therapy, the primary focus will remain on couples. We are excited about expanding our EFT world!

For anyone who has already taken an Externship, Core Skills and, perhaps, is already Certified, there is no change to your status. New EFIT and EFFT courses will be offered for those who already work with individuals and/or families, and for those who choose to expand their expertise in these areas from the EFT perspective.

For those who celebrate the day, Happy Thanksgiving, and to this newsletter, a happy 10th anniversary!!
Sue

THERAPIST TOOLBOX

Lorrie Brubacher

Attachment Injuries: Walking the Tightrope Toward Safety

The attachment injury tools in this toolbox article are to equip EFT therapists for the challenging task of repairing relationships wounded by infidelity and other betrayals. The resounding echoes of anger, shame, grief and fear can be daunting for any therapist. Walking a tightrope over a chasm of the injured partner's pain and shame and the offending partner's remorse, minimizing, and shame, EFT therapists frequently fear misstepping. The tools presented here are:

1. Explicitly naming the injury as soon as it is apparent.
2. Setting the stage for repair by following *EFT 101*.
3. Shaping two key dialogues of the Stage 2 Attachment Injury Resolution Model (AIRM).

An attachment injury, defined as one partner's failure to respond to the other partner at a vulnerable moment of need, destroys trust between intimates and instantly redefines the safety and trustworthiness of the relationship. This relationship trauma shatters a person's assumptions of predictability and dependability in the other and of self-worth and lovability. Typical posttraumatic reactions — hypervigilance, flashbacks and numbing — ensue. The complex emotions of hurt — anger, sadness, fear and shame — abound!

TOOLS:

1. Content is important! Name the moment of injury. EFT therapists are oriented towards reflecting present moment processes playing out in distressed relationships so as not to become derailed by content. When it comes to an attachment injury, however, we need to courageously enter the scene of the injury and name the moment of shattered trust. This may happen long before we move into repair.

a) **Name the injury as soon as it is apparent** and frame the broken trust from this injury as part of the current cycle blocking repair. In this process we need to validate the mistrust and name the moment of betrayal. "Of course you cannot trust your partner *yet* — your trust was shattered the day you received your cancer diagnosis and your partner walked away from you. I know the path to rebuilding trust, but first we need to discover and contain the cycle that blocks the two of you from having the *healing injuries conversation*."

b) **Attune to your own and the couple's hesitancy** to speak explicitly about the shattering moment that changed everything. Explicitly naming an injury and walking straight into the scene of shattered trust is frequently threatening to

both injured and offending partners. Therapists frequently sense this and feel reluctant to touch the details. Injured partners frequently fear that it will be unproductive to discuss the event which shattered their trust — sensing that talking about the event will push their partner into becoming defensive, disappearing in shame or minimizing the enormity of the event. Offending partners frequently fear there is no remedy for the enormous pain their actions have caused.

Interestingly, this reluctance to walk boldly into the scene of the injury is frequently felt not only by the distressed partners but also by the therapist. "What if the couple becomes more distressed? They haven't de-escalated yet; what if the injured partner (IP) erupts in anger or dissolves in tears? What if the offending partner (OP) slips into a pit of shame or fires up in defensive exasperation?" Courageously acknowledge that trust remains shattered from this dark moment and it cannot simply be turned on. Name the rupturing event explicitly.

2. Set the stage for repair. *EFT 101* informs us that the first prerequisite to repairing any tattered bond is de-escalation of a couple's negative cycle. When there has been an attachment injury, the cycle blocking the couple from repairing the wound needs first to be delineated and de-escalated. An OP who is unable to listen to the IP's anger, sadness and fears without getting triggered, is unable to be responsive to the other's pain. An IP cannot vulnerably share their pain and fears when they are repetitively being knocked off balance emotionally into blaming or into cautiously minimizing the core pain of the injury. Knowing how to use the Attachment Injury Resolution Model (AIRM) reassures an EFT therapist that they have a path towards repair.

a) **Cycle de-escalation is imperative**. Collaborate with partners to identify the interpersonal cues that suck them into their typical moves in their negative dance (e.g. OP sees pain on face of partner and pulls away; IP hears a tone of exasperation in their partner and begins a series of persistent questions). In de-escalation, each partner also names and experiences their core fear that drives the distancing dance (e.g. OP discloses fear of never being able to become trustworthy in partner's eyes again; IP discloses fears of being unlovable and unworthy in partner's eyes).

b) **Sometimes the injured partner is the more pursuing partner and sometimes the more withdrawn partner is the injured one.** (See link to series of articles below, which includes case examples of both types). **When the IP is the withdrawer**, the AIRM will be part of the withdrawer re-engagement (WRE) change event. Before an injured withdrawer can step assertively into the relationship and ask for what they need to remain engaged, they need to give an account of the injury in which their trust was shattered and to disclose with increasing vulnerability their core attachment fears, longings and needs. On the other hand, **when the IP is the more pursuing partner,** the AIRM will be part of the pursuer softening change event. Both de-escalation and WRE are pre-requisites to the AIRM. An offending partner who is a withdrawer would not be able to respond in an engaged, empathic manner to an IP's vulnerable disclosure of injury and need. They would most likely become triggered into withdrawal or defense.

3. Walk the tattered tightrope above a chasm of anger, grief, fear, regret and shame to shape responses that make a reparative difference towards rebuilding trust. EFT's AIRM is an 8-step Stage 2 model of client and therapist tasks for healing shattered bonds. It holds that forgiveness is an interpersonal process of increasingly vulnerable disclosing and responding that has the capacity to resolve the pain of an injury so that an IP feels safe once again to put their life in the hands of their partner. The therapist structures dialogues between partners that include the key elements identified as fundamental to pursuer softening and attachment injury resolution: depth of emotional experiencing and affiliative (self-disclosing, attuned) responding. Two carefully shaped affiliative encounters in the AIRM are described below as *AIRM Tools.*

a) **The first AIRM tool (part of AIRM Step 4) is a question to the OP** about how the injury could have happened. In order for the IP to begin to trust again, the OP needs to become knowable and predictable. Otherwise the IP is left with wondering, "Who are you and how could you have done this?"

It is unnerving for most therapists to ask the OP how the injury could have evolved. It is calming, however, to be reminded that it is asked only after it is safe to do so — after the cycle related to the injury is de-escalated and the attachment significance of the injury is grasped. When the OP understands the attachment significance of the event, they recognize that it is their importance to their partner, not their inadequacy, that has salience. They grasp that the rupturing event had such a shattering impact on their partner and on their partner's capacity to trust them precisely because of their unique importance.

Therapists may fear they will shame the offending partner by asking how it is that they could have created this hurtful event. Forgiveness and rebuilding trust, however, require that the offending partner expand on the evolution of the injury. Hearing one's partner say, "I have no idea how I could have done this, but I promise it will never happen again," does not soothe fear nor help rebuild trust. If an offending partner doesn't understand how they were able to be unresponsive during their partner's vulnerable moment of need, then they cannot become trustworthy again. As bitter as it sounds, when an OP, on the other hand, can risk expressing the excruciating truth, their awareness of how they could do something so hurtful begins to make them believable: "I had gotten so used to turning away from you when you were depressed and I felt useless, that I got pulled into the comfort of my colleague who so admired me. I put you second."

With sincere respect and curiosity, a therapist asks the OP, "Can you say anything about how you could have done this — how you could have cashed in all your savings without telling your partner?" When the OP responds with, "I felt so bad about my career that I couldn't bear to admit to you what was happening," the IP calms slightly, sensing, "Ah right — that's my guy — I know him — I know how he's hidden his struggles from me!" The therapist validates, "It is just like it's been in your typical cycle, yes? When you — the OP — felt badly, you didn't turn towards her. Instead you held it in and snuck around behind her back, yes?" Or to a woman who had an affair, "Can you say anything about how it was that you could turn to his best friend?" She replies, "I think I wanted to make him feel bad, as horrible as it sounds." "Of course," thinks her partner with a tiny sigh of relief and recognition, "I know about this: She does whatever she can to hurt me — to get my attention. It makes sense." The therapist validates the bitter impact of that cycle that became so rigid she went for the ultimate betrayal. This very important tool does not create resolution, but it is a necessary part of the process of repair.

b) **The second AIRM tool is the *forgiving injuries conversation*** — the crux of forgiveness and rebuilding trust (AIRM Steps 5 & 6). The therapist walks with the couple on the narrow edge between shame and restoration of trust. Facilitating and heightening the IP's expressions of pain and shaping disclosures to the OP, the therapist also helps the OP to get a felt sense of the IP's pain and to engage in an emotionally attuned apology.

An IP discloses, "The worst of it is that I was so weak and the baby needed extra care and he put his family ahead of us… I felt like one of us would die… it was so cold… like he left us to drown!"

In a soft, slow voice the therapist repeats the IP's poignant imagery, "Right… You felt like he left you there to drown — afraid one of you would die without him. He left you when you needed him so desperately. You counted on him and he left you to drown in icy waters when he went off with his family."

With the therapist's guidance she risks disclosing to her partner, "Every day I feel the cold, the anguish ...I see you walking away when I'm drowning."

Heightening the IP's vulnerable expressions can give the OP a felt sense of their partner's pain. It can also trigger shame and remorse. Processing the OP's experience, the therapist evokes, "How do you feel towards her when you hear about the pain in her heart every day that says, "You'd let me drown?"

The OP responds, "It hurts me. I feel responsible… I feel guilty… I left her when she needed me... when she was drowning!"

The therapist navigates the edge between shame and validation of genuine remorse with kindness and warmth, "You hurt a lot to know that you left her alone when she needed you… It feels terrible to know that you actually left her when she was drowning …that you left her alone in a moment she was pleading with you to stay." Validating and heightening remorse offers an OP enough dignity to feel empathy for the IP. Shaping a response, the therapist says, "Can you turn and let her see and hear what happens inside of you to see how deeply your actions continue to crush her every day and turn her heart cold?"

The OP responds with his voice breaking, "I've done you a big wrong… It's tough to do that to someone that you love and care for so much. I did you a big wrong. I left you when you needed me and I am so sorry."

Laughing and crying at the same time, the IP extends her hand, saying softly, "I see his remorse. I see he gets how awful it was for me. I don't want him to sit there and cry but I see it and it's more important to me than anything else."

The therapist reflects, "More important than anything else is that you can see his remorse. You see he is tasting your pain and that reaches that aching betrayal in you more than anything."

Weeping the IP responds, "Exactly!"

To integrate the forgiving injuries conversation, the therapist summarizes, "Look what you just did! You [IP] took this huge risk to look at your partner and let him see and hear the pain you feel every day. You were afraid that hearing your pain would push him away. Instead your sharing pulled you [OP] right into feeling her immense pain. You took the risk of feeling your own remorse and at the same time tuning into her pain. In response you shared how very aware you are that you have done her a big wrong and that you are so sorry. Your joint risking and responding is pulling you closer together to heal the wound!"

When the IP vulnerably shares the core pain and the OP offers an attuned, emotionally engaged apology, the couple experiences a powerful corrective emotional experience. For the IP, more important than the OP's particular words is seeing on the face of their partner a felt sense of their own pain. For the OP, finally making a reparative difference lifts them out of shame and an impulse to hide. The healing event initiates new cycles of forgiveness and reconciliation and partners enter an exciting territory of hope and bonding.

EFT therapists are well equipped to work with attachment injuries when they have the following tools in their toolbox:

1. Explicitly name an attachment injury as soon as it is apparent.
2. Follow *EFT 101* through the prerequisite de-escalation and withdrawer re-engagement.
3. Shape two key AIRM dialogues:
   - **a)** Ask the OP to expand on *how* they created the injury.
   - **b)** Heighten and shape a vulnerable disclosure of pain and an attuned and remorseful response.

Lorrie Brubacher, MEd, LMFT (NC) RMFT
EFT Therapist, Supervisor & Trainer
Carolina Center for EFT

AUTHOR NOTES:

1. At times the gender neutral *they*, *their, them* is used in place of *he, she, his, her, him.*
2. Access articles on Attachment Injury Resolution by **clicking here**.