don’t have her the way I want to be with her? (M: Yeah) And what if somehow, you know, she…I end up getting hurt?” V2-H2

M: Yeah! And what if she says, “Well, sorry.” 3-3

T: What if she says, “Sorry, no thanks, buddy.” H2

M: It’s just like being punched in the face. 4-4
T: I see. It’s like some part of you says…Will you help me here?...“What if I show her how vulnerable I am, how weak I feel at times, how inadequate I feel at times? What if I show her all that and she says, ‘Yep you are…(M: Right)…Then I’m done; I don’t want to be with a weak guy’?” ECI-H2

M: Yeah, and I don’t think I can handle that. 4-4

T: It would be devastating. (M: Yeah) It would crush you. (M: Yeah!) Yeah. Am I getting that right? H2

M: Yep, absolutely.

T: So, it’s like some part of you wants to let her come close to you, but there’s this other part that says, “Don’t do it, Tom. She’s going to see how weak you are, how inadequate you are, the way you feel, all these problems you have. She’s going to say, ‘You’re too much for me.’” H2

M: Yep. “You’re a piece of shit.” 3-3

T: (With emphasis) “You are a piece of shit, Tom, and I don’t know if I want to be with you anymore.” So, you keep that to yourself; you protect that, right. You’ve protected it through your anger; you protected it through your silencing and distance. (M: Yeah) (tape breaks up; inaudible) H2

M: Yeah. (Shakes head “Yes”)

T: Tom, what is happening right now, in this moment, as we talk? I just see it in your eyes. It’s just…they’re saying so many things and… EVOC

M: Yeah…I…my head’s spinning a lot of times. It’s hard for me to focus (T: Yeah) on anything. (T: Right) I feel all…like I’m breathing hard, and dizzy. (T: Yeah) 4-4

T: It feels overwhelming right now. (M: Yeah) It’s like we’re talking about all this vulnerability that you try to protect so much, right, but that you’d really like to show Michelle. (M: Right) It makes your head spin. These are things you’ve guarded real tightly for a long time. (With emphasis) You had to learn how to do that, right, (M: Yeah) to protect yourself. You grew up with bastards in your life. V2

M: (Chuckles) Yeah.

T: Which just hurt…just abused the shit out of you. And so it’s like: Unh-uh. If I’m not weak, there’s nothing to abuse. (M: Right) V2

M: Then they’ll leave me alone. (T: Right. Right.) If you don’t cry, there’s…they’re not going to get you anymore. 2-2
T:  Yeah, you’ve never felt safe enough with someone to know that you can just show who you really are sometimes, how you really feel, flaws and all. **ECI**

M:  Ehh, we were…when we first got married that was hard. (T: Yeah) (F grabs M’s hand, holds it, and lays up against him) **3-3**

T:  I wonder if you can begin, just a little bit maybe, to show Tammy sometimes how hurt you feel, this pain that you protect, how inadequate you feel. I wonder if even right now you could kind of turn to her and just, even just a little bit, you know, just kind of let her in on it just a little bit. (M turns toward F; F wipes tears from M’s face) I think she’s here, and she wants to hear it. (10 second silence) You think maybe you could tell her? **H2-RS12**

F:  (Whispers) Say it.

M:  (Sixteen seconds later…M leans forward and puts hand over face and leans in and hugs F) (fifteen second silence as partners embrace)

T:  It’s nice, isn’t it, Tom? (M: Yeah) I mean, she’s here, and you can risk showing this side of yourself with her. And this side would get scared, and it feels a lot of pain and hurt; it feels inadequate, like a piece of shit. And you can be vulnerable about that. (twenty-three seconds of partners holding each other and not moving; then M pulls away a little to wipe eyes and F helps him. They touch foreheads; then F runs her fingers through M’s hair) Take your time, Tom. I think it’s important for you to share that with her. (M and F hold each other for a minute; then M pulls away a little and wipes his eyes. Both partners sit up.) **H2**

F:  You want some tissues? (Hands M a tissue and takes one for herself) Use it slowly. (M wipes tears from eyes) **2-2**

T:  What’s going on inside of you right now, Tom? (Four second pause) What’s happening for you? **EVOC**

M:  I just feel overwhelmed. (T: Yeah) (twelve second pause) It’s like I want to open my heart to talk, but where do I even start? **4-4**

T:  Right. Right. (Five second pause) Right. It feels big. You know there’s a lot you want to share, but where do you even begin? (four second pause) You know, if you feel like you’re going to get stuck, I can jump in and help you… **EA-V2**

M:  Anytime?

T:  …but I think you know your way. I think your wife’s here and she wants you to know it’s okay for you to show her your underbelly, the way you feel weak. (four second pause) Maybe you can let her in on some of that right now. **H2-RS12**
M: (Five second silence) I…for me it feels worse…I feel my weakest when I don’t have her. (T: Right) (Four second silence) (To F) I don’t know if that makes sense. 5-5

T: When she feels distant from you (M shakes head “Yes”) it just crushes your heart (M continues shaking head). H2

M: (Six second silence) (To F) (Voice cracks as he speaks) When I have you, and we’re together, I feel like I can do anything. 5-5

F: (Whispers) You can. You can.

M: We’re not clicking, so I’m scared the most, and I feel the weakest. 5-5

F: (thirteen second silence) Me too, so we just got to click when we’re not clicking.

T: (Six second silence) I mean, it’s kind of like you’re sitting there and (inaudible). And you just feel distant from her and not connected to her. And it’s just a knife through your heart, right? (M: Jesus) An awful, dreadful place, where these awful, horrible feelings come up for you. (M shaking head “Yes”) And it’s like it’s so hard to show her that. ‘Cause what if she sees how scared I get or how hurt I get, and she just is like, “Ah, it’s just too much.” H2

M: (four second silence) Yeah. And if I get shot down on top of that, it just adds to it. (T: Right. Right.) And then, I’ll never be able to say it. (T: Right) If..it’s like if..I mean, it’s extremely hard now, but if, if I stick my neck out and get slapped, I’ll probably never stick my neck out again. 5-5

T: Right. That’d be very painful. T/RUE

M: Um, I’m trying to slowly but…to just do it. 3-3

T: Right. It’s big, right. (M: Yes) Very scary for you. I understand that. It’s like: What if I put myself out here and she doesn’t like what she sees? (M: Right) And she says, “Ah, I just can’t do it.” (M: Yeah) That would be just such a huge rejection (M: Yes) and painful. So you kind of, you hold back on what’s going on inside of you. (M: Yeah) I understand that. (M wipes eyes) Do you think maybe you could share that with her? That shell that says how I hide behind anger and that I’m afraid that if I really put myself out there sometimes and show you my weaknesses, then you might leave. And I’m scared to death that you would leave if I shared that with you. V2-H2-RS12-H2

M: (To F) That’s my biggest fear is that I’m going to lose you. 4-4

F: Me too.

M: That’s the last thing in the world that I want. (Six second pause) I’m sorry I don’t always…share things, but, it’s scary, ‘cause, if it doesn’t happen, it’s going to make it
harder for me to do it. I’m trying little by little and see what answers I get from you. And then, I stick it out a little more. Or, I just stop where I’m at or go backward to where I was. I can’t just…It’s really…like I was saying, I can’t…I can’t. But it’s really hard for me to just lay it all out. 5-5

T: Right. EA

F: I understand.

T: It feels scary for you to put that out there. It’s like you’re kind of waiting…Well what if I get some kind of feedback from Tammy that she doesn’t like what she’s hearing, or…(M: Right) It’s just…it would be real hard for me. (M: Right) Am I hearing you right? H2

M: Yeah. Yeah, I just go a little at a time and (T: Um-hm)...and see what comes out of that. (T: Right) And when it turns out I go a little farther. 3-3

T: Right. I’ll tell you what, Tom, (Speaks softer) you just took a big step right now, okay. You just, you put a lot of yourself out there just now. And I think that was great. What’s it like for you to do that? V2-EVOC

M: It’s scary. 4-4

T: Scary, yeah. (Seven second silence) And it’s a big risk for you to take, and you did a great job. Michelle, I wonder what…(F hugs M; M smiles) I’m just getting in the way. (M laughs and F smiles) I just keep talking and getting in the way of you guys. (M: No) You guys are taking care of each other so well. (F kisses M) (nine second silence as partners hold each other; M puts pillow in air to cover partners faces; laughter; T makes Ooo noise) V2

F: (whispers to M; inaudible)

T: So tell me Tammy, when you hear Tom open up like this, and share some of his vulnerability with you, how he feels weak and inadequate, and just scared that somehow you’re going to see all those inadequacies and you’re just going to get fed up and leave…what’s that like for you to hear him come out and show you some of this pain and vulnerability he holds? What’s it like for you? H2-EVOC

F: I mean, I know it’s a huge step for him, but it, it’s good for me, because I think that’s one of the things we bonded on whenever we first got together…(T: Um-hm)…was that he was able to open up to me and I was able to prove to him that I was going to be there. So I think this is a huge step in…

T: It helps you feel close to him. REF2

F: …getting things back to…
T: Right. EA

F: …where we need to be. 3-3

T: You’re real proud of him for this, aren’t you? EVOC

F: I am very proud of him. 3-3

T: This doesn’t make you want to run at all, does it? EVOC

F: No.

T: No. Maybe you could reassure him of that: that, Tom, when you, you show me this, I don’t want to run, I just want to be close to you. RSI3

F: (To M) I don’t want to run. I want to hold you, and let you know it’s okay. (Puts head on M) 4-4

M: You can.

F: I love you.

M: I love you. (F kisses M) 4-4

T: (Twelve second silence) What’s happening for you right now, Tom, as you kind of feel your wife loving on you, rubbing your back? EVOC

M: I’m paying attention to everything she’s doing. (T: Yeah) It’s like I’m analyzing it. I heard the deep breath and…and it was nice. It’s like, you can, you can tell somebody you love them a million times, but if you don’t show it, it’s just words. 3-3

T: You really feel her love for you right now. H2

M: (Shakes head “Yes”) Yeah.

T: You feel it in her touch and in her breathing (M: Yeah), how she’s looking at you, kissing on you behind the pillow. Yeah. What’s it like to feel that, to feel her love and warmth for you right now… H2-EVOC

M: Awesome.

T: …knowing that you just took such a big risk. V2

M: A lot stronger than I did when I came in here. 6-6

T: Yeah, you do.
M: (Seven second silence) Yeah.

T: You did it, man, you took a big risk. And she didn’t say, “Yuck.” V2

M: Thank God.

T: Just the opposite, right, it makes her feel close to you. It makes you want to, right, to be close? H2

M: Yeah!

T: Who would have thought, huh? O

M: (Chuckling) Yeah. Give me (inaudible). (T laughs) Smartass. (All laugh) I say that with respect. 3-3

T: With a smile on your face. O

F: (To M) With a smile, huh.

M: Yeah. Yeah.

T: I just see you guys…(five second pause)…You took big step in here today, right? V2

M: Yeah.

T: You were able to kind of…I don’t know, for me it’s like I hear you saying, “Nick, this anger, this…That’s what I’m doing, man, I’m just protecting how weak and how inadequate that I feel. And I’m just so scared to show it, ‘cause, what if she sees that? What if she says, ‘No thank you’?” (M: Uh-huh) That would be so devastating for you. She matters so much to you. (M: Yeah) But you took that risk and you showed her all of that today, and she didn’t do that. She actually really was there for you. I can see how that would feel good. I’m really proud of you for doing that. I’m proud of both of you. H2-V2

M: I might have to show her a little more. (F laughs) 6-6

T: That’s right. Maybe just a little bit, huh. Um-hm. O

M: (Nine second silence) It’s a little more baggage that I got off my chest, too. 6-6

T: Yeah. (Whispers to F) Support him.

F: (Inaudible)
T: Me too.

M: I don’t feel like my heart’s going to pull out of my chest anymore. 6-6

T: That’s right. I wonder if there’s anything that you, you need from Tammy maybe, now that you’ve started to take this little risk with her. Something that...How she can support you and still be there for you, like, what you may need. EVOC

M: I just need for her to take the same risk. 6-6

T: Right. (Five second pause) Step out there and be with you. T/RC

M: (Shakes head “Yes”) Yeah.

F: (Whispers) Let’s do it.

T: What’s it? O

F: (Five second silence) You need to walk off the edge of the cliff with me.

M: I didn’t say I was stupid. (Smiles) (F Gasps; smiles) I’ll hold you while you hang off the edge of the cliff.

F: Okay. (M smiles) Don’t drop me.

M: I won’t.

T: What does this mean? O

F: Don’t let me go.

M: (To T) Huh?

T: What does this mean, this cliff? O

M: I don’t know; she wants me to walk off a cliff with her and I’m not going to do it. (F laughs) But now I feel a little stronger, so I can hold her over the cliff if she wants to go. (Looks at F and smiles; F laughs)

T: I am so confused right now. O

M: Me too.

T: Is this a real cliff? O

F: No, no!
M: No.

T: Okay.

F: You know, big jump, big step (Makes whirling motion with hands).

T: Oh! Yeah, yeah.

M: Oh, okay, gotcha. I’m with you now.

T: I’m the slow one here.

M: Me too. I was thinking…

F: Jump off the edge of the cliff, you know, making a big (T: Yeah)…taking a big step.

M: You can say, like, jump over a river…not jump off a cliff. That means you’re dead. (F: I don’t know) That’s suicidal.

F: I didn’t say we didn’t have parachutes on.

M: Oh, okay.

T: (Laughs) Well, whatever it is…

F: (To M) Mr. I’m-Afraid-of-Heights, let’s go do it, huh.

T: You know, I think whatever you guys decide to do, you took that risk in here today. (M shakes head “Yes”) And I’m real proud of you guys for that. REF2

F: (To M) You have to do it after.

T: See, I think you can, man. I think you can show her this tender side of you. And it’ll be okay. (Four second pause) I think this part of you that’s afraid is actually a part she’s dying to know about.

M: (Shakes head “Yes”) Hmm. (Four second pause) That’s the part she misses.

T: Yeah. You just got to be you, man. (Eighteen second silence) So, you going to be okay the rest of the evening? What are you thinking? (M shakes head “Yes”)

(49:21)
W.E. Video 5 Transcript:

M = Male
F = Female
T = Therapist

26:00

F: I, I can really see it, because I was experiencing that for a long time, and having so much anxiety. And ever since I made a conscious decision to, like, going to yoga and getting massages regularly, and stuff, that’s really diminished by, like, fifty percent. 3-3

T: You can see that when Jim gets anxious, it’s…you see him kind of lose focus, too. T/RC

F: Yeah, because that’s not productive time. (T: Yeah) And…

M: I know, you know, it…

F: …and if you would take more time out to take care of yourself better, I think you could be more productive in that time. 2-2

M: I’m sure you’re right. You know, I remember…

F: You have to really do…make…You know, you have to move yourself up the priority list a little bit, because it’s, it’s, like, really…

T: (To M) I hear that’s hard for you because…

F: It’s very hard, yeah, for him. 2-2

T: …on that list is Jess and you’re little boy. (M: Um-hm) And family finances. (M shaking head “Yes”) So, it gets to be kind of a tricky spot for you to say, “Well, maybe I’ll go to the gym. Maybe I’ll go to yoga,” when you feel like you’re barely keeping up. T/RSE

M: Yeah. Yeah. I mean, the most I do for myself is, like, maybe once a month I go play with my friend Jim for music, um, for a long time. But, it ends up being…’cause he lives far away, it ends up being, you know, like, it’s seven hours or something like that. (T: Yeah) And that’s, like, a real release going over there. It’s, like, great to play music, hang out with my friends, and just being in this other place, you know. 3-3

T: Can I bring you back to that feeling in your chest that you were talking about? (M: Sure) It seems important. And you said it’s like feeling real constricted when all this stuff is, is mounting up. (M: Um-hm) And uh, I wonder if you could, uh…You said you can kind of
feel it now. Was there a word to describe that constriction? (M: Uh) Was there a word for it?  

M: I don’t know. I just think it’s stress; that’s all.  

T: But I mean the feeling itself, is there a word to describe that, that constricted feeling?  

M: Um…I don’t know.  

T: Yeah. But you do feel it now.  

M: Sure.  

T: Yeah. It’s right here. (M: Um-hm) And um, if you…you know, if you could give it a voice, what would it say it’s about?  

M: Um (Sighs) (Seven second pause) I guess just…I’m feeling overwhelmed.  

T: It’s about feeling overwhelmed.  

M: Yeah, I think so. Yeah, all this stuff just…you know, I think it just swirls around. I think about it all the time. And I sort of, like…There’s never a moment of not, you know, being concerned about this stuff.  

T: It’s always there.  

M: Yeah. (Five second pause) Yeah, it’s pretty heavy. It’s like a…  

T: I hear it.  

M: …a nasty thing.  

T: I, I hear you kind of swallow…it seems like there’s stuff…  

M: (Laughs) You’re just…you’re doing your (inaudible) thing…  

T: Am I?  

M: …to get me to cry. (Laughs) It’s okay. (T laughs) You’re right, it’s, like, an emotional thing. Like…  

T: It is an emotional thing.  

M: Yeah, it’s, it’s hard. I feel a lot of burden by all this stuff that we’re talking about. And I want to change it. It’s been very hard for me to feel like I can get on top of everything to
actually make any kind of change. And I think what Jess was saying a minute ago is accurate. Like, when I used to swim regularly, I think I still was pretty stressed out, but that other stuff helped; I think it helped to tend to myself as well. (T: Yeah) Anyway. So, I guess I just feel like all this is taking it’s toll. Like, not taking care of myself (T: Um-hm) is starting just to make me feel like I’m getting buried. But, you know. 5-5

T: Getting buried? H2

M: Um-hm. By all this worry and fear (T: Yeah) and lost feeling. You know I need to find a way to, you know, get out of this sort of system. 5-5

T: Um, that, that, that sadness that you began to touch a minute ago (M: Um-hm), um, you know, you kind of swallow. You can feel it come up for you as you began to talk about this awful, overwhelmed feeling. Um, would you ever go to Jess at that moment and say, “I just feel so burdened and overwhelmed, and sometimes I get kind of scared about keeping it all together.” Would you ever go and share that with her? H2-EVOC

M: I usually don’t. I mean, sometimes. Maybe sometimes I do. But, I…probably not. (Chuckles) 2-2

F: I have to really extract that.

T: And the fear is that she might, she might get alarmed and worried, because you’re the guy that’s supposed to be in charge. ECI

M: Yeah. Yeah, or, you know, even though I think I’m learning through the process of us coming here (T: Yeah) that it’s safe to share this stuff, like, I have this defense mechanism that, like, locks it down. 5-5

T: Yeah, tell me about that; what stops you, what locks it down and keeps that inside? EVOC

M: I think it’s just I feel ashamed of myself, like… 5-5

T: You feel ashamed. T/RUE

M: Yeah. And I don’t want her to, you know, think less of me because of (Speaks quieter) all these things. 5-5

T: The fear is that your wife may see you as less of a man, as less competent. H2

M: (Shakes head “Yes”) Right. And I think we’ve been through this exact, like, conversation a few times; it’s just hard. 5-5
T: Yeah. Well, the thing that seems like it makes it especially hard is that you also look at yourself a little bit that way. (M: Right, right) You’re also saying, “Jim, you’re not doing a good enough job.” ECI

M: Right. ‘Cause this, like, you know…all this, it’s just, you know…yeah, yeah. It’s true. 3-3

T: What is it like for you to let her see this, this part of you that, that feels ashamed, that, that doubts yourself? EVOC

M: It’s kind of hard. I mean, I know that it’s okay, and I know that, you know, you’re not going to, like, freak out (Laughs), but it’s, it’s hard. I feel vulnerable. I feel, um…you know, like, I don’t want to have to feel this stuff and have to talk about it. (Laughs) But… 5-5

T: You don’t want to go here. You don’t want to go here with yourself or with her. H2

M: Well, I, I guess I’m saying more like I wish, I wish there wasn’t a need to…

T: Oh, I see.

M: …I wish just…the situation was different. But being the way it is, I just, I kind of loathe looking at the stuff head on. And, it sucks. 5-5

T: What comes across is how much you worry that, uh, you’re going to be letting her down. (M: Um-hm) You feel kind of…you feel bad about yourself; you feel ashamed. And is this right, you also worry that she might feel bad about you? ECI

M: Um-hm, yeah. (Four second pause) Yeah. Some of it is like a soup. 4-4

T: A soup, yeah. EA

M: Yeah. So…

T: And what would that be like for you to feel bad about yourself, go to Jess, and share that with her? And then, I guess the fear is that she would say, “Yes, I don’t like this in you.” EVOC-H2

M: Yeah, I wouldn’t expect…(Laughs) I’d be surprised if she came out and said that. I don’t expect her to say that. 3-3

F: (Mimicking T’s hypothetical response from her) Yeah, I really don’t want to hear this from you. (Laughs)

T: (To F) You can’t imagine reacting that way. T/RC
F: No, I, I mean, that would just be funny. I mean, not funny (M laughs), but it would be bizarre to just be like, “Don’t come to me with (M laughs) your emotional problems.” 3-3

M: No, but I mean it’s hard, because it’s, like, to pick up on what we were talking about before, like, I understand the distinction between what you were saying about my sister’s situation with her husband and us. (F: Uh-huh) And I understand that’s not a one-for-one thing; you weren’t making a comparison or anything. But all those issues are kind of like in my head. Not about them, but about, you know…I, you know, I never…this is my first time being a provider for anyone other than myself. I wasn’t even ready yet for myself. (Laughs) And so, it’s…And then… 3-3

T: It’s important for you to get it right. V2

M: Yeah. And also, you know, thinking about all the gender stuff, like, I never thought about that. Anyone in the past I used to date, none of that stuff was ever, like, (Whirls hands around head) in my consciousness. (T: Um-hm) And it was something with us, even before Jake was there. This stuff, it’s just there…(T: Um-hm)…every little thing that affects the dynamic. And with…You know, so, I guess I’m aware that you have expectations about…and I also now have expectations about, like, what is it to be a man, and like, you know…So, there’s, like, this contradiction. Like, I know that it’s okay to, like, express myself. Like intellectually (Points to head) I know it’s okay to express myself; and that it should be safe, but then there’s also, like, this judgment, like, about the masculinity issue and, like, feeling less, like, being less of a man in my own eyes. And knowing that this is something that I worry, that you would, you know, feel like that too. 5-5

T: I hear that behind this, you know, fear of letting her in on your struggle, you know, you keeping it bottled up, behind all that is this fear that she might be disappointed in you. You might not be, be doing your part as a husband, as a father. (M: Um-hm) You might kind of look at yourself that way and you make that judgment. And you kind of expect that you’ll see that in her eyes, too; that you’ll look at her and…I don’t mean expect…fear. (M: Right) ‘Cause I think expect, expecting’s a little different. But that, that fear’s there that maybe you’ll see it in her eyes, (M: Um-hm) and she’ll, she’ll say, “I’m disappointed in you.” H2

M: I guess. I mean, like, like I said, I…

T: She’ll say you’re not doing a good enough job. H2

M: Yeah. And I don’t even know if it’s a fear of what she would actually say, (T: Yeah) but just of her feeling like: This is all I am. My husband doesn’t make enough money. And still. And, like, this is going on and on. Like, get it together. That’s how I feel about myself. I just, I just wish I could, like (Puts open hand above head and makes lifting motion) (T: Right), step outside of myself and organize all of my shit and deal with it, and like… 5-5
T: I see. When you get to feeling this way about yourself you say, “Jim, this is lame. You’re not doing a good enough job.” And even if she never said those words, the fear would still be that somewhere inside she might be thinking that. H2

M: Because I know that we’re both frustrated about whatever financial stress that we are usually under. (T: Yeah) And, um…So… 3-3

T: I think you really, you’re really touching what this bottled up feeling is about, and all of this shame and fear right now. (M: Um-hm) It’s, it’s that you’re not doing enough; you’re not making enough. You don’t feel good about that. And I guess the fear is that maybe she might not either; she might be secretly disappointed in you, see you as lame. (M: Right; nervously laughs) And what would that, what would that be like? I know… H2-EVOC

M: It would be…it would be…really, um…I don’t know. I mean, I…It would just suck. It would just be terrible to, like, hear that, you know; even though, I think I always…I know we both want this to be different, so I can’t imagine that you’re not, in some measure, not disappointed that I don’t make more. I don’t know if that’s true or not. 4-4

F: I’m really not. I really don’t have…I mean, if you didn’t have a job and you didn’t want to work, then I would be like, (Flings hands in air) “Oh, yuck, I’m out of here.” (M chuckles) Um…

T: It’s different when you see him… T/RC

F: …that wouldn’t be tolerable. But, you’re working as hard as you can, and… 3-3

T: Yeah, you see him trying hard.

F: Oh, yeah. I don’t have any sort of feelings like it’s not enough. If it…seriously, if it was a kind of situation where you weren’t working, and you didn’t want to work, you were like, “Blah”… 3-3

T: You know what’s kind of important here…

F: What?

T: …‘cause I believe you when you say that. (F: Um-hm) (To M) But I think when you, when you experience this fear and this shame, I think it’s pretty powerful. And I think while one part of you might say, “Of course she believes in me”…(To F) And you would say, “I believe in you”…there’s another part of you that says, “There’s no way she can feel good about me when I’m struggling. I see myself as lame; I just don’t know how she couldn’t. She’s got to be sitting there feeling disappointed that I’m not doing more.” Am I getting that right for you? H2

M: Yeah, that’s true. (Chuckles) I’m sorry to say. 3-3
F: I think…

T: Hey, can I…can you just hang on a second? EA

F: Yeah.

T: I want you to stay with this a minute, and begin to share it with her. Because, I think you want to reassure him. But I think something else stops you, something…this kind of fear that maybe underneath she’s not happy with who you are. H2

M: Um…(Sighing) yeah. I guess. I mean, I think I wouldn’t feel this way if, you know, we had, you know…It’s all…yeah. Maybe I always would have (inaudible), or whatever. 3-3

T: Listen to what I think you’re about to say, which is, “If I were a better provider, I don’t think we’d be going through this. I don’t think I’d feel this way.” H2

M: That’s what I was feeling, yeah. 3-3

T: Yeah, yeah. So there you are, right in this moment saying, “You know, if I were more productive, if I earned more, then maybe I wouldn’t feel lame and maybe I wouldn’t be worried about her seeing me that way.” H2

M: Um-hm.

T: (Five second silence) So, you can walk around with this feeling sometimes when things bottle up. The pressure’s on; you’re not getting your work done. And you keep, you keep it inside. (M: Um-hm. Yeah.) I think you’re feeling it right now, though. H2

M: Oh, yeah, plenty. 3-3

T: Plenty. H2

M: Um-hm. Yeah. It’s, um…like, I think it’s a lot of intense feelings that just, when they’re all stuck in, it feels one way, and that’s pretty bad. But then, like, I kind of, like, express them with you guys…it’s, like, I just feel it more acutely than I normally do. It’s just sort of there and…whatever. 5-5

T: Right. That’s part of the way you deal with it: you kind of shove it back (M: Um-hm) Right now, you’re, you’re sitting in it, with you being incredibly gutsy by sharing it with Jess. Um, but you usually would keep it in. It would be…You’d feel like it’s too…like she wouldn’t want to see this. (M: Right) You wouldn’t want to show it to her. V2-H2

M: Right. Um-hm. It’s true.
T: (Five second silence) I wonder if you can tell her now. As you’re feeling this, can you begin to share with her a little bit of this fear that you mentioned a minute ago? You know, if I talk with you about the struggle, I feel like you’ll, you know… I feel lame about it. I’m afraid you will too. You’ll see me as failing or falling short. (M: Yeah) Can you begin to tell her about that fear of letting her in? RS12-H2-RS12

M: (To F) Yeah, I don’t want to, I don’t want you to…I (Turns face more toward F) …It’s sort of, like, you know, what he said. (Laughs) I mean, yeah, it’s…I feel, um, I feel bad about…uh…all of the things we’re talking about. I feel bad about not making enough money. And, um, I don’t want you to…you know, feel like I’m (Laughs; inaudible) or, um, you know, um, insecure because of these things. 5-5

T: You don’t want her to be disappointed in you. (M: No) Can you tell her what that would be like, what it is like, to worry that maybe down deep she is? H2-RS12

M: Um…yeah, it just is, um, a painful feeling thinking that. 4-4

T: (Five second silence) Tell her about the painful feeling. (M laughs; what T says directly next is inaudible) Okay. Let her, let her see what you go through. This is, this is so huge, Jim, because, what you do instead of talking about it with her is, you bottle it up, and you go away; and, this lady loses you (speaks quieter) in those moments. RS12-REF2

M: (Five second silence) (Laughs) Sorry, it’s just hard to talk about it. 5-5

T: Yes, it is. It is. It’s hard to talk about how big the fear is that she’ll be disappointed in you. V2-H2

M: And, it’s not just that, but it’s…just um…just feeling constantly disappointed (voice begins to crack) in myself about this stuff, (Sniffs) and um (Sighs)…(Turns toward F) I don’t know what else to say. I just don’t want you to…um, feel about me the way I feel about me. (F makes Umm sound) 6-6

T: Wow, say that again. (M laughs; then F joins in laughing) Yeah… H2-RS12

M: You’re torturing me with a knife. 4-4

T: …I get so disappointed in myself; it would kill me to think that you were, too. (M sighs) Is that right? H2

M: Yeah. I mean…

T: What would that be like if this lady were disappointed in you? EVOC

M: (Four second silence) (Sighs; then laughs to self) I don’t know. I mean, it’s…(Laughs). That’s all I’ve got. (Laughs; inaudible)
T: Wouldn’t you know it, I’ve got an extra box of Kleenex. So, when you need them (F laughs) they’ll be right there. O

M: (Wipes/itches eyes) God, I can’t talk anymore. Um…

T: So, coming back to that, this…

M: Yeah, I…I think it’s, like, when I bottle it up…(T hands M a box of tissues)…Thank you…(To F) I’m kind of (four second pause; then sighs)…I’m kind of, like…it’s like holding my breath till the next decent paycheck comes when I can stop feeling like this. (Laughs to self) And then I don’t…and then I stop worrying about you feeling poorly about (Sniffles) me. It’s so tied to all this. It’s just, like (Flings hands in air), you know…If a check for ten thousand came today, I don’t think I’d be feeling pretty…I don’t think I’d be feeling very bad, I don’t think I’d be worrying (T: Hmm) about how you feel. And I know it’s not…I mean… 5-5

F: See money…I…I…don’t know. Money just doesn’t solve all those problems. A check isn’t going to solve that problem. 2-2

M: I know it’s not.

T: I think in a way what we’re talking about here is, is…when you start to feel…I mean, it’s money-related in a way…but you start to feel bad about yourself (M: Yeah) as a provider. (M: Right) And you start to be absolutely convinced that Jess’s going to feel the same way about you. And there’s something about that that’s unbearable. H2

M: Yeah. Yeah. I just don’t want confirmation of that fear. (Laughs) 6-6

F: I can understand that. I think a lot of people…

T: Can I ask…I’m sorry, I’m just jumping in again. (F: Yeah) Can I ask you…You said, “I don’t want confirmation of that fear.” (M: Right) Say more about the fear. RS12

M: (To F) I don’t want…um (Sighs) (Six second pause)…I mean, I just don’t want you to, um…you know, be ever fed up with, you know, me, because of these things. You know. 6-6

T: That’s the fear. H2

M: I guess deep, deep down…and I don’t even ever think about this, but, there’s the fear that you would just leave because you’re sick of it. Which I don’t see that happening. (Laughs) But, I think, you know, at it’s core that’s got to be part of where it all goes to at some level. (F makes Umm sound) 6-6
T: So the fear that you have that’s so big is that she’ll be disappointed in you; she might give up on you in a way; and at the end of the day might say, “I don’t want to be with you any longer.”

M: I mean, I don’t really go through that whole thing (T: Yeah) seriously, but yeah, yes, that’s true. 3-3

T: The fear is that you could lose her if she gets too...if she loses hope in you, (M: Right) loses faith in you. (M: Um-hm) What is it like for you to sit here in this for a minute? This is big; it’s really big.

M: Well…I guess it’s kind of (Laughing) getting easier the longer (F laughs) we talk about it. I think I just…it’s a little bit of a relief just sort of that it’s out. Um…but it’s still, like…um, just a raw, um, you know...big feeling. 5-5

T: Yes, it’s a big, raw… H2

M: Yeah. I think ‘cause it’s all, you know, just so stuck in there all the time (T: Um-hm), and it’s finally getting it’s, like, little whiff of fresh air. And it’s like, “C’mon, let me out.” 5-5

T: That’s right: It’s hidden away so much of the time, isn’t it? (M: Um-hm) When you feel bad, when you feel kind of ashamed, you kind of hide this away. You know at some level, Jess, that it’s there anyway. (F: Sure) But, it feels like a little relief to let her know. Can you, can you tell her now? Can you talk with her directly about what you need when you get in this spot where you feel all this, you know, this fear, and sometimes this shame that goes with it? Can you tell her what you need from her in those moments? RSI2-H2

M: Um…I don’t know exactly what I need. 5-5

T: I guess what you need right now is really what I’m asking. EVOC

M: Um...(Sighs)...I guess...(Laughs)...God, it’s hard to ask...I don’t even know how to phrase something, but, um...(To F) I think what would make me feel good is knowing, um...you know, that it’s okay. 6-6

F: Yeah, it is okay. (M laughs)

T: You need to know that it’s okay to...

M: (Sighs) (Laughs) That (Four second pause; wipes tears from eyes with tissue) Hold on. (To F) Just that whatever sort of turmoil I might be expressing or not expressing, that, um, you know, that you believe in me and it’s okay. (Wipes tears from eyes) 6-6

T: I need to know that even when I’m in turmoil that it’s okay for me to talk about it. RSI2
M: (Laughs) Yeah, I guess. (Laughs) I wasn’t even thinking about (laughing; and all talking at once; inaudible).

T: All right, I pushed you a little too hard there. MTA

F: It’s okay to go into work. (All laughing still)

T: (Touches M on knee) I like where you are on this, and I think it’s incredibly important, because what you’ve done so often is, you’ve bottled it up, hidden it away, and a part of you has said, “Do not show this to her, she won’t like it.” (M: Right) You can hardly stand it yourself. (M: Um-hm) And here you are talking with her about it, and I’m asking you to talk about what you actually need at those moments. I think it must be, like, a big, big step. Can I ask you to go back, and in your words, tell her what you need at that moment? V2-H2-RS12

M: Okay. Um…

T: What you need at this moment.

M: Um…

T: She looks at you (M laughs); she’s taking all of this in. H2

M: (Laughs; inaudible) Okay, this is…One thing is, when I’m nervous about something, I laugh.

T: It’s okay. V2

F: Yeah.

T: It’s okay; you’re doing a lot here. V2

M: (Snifflies) (To F) Um, yeah, I don’t really know quite exactly what I want, but I guess I want to know, if I come and talk to you (sighs as he continues) and express this stuff, that you can tell me that, um, you know, just say you understand and that, um, you know, um, that I have your support, even if it’s hard. 6-6

F: Sure.

T: You need to know it’s okay. You said earlier it’s okay to feel overwhelmed and afraid. You also need to know that you’re going to have Jess’s support, and that she’ll understand what you’re going through. H2

M: (M shakes head “Yes”) Um-hm.
T: I… You tell me. I’m putting it in a little different words. I think what you’re saying is: I need to be able to feel really overwhelmed and afraid and tell you that sometimes I feel lost, and not feel like the whole ship is going to go down, but that we can come together at those moments. I’m saying a lot there. I’m… ECI

M: (Laughs; T’s speech is inaudible) That’s good. That, that works for me.

T: All right. Can you, can you distill that and put that in your own words? RSI2

M: Yeah. Um…

T: I don’t want to speak for you; I just wanted to get to it.

M: (To F) Yeah. Um… I guess, um… yeah, I guess I want to know that when I, if I come to you and express all the things that I’m talking about here that, um… that you’re not going to, uh, you know, feel judgmental about it, or, um, condemning. Um… and uh… that… and I guess, that you can help me find some temporary peace about it.

F: Um-hm. Yeah, I mean, it’s okay. I already know it’s there anyways. (M laughs) It’s like when somebody comes to someone that loves them and tells them, you know… has had this, like, secret or problem, or whatever, they’re hiding, and the other person’s like, “Yeah. I knew that,” you know.

T: What is it like to have him actually bring this out into words? (M blows nose) There’s been a lot of worry and fear that if you talk with her, you know, that if you talk with her about this, she won’t like what she hears. (M: Um-hm) Um, she’ll lose faith in you. She could even decide she no longer wants to be with you. What’s it like for you to hear him put all of this… ‘Cause he’s not hiding it now. (F: Yeah) He’s trusting a lot in your bond to begin to share this with you. (F: Yeah) What’s that like for you? EVOC-H2-EVOC

F: Um… I think it’s great. I think it’s been a long time trying to extract that kind of… to just take that kind of cover off of those fears. ‘Cause that stuff is all really bottled up, and there’s so many layers on top of it. And this kind of stuff is reinforced by our family…

T: And he let you in a little bit.

F: Yeah. Yeah. And um…

T: (Four second silence) How do you see him right now, as he’s shared all this, he’s dug down really deep? How do you see him as a man, as a husband? H2

F: Yeah, I see him as a good person, as a good guy.

T: (Five second silence) You see him as a good guy.

F: Yeah. Yeah.
T: Do you think any less of him (F: No, unh-uh) for being sometimes overwhelmed or afraid? **EVOC**

F: No, I don’t. Everyone gets overwhelmed and afraid sometimes; you can’t always be in control of everything. And, somebody who is in control of everything, I, I don’t know who that person is. (T: Um-hm) I don’t know who’s always got it under control.

T: It’s not real life.

F: Right. Right. That’s not realistic.

T: And you don’t need him to be some sort of faker.

F: No!

T: How much of that…So, you like when he shares this with you, rather than bottle it up (F: Um-hm), and you don’t see him as less of a guy (F: No) for feeling like… **H2**

F: No. No. It seems…I mean, it seems very authentic. And I think sometimes I get frustrated because I feel like I can tell that that kind of stuff is bottled up. (T: Yeah) And it’s not…I’m trying to bring it out, but I’m not able to get it out. And so, it doesn’t feel authentic. That’s why when he says something like, “I wish it wasn’t this way; I wish it could be another way”…that…when he puts things in those terms, I find that really frustrating to me.

T: It doesn’t really let you into where he is right then, does it?

F: No, it’s just this kind of…(T: Yeah)…like, I wish this wasn’t happening right now. (T: Yeah) Like, that’s not really an acceptable answer, to me. (T: Right) That’s sort of like saying, “I wish you weren’t speaking to me about this right now.”

T: You actually want him to let you in and share the fears with you.

F: Yeah.

T: Okay.

F: Uh-huh.

T: Okay. How much of that can you take in right now when she says it? She, she says, “I like this in you, this…I don’t see you as less of a man. It helps me now.” I almost heard you saying the hard part is when you don’t get him; the hard part isn’t seeing this (F: Right), the hard part is seeing him kind of stiff arm you a little bit. **EVOC-H2**

F: Sure. I mean, that’s the worst part.
T: Yeah. How much of that can you take in? She likes what she’s seeing right now with you. EVOC

M: Yeah, it’s good. Um, I mean, 85% maybe. (F laughs) (T: Um-hm) I don’t know. (T: Um-hm) I mean…yeah, I think it’s going to be one of those things, like, I’ll sort of believe it more just by practicing and seeing it play out ...(T: Okay)…over and over. (T: Uh-huh) If I can get in the habit of (Turns toward F) talking about these things to you somehow. (F: Um-hm)

T: What does it mean to you, Jess, that he has shared this with you? EVOC

(1:01:20) (segment of focus ends)
W.E. Video 6 Transcript:

M = Male
F = Female
T = Therapist

23:59

M: Eh, it just makes me feel better after being, feeling bad. (Laughs) Something like that. 4-4

T: So, feeling better after feeling bad. Yeah. So that’s… T/RC

M: It’s a lot like…it’s, it’s, it’s…I don’t know, it’s like when you have been going through something that is difficult and you are able to pass that ball. (Makes pushing to the side motion with his hand) (T: Um-hm) Then you feel better. 4-4

T: It’s almost like it’s, uh, you’ve kind of passed a milestone, (M: Yeah) you’ve passed a…you’ve gotten over, uh, a hump, or something like that. (F chuckles) T/RC

M: Yeah, yeah, something like that. 2-2

T: So tell me more about what that feels like for you. EVOC

M: (Smacks lips together) I don’t know. It feels encouraging. That’s probably the word I’d use right now. It feels encouraging that we can, we can do more; that we can keep improving. (T: Hmm) It makes me feel better in general. (T: Yeah) Um-hm. 4-4

T: So tell me what that, what that feels like. I mean, what does feeling better feel like? (T chuckles; then M laughs) What does it do for you? EVOC

M: I don’t know. Um, I’d say…it has, it has two consequences, you know. Of course the first one is the obvious one: that you feel better. But, the second one, I think, is very important, is that: It puts you in a mood that helps towards improving the relationship. That’s, I guess that’s the main point I want to make today (T makes umm sound) to her, especially (Motions toward F)…right…that when you are….when you are in this tense situation, you’re not so open to share, to show your feelings. 3-3

T: So, what you’re kind of saying is that, “When I feel less tense, when I feel that I can move towards you, (M: Right) then I really want to move towards you. And it really helps me to get close to you.” REF2

M: Exactly. Yes. And I want to get close to her, but I’m…And this is probably the most difficult part is to find that move to get close. (T makes umm sound) So… 5-5
T: But it’s kind of like you sort of withdraw when you felt overwhelmed sometimes by that tenseness, as you call it. T/RSE

M: Right, right. Exactly. 3-3

T: But now, it’s almost like you feel more…you know the word sturdy? More kind of solid. (M: Yes) And you, you don’t, you don’t feel…you don’t feel like you have to move away now. T/RC

M: Exactly. Well, I…I don’t know if I ever felt like moving away. (T: Umm) I felt like wearing the shield (Motions like he is putting up a shield), you know. (T: Now I get it) I mean, I’m there. But I’m getting some hate and I’m going to use the shield (T: The shield) until, until the hate’s, you know, goes by. (T: Um-hm. Yes) I’m not going anywhere, and she knows that...(T: Yeah. Right.)…she knows that. 5-5

T: You’re going to stay there but you’ve got the shield…

M: If they’ve got some needle and somebody’s poking at me, I’m going to be wearing the shield, you know. That’s my best analogy. 5-5

T: But now, you have this shield (M: Um-hm) sometimes, and now you’re able to kind of just, you’ve kind of just slowly been lowering that shield. (M: Exactly) And you’re almost ready to put it (M: Yeah) on the ground. H2

M: That’s what I really want to do. That’s what I really want to do. 5-5

T: You want to put the shield on the ground. V2

M: But that’s a slow process, and uh, she knows it; she knows it very well. I mean, because she’s made me come to these transitions several times, (T: Yeah) and, uh, um (inaudible). And, um, that doesn’t come easy. (T: Yeah) And that’s probably the most difficult part of, of the relationship, of any relationship. 5-5

T: Yeah. That’s understandable. Sometimes when shields get put up (M: Yeah) they get put up for good reasons, you know, not for bad intentions or anything like that. V2

M: Yeah, yeah, yeah. Exactly. 2-2

T: But I’m, I’m curious, ‘cause she…(Laughs to self) (to F) I mean, this is (M talking too but inaudible) affecting you sometimes. T/RUE

F: In a good way. (Laughs to self) 3-3

T: Yeah. Tell me about that. EVOC
F: (To M) I never saw you speaking so easily about feelings before. (M laughs to self) I, I feel good because for me it’s very hard to make him talk about these things, and I feel a big difference; there’s a big difference between the time when we started these sessions in the way you’re talking about feelings, things that are happening to you inside. (Reaches hand out to M; F and M hold hands) 4-4

M: Well, I’m getting some help. 2-2

T: You know what, you’re doing this yourself. I mean, I’m not there with you when you’re out there and seeing the cycle and you’re interrupting it. (M and F chuckle) V2

F: In Venezuela there is a saying in Spanish when someone does not talk and you do all the talking that you have to take the, the (M: The spoon)...Yeah, you have to use the spoon to (Makes stirring motion with hand) take the words out of the mouth. And, and, it didn’t happen at all today. (To M) I mean, she just asked you a question and she didn’t have to do all the stuff like she usually does. (Chuckles) 2-2

M: (To T) You may, you may laugh about it, or maybe not, but I have been preparing this speech. I’ve been preparing this speech since, since Saturday. (M and F laugh) 2-2

T: So now, I mean, have you...But you recognize that you really had thought about it, (M: Yes) and you’ve thought about it for a couple of days actually. And you, this is kind of you saying, “I’m here. I’ve had a shield. I’ve done some learning.”

M: And I’ve put some thought into it. 2-2

T: “And I put some thought into it. I really recognize a lot of things. And I’m ready now; I’m ready for us to get even closer than we’ve been.” (M: Yeah) Can you say that to her in words that make sense to you? H2-RSI2 (Combined with prev. TT)

M: Well, she has been hearing all of it. (F and T laugh) (Grabs F’s hand) But she knows I...I mean, the most important thing that, always, every time we come here (F wipes tears from her eyes), I, uh, emphasize with her is that I’m here, you know. But that was, that was probably my best analogy: I might be here; I’m always going to be here. But, sometimes I’m going to be here with open arms (Makes open arms motion with arms); sometimes I’m going to be like this, right (Makes closed in motion with arms; F smiles). But don’t get me the wrong way. Sometimes it has to do with you, some other times it doesn’t have to do with you. Like, for example, during the trip, the family trip, it’s expected, it’s a very good probability, of the chaos increasing, right—which is just what happened. (T: Um-hm) Especially the first day arriving to the trip. And I don’t want to make it sound like an excuse. I’m just...I think it’s a fair explanation for what happened. (To F) And then we found a rhythm, right? And it was a conscious effort from both sides. And I think we connected. 4-4

F: I do feel that, and...
M: I feel good about it.

F: …I have a sense of achievement. Because, the trip would have been real, you know, could have gone really bad. (T: Um-hm) It could have just been a really bad experience and we could have come home saying it was not worth it and fighting even more. But, we saved it, and it was us; it was no one else. Yes. Yeah. 3-3

T: So, when you hear him say those things to you about he’s here, he’s being very, kind of open about (F: Um-hm)…Sometimes he’s with open arms and sometimes he’s like this. (Seems to make same motions M did recently) (F wipes tears from her eyes) And he’s asking you…

M: I try to find analogies. 2-2

T: Yeah. He’s trying to find his way of telling you that he’s here, that he’s always going to be here. So, how is that, to hear that, for you? I mean… H2-EVOC (Combined with prev. TT)

F: (Sniffles) It feels good. And as I just said, uh, it really touched me (Wipes tears from her eyes), because you are being very open, and, and you are more able to talk about things now than before. And I see the difference. And I…And it’s important for me because I (Sniffles)…I’ve always been more talkative about feelings (Chuckles) and, and… 4-4

T: It’s like he’s more accessible, he’s more responsive (F: Um-hm; shakes head “Yes”), and you really like that. (F: Um-hm) You kind of want more. REF2

M: Yeah, but, uh, I also think that she deserves some special credit, you know, because, again, I mean, towards the beginning of the week, or the period, even the trip was feeling like: Okay, this is not going anywhere because nobody is willing to…to get back on track. And then really slow it came. We, one of us can really, you know, make an effort and go back. 2-2

T: Yeah, I mean, it’s hard for you to take credit for that. But, you, you, you really give her some validation for what she did too. But, you know, I think both of you did it. I think you did do it together. (M: Right) I think you’ve said that I think. And you’re right. V2

F: I think so too. It was teamwork. (T: Yeah) I could not have done…Or, one of us alone could not have done it. (T: Um-hm) Because, it…we…it required the positive reaction of both parts (T: Um-hm). It…and as I said, it would have been real bad. 3-3

T: It’s almost like, when you’re experiencing him as so much more available to you, that, that helps you to do what, what you do. (F: Um-hm) And kind of be less pushy maybe, like you said (F: Um-hm), and really suggest (F: Um-hm) things to him. (F wipes tears from eyes) So it’s kind of like this beautiful kind of dynamic between the two of you, (F: Um-hm) I think. H2
M: Yeah. I feel it has been throughout this, I don’t know, let’s call it exercise or project, a lot of trial and error. That’s where…that’s what, trial and error. And, uh, another analogy, you know, that I see nowadays is like when you’re trying to lose weight or, you know, whether it’s a diet or exercise or something, your way of confirming that is getting on the scale, right. (T: Um-hm) If it happens that you’re doing a lot of things and your scale doesn’t move…so you get discouraged. It’s like, whatever I’m doing is not working. I’m barely eating and this is not working. (T: Um-hm) So, you feel frustrated, right. (T: Um-hm) But when you start seeing the scale move, it’s like, okay, now I know that I can do this, (T: Right) because I’m going in the right direction. So…4-4

T: It makes you more confident. T/RC

M: Exactly. So, I feel like…again, to say right now that you’re going through a lot of trial and error, I feel this was a good test. I think it was a good test. (T: Right) And the scale started moving. (T: Sure) And this is confirmation for me that, okay, we can do this. (T: Yeah) And again, the most challenging is that when you’re, when you’re in a program to lose weight, it’s only yourself, right. (T: Um-hm) You know that you can stop eating or that you can do more exercise, but the toughness is when two people have to do it (T: Um-hm) at the same time. (T: Right) Um, so I think it’s good. 3-3

T: Well…and, you know…I mean, again, you’ve done, you’ve done a lot of thinking about this. And you’ve done a lot of noticing; both of you have. (M: Right) But, you know, you’ve done a lot of really good kind of…you know the word introspection? Kind of (M: Right, right, right) inside. You’ve really looked hard at yourself, and you said, “What am I doing and how am I (M laughs) doing this?” Or, “What is she doing?” You really kind of examined it, you know, and really kind of found a way to, to, to make the team work. You know, you found your way. (To F) You found your way. (F: Um-hm) (M: Right) You really found a way to do that. So, tell me…I mean, again, we always think about, okay, this is great, we’re kind of getting there and we’re moving forward, (M: Right) and we’re getting a little confidence and stuff. We’ve got to keep on trying to repeat that, and kind of do it again and again and again. But, I’m wondering what you need from her, you know, what will help you to stay in this way of being, which you like. You know, you feel more confident and want to be here; (M: Hmm) you want to make this happen. How can she help you keep on being there? V2-EVOC

M: (Smacks lips together) That’s a great question, you know. That’s a great question, because since the very beginning, my approach has been and will keep being, that I don’t want to change her. (T: Yeah) Right. And that’s, uh…I still don’t know if I’m doing the right thing, but I think it’s, it’s the fair thing. So, I would say that I think the only thing that I need from her is to see the willingness (T: Umm). In any, in any starting approach that she decides to follow, just the willingness. If I see the willingness, then that, that’s all I need. And that’s what happened during the weekend. 3-3
T: Right. Can you say more? What does that actually mean? What does it mean in words and deeds, and you know, kind of how you perceive her? What does it look like? What does willingness look like? EVOC

M: It’s…I’m trying not to make it sound too complicated. But to me, it would be just very easy just to say, “I would just like her to stop shouting.” But, it’s not like that. Why? Because, sometimes I can’t stop shouting also, right. So, it’s hard to see it this way. It would be very unfair if I were to ask for her to stop shouting if I’m the man and I start shouting, right. (T: Um-hm) So when I say what I want from her is the willingness to, to work together, it’s not only that she starts to stop shouting, but…Let’s put it in a scenario where she, she’s fine, and I’m just in a bad mood. I start shouting. Willingness means that she comes back and says, “Okay, I understand you may be angry today. You started shouting. But, I’m going to give you the chance to acknowledge that we’re getting into the cycle again. Whoever started it is not the issue; the issue is…Let’s…I’m going to give you the chance…we’re turning the cycle…to get yourself for whatever phrase…” I don’t know if that’s the right phrase to use, but…“I’m going to give you the chance. And um, let’s work together.” (T: Um-hm) I don’t know if, if I explain it well, you know. 4-4

T: Yeah. I think the important thing is that we, that we help both of you understand what that looks like for you. (M: Right) Because, she needs to know what’s going to help. And she did something really great it sounded like; it really helped. (M: Right) And you very much appreciated that. But now, she’s, she needs to know how to do that again—and again and again and again. (M: Right, right) And in different circumstances. (M: Yes) Like you say, when you feel stressed and it has nothing to do with her, or maybe it has to do with her, what you’re saying is: “I want you to approach me softly.” Is that right? T/RC

M: Yes. Yeah, that, that’s a fair question. It’s…Let’s get a little bit more into that. There are clear signals from me…(T: Umm) very clear signals from me. (T: Okay) One of those signals is shouting. And that goes back to our very first sessions. I get annoyed (Throws hands back) by people shouting at me, or angry…or, or…something like that, you know. And I’m not saying that she’s not supposed to do that. I mean, if she doesn’t feel well, and she does it just because she doesn’t feel well…But again, don’t expect me, uh…or…I don’t know how to say it in English, ‘cause my Spanish gets in the middle sometimes. (T chuckles) But, um… 3-3

T: You can say it in Spanish if you’d like. But it’s the point that she understands.

M: Right, right, right. This point is: Don’t expect for me to be nice…and nice and hugs and kisses and everything…and if you’re angry. I don’t know if I’m making sense but…(Laughs to self) 3-3

T: I, I, I think I understand what you’re saying. Let me see if I understand this: “I can get closer to you when I feel safe.” REF2
M: Yeah. Yeah, that’s one way to put it. But even better, going back to the signals: one signal is shouting. And I want to make it very clear (Throws hands in air); put a banner up there. Shouting doesn’t work with me. (Laughs to self) Um, and maybe, um…What’s, what’s the word in English? (Says a Spanish word) or, uh…(F says a Spanish word) Stubborn. (F: Stubborn) Stubborn. (T: Ahhh) Stubborn. You know. And I can be very stubborn to her too, so I’m not saying it’s one way. I mean, it’s a, it’s a two-way stubborn, you know. But I’m, I’m just…thinking about the signals—you know, some specific signals. There might be some other out there, but, but I’d say those two are at the top (T: Uh-huh) of this, uh, scale. (T talking but inaudible vis-à-vis M’s speech) For whatever it’s worth, you know, it helps. 3-3

T: I, I, I also think that in all of that, you know, you kind of talking about all the signals…but within all that, I think you’re also saying, “Work with me to recognize this cycle, so that we can both do things that will help us out.” REF2

M: Yeah, if anything, if anything helps to…Because, most of the time, I, I, I will say that…I think I’m good at recognizing my own patterns, right. But sometimes I might not, and that’s where, you know, (T: Um-hm) she sees, she sees me going in the wrong direction (T: Um-hm) suddenly. ‘Cause that might happen, too, you know. 3-3

F: And like Saturday, for example…

M: It might not be sudden, it might be…

F: …you were in a, you were in a bad mood. And I don’t blame you. It was hot, a very hot day, all day in the sun, and all the lines were, like, one hour. And I don’t, I don’t blame you; I felt that, too. And, I, I know there was some point when you didn’t recognize what was going on for you, but you were just mad. And uh…there was no point in, in…And it was not my fault or the kids’ fault; it was just the circumstance. 2-2

M: Exactly. Yes.

T: And that happens to people a lot. V2

M: Um-hm.

F: Um-hm. But uh, I don’t think at the beginning we were (M: That’s right)…none of us were trying to, to help. 2-2

T: Yeah. It’s, you know, it’s kind of…and that’s just the kind of the really unfair thing about (F laughs; T’s word is inaudible), you know. You got the best of intentions; you’re really trying (F: Um-hm) hard to, you know, to kind of make it work and everything. And then, these things just come in at you (F: Um-hm), you know. And it’s almost like a bomb goes of and everything goes crazy, and you forget, okay, we (F: Um-hm) kind of need to be on the same team. And that’s really unfair. (F: Um-hm) But, it’s also useful
to know that, because you know that when you see these things kind of coming through the air ready to grab you, you can connect, you can do it. (F: Um-hm) (To M) And what you’re saying is, you know: “Here are the things that would really help me to recognize this a little.” (F: Um-hm) (To F) I’m sure we’re going to find some things that help you too. (F: Um-hm) (To M) “But here are the things that will help me. Please don’t yell at me. (F: Um-hm) Please help me to kind of recognize this cycle, (M: Um-hm) so that we can deal with this together. (M: Exactly) Because, if you do these things, there’s no doubt that I can be so much closer to you, (M: Yes) and that I really, really want that. (M shaking his head “Yes”) So that, those things that I’m asking you to do are in service of really getting close.” Finding that place you guys had when you were first together. (M and F shaking heads “Yes”) And I’m wondering (Laughs to self) if you can actually…is there any way you can sort of tell her that, as you look at her, in your own words? H2-RS12

M: I don’t know, ‘cause, uh…

T: Explain it. She, she does need…she still needs some help. (F shakes head “Yes”) (M laughs; F joins in) RS12

M: (To F) Um…uh, I don’t know. It’s just that, that the weird thing is that when I say it and saying it again, it’s like, sometimes I just cannot find a way, um, differently from what you have been hearing. It’s just…I don’t know. A quick summary is for you to understand that, again, that I love you, you know, that I’m here for you, and everything, but um, sometimes when these things happen, it’s like when you throw rock in the water (Makes throwing motion), you know, and it generates some waves, right. And it takes time for the waves to disappear again. So, that sometimes, that happens to me. And I’m pretty sure it happens to you as well. You know, there is a disturbance, and that disturbance may, may last for some time. So, on Saturday, I felt like very early in the day there was very little disturbance, but that disturbance came at, like, in a bad mood for, for, for, you know, for a long time. Even though it probably was not there anymore, you feel like, you know, something…and your mood is not okay. It’s again, like, like, shield. But, you know, I think we can work around that. And I’m very grateful for the effort that we made during the weekend…the weekend of this. 4-4

T: And also, you talked very clearly about what you need, and I’m wondering if you can tell her that directly. RS12

M: (To F) (Smacks lips together) I just, I just need to see that you’re willing, and that’s exactly what you did during the weekend. Both of we did. I don’t want to make it sound like you or me. But in this specific case she’s asking about something else… 4-4

F: What did I do? I mean, what did I do right this time that it didn’t make you react? Because, I know you were tense; but there was something I did that didn’t make you yell back or say, you know, “I don’t want to.” (Flings hand to side) 2-2

M: Well, most other times…
F: What did I do? What did I do right? (Laughs)

M: …most of the time I’m just a reflection, so if you yell I yell, you know.

F: Um-hm.

M: If you stop yelling, I stop yelling, you know. To me that’s…You know, it may sound like a simple thing but, it’s true. You know, I’m just a reflection: If you come at me, I reply angry; if you come yelling, I reply in yelling. You know, so.

T: (Says man’s name; not discernable), it’s almost like, you know, you, you, you say you’re, it’s a reflection…In a way, you’re so close and so connected, but, you know, you really take your lead from her in some ways. And so, it’s, you know, what you’re saying is: If she approaches you in a different way, if she suggests things, if she comes closer to you, that you, you can do the same.

M: (Smacks lips together) Yes. Definitely, definitely. And, again, I would expect she to react the same way. And if I come to her yelling or angry, or something like that, it will become prickly for her to act in the same way. I acknowledge that but (T: Uh-huh), you know, I’m just answering the question. (Chuckles)

T: I think, you know, it sounds to me like, you know…You’re talking very differently this week, and it sounds to me so much that you like what happened over the weekend, and you like the way you resolved that. And you really want more of that; you want to do more and more and more of it. And that you, you really, you’re starting to really understand how what she does affects what you do and vice versa. You’re really starting to understand this kind of like, (M: Dynamic) this interaction between you, (M: Yes) and how, you know, the more that can happen the closer you can get…and how wonderful that’s going to be.

M: I’m sorry. (Covers mouth) I had a soda before coming here. (All laugh) But not on purpose.

T: It’s a, you know, it’s, it’s…You’re really being a lot more vulnerable with her, (F wipes tears from eyes with tissue) aren’t you?

M: Um, yeah, yeah, if…I don’t know if you can use the word vulnerable, but I (T: Yeah you were)….the way I see it, it’s just a reflection.

T: Um-hm, yeah, I hear you say that. (To F) When I say that word vulnerable, that he’s being more vulnerable with you, what, how do you feel about that? What is...

F: It is what I said before (T: Yeah): It’s like it is very hard for me to know how he’s feeling or how…what he is thinking. Very, very hard. (To M) And uh, the problem is that when I need more to know what’s going on inside you, it’s when we are arguing
(Laughs to self), and it’s when you put your shield up. (M: There you go) So, I (M: Exactly)…I’m clueless. (M: Exactly) But today, you’re being very open and, and, in a way that you were never before. And, and you let me see…what’s inside. (To T) And…(voice trembles) it means a lot to me because, you don’t want to be vulnerable to everyone you meet. You, you don’t want everybody to know how your brain works (Moves hand around head) or how your feelings (T: Yeah) work, unless you really love that person and you really want that person to be able to know so that person can help. (T: Yeah) So, that’s how I feel. (Wipes tears from eyes) 4-4

T: Exactly. So, it’s kind of like, um, it’s, it’s…You use the word open, so when he can open himself up to you, willing to put his shield to the side, that’s very helpful to you. (F: Um-hm) ‘Cause you can really see him. H2

F: (Shakes head “Yes”) Um-hm.

T: You can really see him. You can see who he is; you can…you feel drawn to him, actually, (F: Um-hm) when he does that.

(50:10) (segment of focus ends)
W.E. Video 7 Transcript:

M = Male
F = Female
T = Therapist

30:42

F: I think there’s an expectation that I haven’t learned. 2-2

T: Well…And it’s, something, something pushes him away. And we need to find out what that is, right? (F shakes head “Yes”) We need to kind of find out what that is. So, Nick, can you think back to then, and as you had started to open up to Ann that night, what…can you recall what was going on? I know I can see you thinking about it now. EVOC

M: Um, I think…Well, (Laughs) (To F) it’s something you said a long time ago: that when you have a situation, I try to solve the problem…You know what I’m saying?...and it upsets you. It frustrates you when I try to solve… 2-2

F: Oh, run to the solution and not really hear all of the things (M: Right) that…what it’s making you feel like. Um-hm.

M: And then…

F: I rush to solve (M: Right), I agree. 2-2

M: And so, like, um, like if you just do what I tell you do, (F laughs) (T: Ahhh) you wouldn’t have to worry about…you wouldn’t have these things to worry about. 2-2

F: I didn’t say that, thought.

M: Well…

F: But if you reduced it, yeah, you could get there. (T: Um-hm) ‘Cause I said well, I said well, for a while there we were… 2-2

M: But then it sounded like you’re blaming me for something. 2-2

T: Right. EA

F: But I wasn’t blaming. (Wags finger in the air at M) 2-2

T: Right. EA
M: I understand that. But if during that time...I just wanted you to just listen to what I had to say. 3-3

T: Right, right. EA

F: (Shakes head “Yes”) And I didn’t, okay.

T: (To M) You...For you (F: Okay), you were...you, I mean honestly, you, you...Since you guys came in here, you’ve done a lot of work (F Shakes head “Yes”; speech inaudible vis-à-vis T talking) kind of really getting in touch with some of those things that are important for you and sharing them in here. And I think even sharing them at home. And so, for you, as you were doing that on Sunday night, and you were really kind of moving towards her and kind of hoping that you would get something, when you heard something else... V2-T/RC

F: He heard: I told you so; it’s all your fault. 2-2

T: Yeah, and he, he may have heard (M rubbing face with hand)...(To M) I don’t know, was it like...you said blame and...(F shaking head “Yes”)

M: Yeah.

T: ...criticism. (F: Um-hm, um-hm) And it’s hard for you because, you know, you, you’ve had that all your life. (M: True) And you’ve heard it, and it’s been hard for you.

M: Well I still hear it. (F laughs) 2-2

T: And you go to...for you, when that happens, you go to that place of, where you protect yourself. (M: Um-hm; shakes head “Yes”) Because, that’s a safe place. T/RSE (Combined with two previous TT)

F: Ohh. That’s why you were about to leave. 2-2

M: Um-hm.

T: Yeah. EA

F: And then I said, “But remember our sessions.” I didn’t know what to say. (To T) I wouldn’t have thrown you in the middle of it, but I didn’t want him to leave. (T: Um-hm, right) And I said, “Don’t you remember all the things we said on Wednesdays?” (Laughs) 3-3

T: But you know what, I want to find out what happens for him, (F: Oh, yeah) ‘cause this is important for you (F: Yes, it is), for you to hear it. (F: Um-hm) It’s important. Nick, when that, when you start to hear that...and, you know, she’s trying to solve the problem,
she’s trying to be there for you…when you hear that, what goes on for you? What happens for you?  

**EVOC**

**M:**  Well, you know, at that point I didn’t want to hear, you know, what we had done, da da da da, and all that stuff. It’s just, I needed somebody to listen to what I had to say.  

(T: Yeah) And (four second pause) I guess we hadn’t gotten to that soft place where, you know, she could talk to me in a…in a sweeter tone.  

(F: nodding head) (T: Um-hm. Yeah) You see. You know…“What’s bothering you?” You know… (Speaks quieter) “Why is it like that?” da da… “Hey…” You know.  

(T: Yeah) And I guess maybe I was looking for comfort.  

(T: Yeah) But it came out real hard because I think I’m still angry.  

**4-4**

**F:**  I think you’re right.

**T:**  So, for you Nick, finding that soft place on Sunday was really, really important. And it’s real important right now (M: Um-hm) for you to find that soft place in here, (Speaks with emphasis) which you know, you know is there, or you hope is there…you hope is there.  

**H2**

**F:**  I guarantee you what he’s saying:…

**T:**  Well. And…(Inaudible vis-à-vis F talking).

**F:**  …“Okay, I know, I’ll hang onto it.”  

**2-2**

**T:**  So, finding that…what did you say, sweet…(M: Um-hm) sweet…

**M:**  Just talking to me sweetly, you know, (T: Sweet) I think that’s a lot of what we miss, um, (F: Um-hm) in our relationship by being so, um…everything being so hectic.  

(T: Yeah) It gets better when it slows down.  

**3-3**

**F:**  It does.

**T:**  Um-hm.

**M:**  You know. You know, we’re about to enter another weekend that’s going to be busy, you know.  

(T: Um-hm) (F: Yes) (To F) But, for the most part, you’re not going to be with me.  

**2-2**

**F:**  No, I’ll be going to the same thing Saturday night.  

**2-2**

**M:**  (To T) See. So…(T: Yeah) And it just, um, we, we haven’t been able to take time to be intimate with each other—just kind of slowing down, being quiet, and not having a whole lot of, uh, people.  

**2-2**
T: Yeah. Nick, let me ask you something: In the midst of all of this, when you guys have all these times, do you ever go to her and say, “You know what, I just, I just need you to listen to me. And I just need you to kind of understand what’s going on for me, to risk that, to have you to risk that”? EVOC-H2

M: Never think of those words to say something like that. (T: Right) It’s…eh…And, you know, that would work. That probably would work. Rather than shout, “Listen to what I got to say.” (Laughs to self; T laughs) (To F) You know, that’s kind of the attitude I take take, too. 3-3

F: You know, the only reason the little talkative piece came is because something else was being approached and I said, “No, because I feel…”…blah blah blah. (T: Yeah) And then, that’s when the talking started. (T: Right) But… 2-2

T: What would it have been like for you if you were to go to her and say, “Hey, you know, crazy stuff is happening. I feel like the pot is starting to boil. I just need you to listen to me. Could you do that? And, I don’t want to withdraw from you; I don’t want to move away”? EVOC-H2

M: She’d probably respond that, uh…

T: What you that be like… EVOC

M: Sometimes, you know, it’s sort of like, um…you just don’t think of (four second pause)...I don’t think of her…I don’t know. It’s sort of like, um…it’s, um…it’s hard to, to…to…(four second pause) overcome some things and say, you know, “Hey, I need some help.” (T: Yeah) You know, I’ve always had problems with admitting defeat. (T: Right) You see what I’m saying? (T: Right) Even, like, in school, if class was…Like, I took an organic chemistry class. I’m sitting in class with some of my classmates. We had taken the first half; we’re taking the second half. We’re looking at the board. These…And this is a review, and everybody’s going, we didn’t learn this; we didn’t learn it. So, I go to him, and he’s like, “You got to drop the class and take it over. Take the first part over and start over.” You know. Who’s going to pay for it? I was paying for my own. Well, I tried to gut it out, you know. But, coming to somebody and saying I need help…(T: Um-hm)...a tutor...you know, that would have helped a lot, (T: Right) you know. 5-5

T: So it’s, you know, in this situation between you, it’s hard for you sometimes to be that vulnerable (M: Um-hm; shakes head “Yes”), to say, “You know what, I just need help.” Or, “I just need you to listen to me. I just (Speaks with emphasis) need you.” (M: Um-hm) That’s hard for you. ‘Cause it feels like it’s kind of…What would you say, what’s the, what’s the right word? Is is weak? Or… H2-ECI

M: Yeah, it’s a failure. (T: Yeah) And, you know, you don’t want to, I don’t want her to see me as a failure. (T: Yeah) You know what I’m saying? 5-5
T: Yeah. Yeah. EA

M: So...(four second pause)...It, it...You know, we come from, um...I guess we, we come from parents that are hard. (To F) You know what I’m saying? (F: Huh; turns head to side—seemingly in agreement) Very hard people. And, um, admitting, um, that you have flaws, uh, or frailties is very hard to do. (T: Uh-hm) You’re not supposed to do that. You’re a man, you’re supposed to (T: Right)...you know. You got to always put that...that persona, so that everybody will understand that you’re the man (T: Right), and you’re not, you know, you’re not some timid, weak person. 5-5

T: (Speaks quietly) Yeah, so, everything that you know to say to her...or to anybody, but especially to her, this woman that, you know, you love and’s the mother of your children (M: Um-hm) and is central in your life...To say to her: “I can’t do this,” or, “I need help”...(M: Um-hm)...that’s really something really that is so difficult for you. And yet, there’s a part of you that really wants to say to her, “Hey, I just need you.” (M: Um-hm) Yeah. H2

M: (Tosses hands up in lap) I guess so. 2-2

T: What’s it like for you if you think that she sees you as a failure? What does that mean for you? EVOC

M: I just, um...That sort of, um...I don’t know, it’s like, uh...I just don’t want to...you just don’t want your wife to think you’re...to think less of you, that, uh, you’re not a strong enough person. (T: Uh-huh) If that makes sense. 5-5

T: So you want her to think that you’re strong, you want her to think that you can cope with everything, when maybe, you feel that it is overwhelming, or it is hard or you can’t. That just feels so...you know, hard for you, to admit that and to tell her; ‘cause you’re supposed to be so strong. (M: Uh-huh) Can you just tell her now how hard that is for you to even just open up a little and admit that you might be a failure sometimes? Can you tell her that right now that if she might see you like that how hard it would be? H2-RS12

M: Well, that, that, that is hard to, uh, to admit to. (To F) And, you know, I have, um, shortcomings. And (Tosses hands up in air in lap)...so um... 4-4

F: (To M) But to me shortcomings are not failures. I don’t know. And I...

M: But um...I don’t know, it’s, it’s, it’s very, um...I don’t know, it’s a lot of stuff that’s going into that, too. It’s, like, uh, you know, you hear people, um...We’ve got a lot of outside...(F: Influences)...Yeah. And, you know, it is funny, ‘cause it’s sort of like (To F) your father and I are in a competition all the time to see who’s who, right. And one of the things that’s so funny is, like, you ain’t even this. Well, you seventy-five years old. At that time, (F: Right) you’ve had a whole lifetime to accumulate all this crap, right. You know. And it’s taken a while to, to realize that I don’t have to measure up to him, or I don’t have to be what he thinks I need to be either—or my mother, or whatever. Right.
Um, but I’m still struggling with that. He helped us with something, a major purchase, and um, it, although I’m grateful, in a way it pisses me off because I couldn’t do what I needed to do. 5-5

T: Right. And so it’s…For you, feeling that sense of failure is just so tough for you. (M: Uh-huh) Especially around Ann’s dad. (M: Uh-huh; F shakes head “Yes”) But, you know, in a… H2

M: But, you know, it’s sort of, like, you know, here comes daddy to the rescue. (T: Right) And it’s not me (Points to self). (T: Right. Right) That, that kind of sticks around. 5-5

T: What does that, what does that do for you when you think about that? EVOC

M: It makes me mad. (T: Mad) You know, it kind of, um…it, um…Sometimes it makes me doubt myself. 5-5

T: Yeah, it makes you doubt yourself. Yeah. ‘Cause it’s kind of like you said, “It makes me mad,” but I don’t see mad right now. Where do you, where do you feel it as you think about that right now in your body? H2-EVOC

M: Um…(Laughs to self). Well, saying mad as we’re…it starts, it’s right in here (Points to chest). 3-3

T: Right, in your chest. H2

M: It’s, um…um (Five second pause)…I guess I’m raised not to ask anybody for anything. You know what I’m saying? Uh…and I’ve kind of been the type of person that, you say I can’t do it, I’ll do it. 4-4

T: Yeah. (F laughs) You take it on.

M: Yeah. Yeah, you know. Um, my father kind of knew that too. (F: Uh-huh) And so, uh, uh, when I was struggling in school, he was like, “Well, you know, you got a good job now, why don’t you…You know, college isn’t for everybody.” (Tosses hands in air in lap) (F laughs) “Why don’t you do something else? Just do this.” You know. I mean, what kind of crap is that? No. (Laughs) But, um (T: Yeah), um…(Five second pause)…It’s funny ‘cause, you know, even though helping us with that really is a leg up…And I’m trying to look at it in a different way. You know what I’m saying? But it still kind of is hard to reconcile with, um, the need to be a self-sufficient, independent person. You know what I mean? And that as a man I’m supposed to be able to do all those things. (T: Yeah) (To F) You know what I mean? (T: Yeah; F shakes head “Yes”) It’s like, um…I don’t know, uh, um (Five second pause)…I don’t know, it’s sort of like a bailout. Now, you know, it’s just, like…I don’t know, it’s just weird. It’s just something that kind of is very upsetting. 5-5

T: Um-hm. Yeah. EA
M: In fact, I was close to saying, "No, I don’t want to do this." (T: Yeah) You know? (T: Yeah) But I’m kind of in a bad place where I got to…financially I can’t do it right now. (T: Right) (Sighs) (T: I mean…) So, I’m just kind of sucking it up. 3-3

T: Yeah, and it’s, you know, as you…

M: And I don’t want to hear it come back to me: You know what I had to do…da da da da da. (T: Yeah, yeah) (To F) You know what I’m saying? 3-3

T: And it’s kind of like…

M: And it probably will. (T: Yeah) And, even though he’s made a pact not to bring it up with my mother, I got a feeling that it will come up sooner or later. 3-3

T: Yeah, yeah, so you’re really struggling with that. (M: Yeah) You’re struggling because you want to kind of break away from that, (M: Um-hm) but you can’t. So it’s really hard. Part of you, you know, is so… T/RUE

M: Well, I could, it’s just going to take time. We have to save toward that, (T: Yeah) and it’s going to take us a period of time to do it, (T: Right) you know. So… 2-2

T: And that, that’s the practical stuff. But what I’m really interested in is how that is making you feel inside, this struggle that you have to want to really be kind of do-it-yourselves, this team that you have to do it with her, together. (M: Okay) And yet… EVOC

M: I, I, you know, in a way…Okay, the team thing is…But uh, being the man, you supposed to… 2-2

T: Do it yourself. H2

M: Right.

T: Right. EA

M: (Mumbles/can’t get words out).

T: So, where is that written? O

M: I don’t know; it might be in DNA. (Laughs; F smiles) 2-2

T: You think it’s coded in the DNA. O
M: It’s sort of like, uh…Well, yeah, really, ‘cause…um, when we talk…You hear people talk about pull yourself up by your own bootstraps, that’s how (T: Yeah) our family does things, you know. (T: Yeah) You don’t need anybody, (T: Right) you know. 3-3

F: Not be beholden, beholden to your family. 2-2

M: There, there you go.

F: Um-hm.

T: How does, how does that fit with the two become one? EVOC

F: Umm.

M: (Fifteen second silence; F looking to M) It really doesn’t. (T: Unh-uh) But, you know, I’m supposed to be, you know, the provider. You see what I’m saying? (T: Um-hm) (To F) If I bring it home, you take care of it. But I’m still having a hard time with letting go of that too. (Laughs; F shakes head “Yes”) So, I like going on my own. 5-5

T: Yeah. Well, you know, I think that you’re learning to be a mature adult, (M: Um-hm) in a mature adult relationship with your wife. And that’s what you want to be. And you’ve got these things that are telling you no, no, no, you’ve got to be this way, but you are really kind of trying to be that mature adult in this mature adult relationship. And it’s a real pull; it’s a struggle. (F: That’s right) Back and forth, back and forth. (M: Umm) And she wants you to come to her and share some of these things and let her help you. And it’s a big struggle for you. (M: Um-hm) Because, if you did that, you would seem weak. Is that right? (M shakes head “Yes”) Can you tell her about that, that sense of being weak and not measuring up? H2-RS12

M: (To F) Well, it’s not so much measuring up; it’s…I guess being demasculanized is more like it. You know. 5-5

F: (Shakes head “Yes”) That’s what you told me Sunday. (M: Um…) You said emasculated.

M: Demasculated.

F: Demasculated. Okay.

M: Where, um (Nine second pause)…I don’t know, maybe it’s just a warped sense of what a man’s role is supposed to be, of how it’s supposed to be in the relationship. So (Tosses hands in air in lap)…And, you know, it, it’s just difficult to, to let go of certain things. 5-5

T: Can you look at her as you say that? (M smiles; F chuckles) RS12-H2
M: (To F) Yeah. It’s just difficult to let go of some things. 5-5

T: Tell her how you might be afraid that she’ll see you as less of a man. RS12-H2

M: (Four second silence) (To F) Well, I hope you wouldn’t think any less of me if, um, I’m having difficulties. 5-5

F: (To M) (Shakes head “No”) Unh-uh. No, I, I don’t…I think…I think it would be good for us to have this whole conversation. ‘Cause I don’t, I don’t feel the way you think I would feel. Um, there’s two things we said when we first got married: We said we had to wear shades because the future looked so bright. Remember? And the other thing…You remember Pinky and the Brain?...We said: It was just me and you against the world. (M: Umm) Those things have disappeared over time. And you asked me: Did I feel that you resented having the children? And that within itself is not the problem. It’s just that over time, as life has come and slapped us about, we lost that. (T: Uh-huh) It’s just me and you against the world. (M shaking his head “Yes”) 3-3

T: So for you, Ann, when he says to you, you know…I’m, I’m not sure…I may be saying the wrong words. But, you know…“I might be afraid of how you would see me (F: Uh-huh, that makes sense) when I show this side of me to you.” When he says that to you, and he’s afraid of that, you say, “No! No!” H2

F: No! (Shakes head “No”) That makes you stronger to me (Points to herself). 3-3

T: “It makes you stronger to me.” H2

F: It makes it more real. (T: Yeah) (To M) And it also makes me feel like I’m a part of that team again. It makes me…it helps me see your need for me. (T: Yeah) When I don’t see the value of me to you (M repositions body to better face F), there’s no value added with me being in your life, then it’s hard for me to feel a sense of worth. 4-4

T: Yeah. ‘Cause you’re connected to him; you so want to share those things…

F: I need that. I need…

T: You need it. H2

F: Yeah, I need it. 4-4

T: You do. You need it. H2

F: (To M) And it’s really funny. We talked about gender roles before we got married. I don’t know if you remember this, but on a bulletin board, we made a list. And it had Nick and it had Ann. It was gender roles. And we wrote down everything that we thought we should do. We were so naive about what we should do in our marriage. But I think what’s happened is we didn’t have the models…We had strong personalities. We
had strong models. But, I think when we came together, you and I communicated that we don’t really want it to be like that. 3-3

T: Well, and you know what, you, you have said to him tonight, “You know what, gender roles aside, when you show that side of you…”

F: That’s when you seem the strongest. 3-3

T: “That’s when you seem the strongest to me. And that’s what I like.” (F: Yeah) And you like that. (F: Yeah; shakes head “Yes”) And you want that. “I need that. I need that” H2

F: ‘Cause that’s…you know how they say that you complete me thing (Draws a heart in air with fingers), (T: Uh-huh) that’s what makes all the jagged edges smooth again. I don’t know how to explain it. (To M) But that’s the part that if we did more of that, honey, everything else you want will be right there. You know, the house will be clean, dinner will be on the table on time. I mean, you see what I’m saying? If we could get this part right (Drawing in air with fingers again)…(M laughs; both laugh—words back and forth are inaudible) 2-2

T: This part of you, as well, I mean, it’s kind of like…

F: It’s really significant (T: Um-hm) for me to think that there’s something in me that can be of service to those times when you’re feeling not so one hundred percent. (T: Yeah) ‘Cause, right now, I feel like the outsider, and that’s exactly…I’m telling you, Saturday, I felt like we had gone all the way back to the first visit here, and I was just by myself again. 4-4

T: Well, that was a bump in the road. T/RC

F: No, I’m just saying that I think therein lies the connection. Friendship is great; we’re friends. But, the thing that only your wife can do, the part of you that you can only show your wife, you can’t show it to everybody (T: Um-hm)…(To M) You know what I mean? 2-2

T: But here, here’s the thing. Because, I think what happens is, he, he does want to do it. He did it tonight; he showed you what it was like… V2

F: He did it Sunday, too. Yeah, but I did go, “I told you so.” 2-2

T: Here’s the thing: When he worries or wonders whether…fears whether you might not be able to, to be there to hold that…

F: And that’s that hard thing he means. 2-2
T: Yeah. He kind of...It’s very easy for him to go to that place where he shuts off. (F: Shuts off; shakes head “Yes”) So, it’s kind of like, you know, he feels like he has to be the provider, to be perfect.


T: Yeah. And, you know what, the way we learn...just everything around beats that into men.

F: Yeah, I guess so. 2-2

T: It beats it into them and it says, “This is how you must be.” So then, it becomes so hard to share (F: To live up to...) with that person you love the most, to say, “You know what, sometimes I just can’t do it. Sometimes it’s hard for me. Sometimes I’m afraid that you’ll see me as weak.” And what he might need is, you know, for you to be able to say, “You know, when you show that side of you to me, I want to hear it, I want to be there. That’s what brings me closer to you.” H2


T: Can you, can you reassure him now? Can you do that in a way that he can really, you know, kind of take that in? RSI3

F: (To M) Yeah, I mean, all of the metaphors inside...‘Cause, you know, I try to think of things in our past that...Maybe they were just for me back there. But I think that when you’re able to be really sincere and open and honest with me, it makes me feel a sense of trust. It makes me feel that you trust me with that (T: Um-hm)...to be there. That makes me feel closer. And I think you and I can. (T: Yeah) And I really think that you felt it before, and that’s probably why I am. It wasn’t just because I was fine and my hair was cut pretty; it was because you felt that there was something that you connected with. 4-4

T: Yeah. And so, for you, is it possible for you to say to him, “When you open yourself up to me, you know, next time or whenever...(F: I know, I’m...inaudible vis-à-vis T talking) I am going to be there. I am going to hear you and listen to you.” Can you, can you reassure him of that? H2-RSI3

F: (To M) Yeah. I will, I will. And you can even remind me. (Puts hand on M’s shoulder) ‘Cause I...I don’t know why, I think maybe we get caught up and selfish in our own feelings, but I will listen. (T: Um-hm) I will listen. 3-3

T: (To M) How is it for you? How...how is it for you to take this in right now? EVOC

M: (Five second silence) It’s good. 3-3 (58:59)
Appendix E – IRB Approval Letter

DATE: April 30, 2014

TO: Nicholas Lee

FROM: Ball State University IRB

RE: IRB protocol # 599324-1

TITLE: A Task Analysis of Withdrawer Re-Engagement in Emotionally Focused Couple Therapy

SUBMISSION TYPE: New Project

ACTION: APPROVED

DECISION DATE: April 30, 2014

EXPIRATION DATE: April 29, 2015

REVIEW TYPE: Expedited: This protocol had been determined by the board to meet the definition of minimal risk.

The Institutional Review Board has approved your New Project for the above protocol, effective April 30, 2014 through April 29, 2015. All research under this protocol must be conducted in accordance with the approved submission and in accordance with the principles of the Belmont Report.

Review Type:
<table>
<thead>
<tr>
<th>Category 1: Clinical studies of drugs and medical devices</th>
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</thead>
<tbody>
<tr>
<td>Category 2: Collection of blood samples by Finger stick, Heel stick, Ear stick, or Venipuncture</td>
</tr>
<tr>
<td>Category 3: Prospective collection of biological specimens for research purposes by noninvasive means</td>
</tr>
<tr>
<td>Category 4: Collection of data through Non-Invasive Procedures Routinely Employed in Clinical Practice, excluding procedures involving Material (Data, Documents, Records, or Specimens) that have been collected, or will be collected solely for non-research purposes (such as medical treatment or diagnosis)</td>
</tr>
<tr>
<td>Category 5: Research involving materials that have been collected or will be collected solely for non-research purposes.</td>
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<tr>
<td>Category 6: Collection of Data from Voice, Video, Digital, or Image Recordings Made for Research Purposes</td>
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<td>X</td>
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<tr>
<td>Category 7: Research on Individual or Group Characteristics or Behavior or Research Employing Survey, Interview Oral History, Focus Group, Program Evaluation, Human Factors, Evaluation, or Quality Assurance Methodologies</td>
</tr>
<tr>
<td>Category 8: Continuing review of research previously approved by the convened IRB</td>
</tr>
<tr>
<td>Category 9: Continuing review of research, not conducted under an investigational new drug application or investigational device exemption where categories 2-8 do not apply but the IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and not additional risks have been identified.</td>
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Editorial Notes:

1. APPROVE

As a reminder, it is the responsibility of the P.I. and/or faculty sponsor to inform the IRB in a timely manner:

- when the project is completed,
- if the project is to be continued beyond the approved end date,
• if the project is to be modified,
• if the project encounters problem, or
• if the project is discontinued.

Any of the above notifications must be addressed in writing and submitted electronically to the IRB (http://www.bsu.edu/irb). Please reference the IRB protocol number given above in any communication to the IRB regarding this project. Be sure to allow sufficient time for review and approval of requests for modification or continuation. If you have questions, please contact Jennifer Weaver at 765-285-5034 or jmweaver@bsu.edu.

In the case of an adverse event and/or unanticipated problem, you will need to submit written documentation of the event to IRBNet under this protocol number and you will need to directly notify the Office of Research Integrity (http://www.bsu.edu/irb) within 5 business days. If you have questions, please contact (ORI Staff).

Please note that all research records must be retained for a minimum of three years after the completion of the project or as required under Federal and/or State regulations (ex. HIPAA, FERPA, etc.). Additional requirements may apply.