



How Trauma Affects Intimate Relationships



A Webinar Session with
Ruth Buczynski, PhD
and Sue Johnson, EdD



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of Behavioral Medicine

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How Trauma Affects Intimate Relationships

with Ruth Buczynski, PhD
Sue Johnson, EdD

Dr. Buczynski: Hello everyone, welcome back. I'm Dr. Ruth Buczynski, a licensed psychologist in the State of Connecticut and the President of the National Institute for the Clinical Application of Behavioral Medicine. I'm *so* glad to welcome you back to our series on treating trauma.

We are lucky tonight to have our special guest, Sue Johnson. She's a licensed psychologist from Canada and the originator of *Emotionally Focused Therapy*.

Sue is the author of several books, including *Hold Me Tight: Seven Conversations for a Lifetime of Love*. Trauma has *such* an impact on intimacy, and I thought it was important to make sure we worked on this topic.

Sue, thanks for being here. It's nice to see you again.

Tonight we're going to talk about how trauma affects intimate relationships and about strengthening attachment bonds in the face of trauma. We're also going to talk about couples therapy and special considerations to think about when treating a couple where one or both people have had a traumatic experience.

We'll hopefully have enough time toward the end to talk about special considerations for treating first responder and military families.

Why Couples Therapy Is Becoming Essential in Trauma Treatment

Until recently, couples therapy wasn't seen as part of trauma treatment. Why do you think that has changed?

Dr. Johnson: There are several reasons; first of all, from my point of view, the field of couples therapy is changing and becoming more research-based. Our approach, *EFT*, has 16 outcome studies, all of which are positive and our follow-up studies suggest that those results are stable.

For the first time, we have a clear scientific approach to understanding secure bonds and what happens in distressed relationships.

We have a *science of love* that we can stand on to help us understand relationships; once you understand, you can change and shape it in such a way that it increases personal resilience and the ability to deal with stress.

"For the first time, we have a clear scientific approach to understanding secure bonds and what happens in distressed relationships."

Couples therapy is based on a clear understanding of love; it has improved and become more systematic over the last 15 or 20 years.

Current research shows that the quality of your intimate relationships impacts you physiologically and emotionally and has a huge effect on your personal, physical and mental health - this wasn't as clear before.

“...you’re twice as likely to have a stroke or heart attack if you are emotionally isolated.”

Years ago, we knew that good relationships were good for you and that you may be stronger if you are in loving relationships, but it was vague.

Now, it’s incredibly specific; people like Louise Hawkley talk about the fact that you’re twice as likely to have stroke or heart attack if you are emotionally isolated.

Dr. Buczynski: I’m going to stop you for a second and ask you to repeat her name in case some people want to look up her research?

Dr. Johnson: Her name is Louise Hawkley, and if I talk about research, it will probably be in *Hold Me Tight* - people can find it in the book.

I’ll give you another example; it’s clear in a lot of research that stress can impact your immune system. If you’re constantly having arguments with your partner where you feel criticized and you feel that your partner is hostile, then a wound on your hand...will take longer to heal.

We *know* that clinical depression is linked to the quality of your intimate relationship. If you are constantly criticized, alone or isolated in that relationship, you’re going to get clinically depressed.

Most of all, we know that your resilience to trauma and your ability to cope with trauma are linked to the quality of your most intimate relationships.

This creates a link for clinicians and it makes perfect sense, if you’re treating trauma of any kind, whether it’s cancer survivors (one of our studies was with breast cancer survivors), war veterans, policemen or firemen. We have people working with *EFT* in the New York Fire Department, for example.

“...your resilience to trauma and your ability to cope with trauma are linked to the quality of your most intimate relationships.”

“...people are not wired to deal with trauma alone.”

For any of these traumas, it’s clear that people are not wired to deal with them alone; dealing with trauma alone will exacerbate how the trauma is perceived and will make it more difficult for you to deal with it effectively.

Dr. Buczynski: To clarify, *EFT* is the acronym for two different treatment modalities: *Emotional Freedom Technique* and *Emotionally Focused Therapy*. When we refer to *EFT* tonight, we’re talking about *Emotionally Focused Therapy*, which was developed for and predominantly used with couples.

How Secure Attachment Provided Safety for 9/11 Survivors

Let’s talk about the research done by Chris Fraley from the University of Chicago, who was studying police or survivors after 9/11. Is that correct?

Dr. Johnson: Yes, and it was a fascinating study: he looked at people who were close to the disaster initially and 18 months later.

The vast majority of people who said that they had *secure attachment* to another person – someone they could confide in and go to for comfort, support, caring and reassurance - were doing fine 18 months after 9/11.

“The vast majority of people who said that they had *secure attachment* to another person...were doing fine 18 months after 9/11.”

In fact, he found that a number of them had gone through *post-traumatic* growth. They said, “It was awful. I found it so hard, but I actually feel stronger now. It made me think about life in a different way; I understand things and I value things differently.”

But people who were highly anxious in intimate relationships and who didn’t trust other people to be there for them *denied* their need for intimate relationships. They said, “No, I don’t think it’s useful to turn to other people, and I’m not going to do that. I think you have to deal with these things alone.” *Those* were the people that had symptoms; depression, PTSD, somatic complaints and flashbacks. These were the people who were having a problem.

“The natural place to heal from trauma is in the arms of someone you love.”

All of the new research on bonding and attachment suggests that, as human beings, we are most resilient in relationships with other people. The natural place to heal from trauma is in the arms of someone you love. The results of trauma have a lot to do with whether you face that trauma from a position of emotional isolation, which our culture seems to suggest we should be able to do.

We have movies where the hero is indestructible and can deal with everything alone and lots of people tend to feel that it’s a *weakness* if you turn to others.

For example, when we work with vets, we see a lot of shame. “I should be able to deal with this. If I’m a good soldier or a good fireman or a good policeman, I shouldn’t need any help with this, I should be able to deal with it alone.”

What we tend to say is, “No, you’re a human being. You’re a mammal, and your brain is wired so that your natural ecological niche is *other people*. This is not just your group, but a few people that you can turn to for support.” To reach for others is a *strength*, but that’s not what we’ve been taught over the years.

“To reach for others is a *strength*, but that’s not what we’ve been taught...”

The Effects of Trauma on Intimate Relationships

Dr. Buczynski: How does trauma affect intimate relationships?

Dr. Johnson: It can affect them in many different ways. For example, if you look at the classic symptoms of PTSD, we’re basically talking about a problem of *affect* regulation. Anytime you’re talking about dysregulated emotions, you’re going to be talking about distressed relationships because how you regulate emotions translates into the emotional signals you send somebody who’s close to you.

“...if my emotional signals are unpredictable...or non-existent because I’m numbing out, your partner is going to be completely off balance.”

It’s like the music of the dance – if my emotional signals are unpredictable, extreme, distorted or non-existent because I’m numbing out, as a partner you are going to be completely off balance.

You’re not going to know how to relate to me and the chances of us being able to come together and coordinate signals to create safe loving interactions fades away.

People often say things like, “Since he’s come back from Iraq, he’s so irritable. I never know if he’s going to get angry with me and it’s so unpredictable. It’s almost like there’s nothing I can do about it.” And in response, the soldier will say, “My irritation just comes and grabs me.”

There are also times when the soldier is not emotionally present. Half of the time, he’s still in Iraq, mentally, and wives will say to us, “He never come home; he’s not with me. When is he going to come home?” The wife becomes lonely, upset and angry. When she feels this way, she can’t support him. He’s functionally dealing with the trauma alone, so his symptoms get worse.

“If you’re numbing out, you never feel safe... and you’re shutting out your partner.”

If you look at the PTSD literature, most people agree that the numbing symptoms are the worst and the most significant in terms of keeping the disorder going.

If you’re numbing out, you can’t get disconfirming feedback, and you never feel safe enough to work out the things that are happening to you.

“A couples therapy like EFT...helps people deal more effectively with their emotions and send clear signals to their partner.”

You’re always in the state of trying to stop the river from engulfing you. It’s tricky because if you’re numbing out or shutting down, you’re shutting your partner out, which is going to make them distressed and unhappy; your relationship is “going to go down the tubes.”

Important emotional connection with another person you love is important to trauma, which makes couples therapy

incredibly relevant.

A couples therapy like EFT, which is research-based, helps people deal more effectively with their emotions and send clear signals to their partner; this helps the couple create a secure, loving, healing bond.

You can see immediately how that’s incredibly relevant to anyone going through any kind of trauma.

Dr. Buczynski: Absolutely! One thing to mention - neither Sue nor I mean to imply that all soldiers are men or only male soldiers have trauma; it could be just the opposite, where the husband is complaining that the wife never came home.

Dr. Johnson: Thank you for that.

How Secure Attachment Creates Openness

Dr. Buczynski: One of the things that we've been talking about throughout the entire series is about strengthening attachment bonds. There's almost no better way to do that than with couple's therapy. Emotionally focused couples therapy has thought a lot about how that affects the intimate relationship and how to go about that.

You've already mentioned affect regulation, building confidence in self and others and safe haven (soothing and comforting), but I had in my notes on your book that you also talk about how a secure attachment helps with openness to experience in risk taking and new learning. What does a secure attachment do? What does one have to do with the other?

Dr. Johnson: It has to do with the level of threat you perceive and whether you feel competent to deal with any threat or stress from the environment. You can think about learning anything – I dance the tango...

Dr. Buczynski: Good for you - that's really cool!

“...when I feel safe...I don't have to put all energy and resources into protecting myself...”

Dr. Johnson: Learning tango can be highly stressful for me because I don't like failing and it's a very complicated dance. But the bottom line is, when I feel safe with the teacher, when I feel that he is going to adapt to me and he's not going to be critical of me, I don't have to put all energy and resources into protecting myself or monitoring him. I can be open to his feedback.

The research is clear that infants, children, adolescents and adults are more open to information, take in more information and are willing to risk new actions and new ways of seeing *if* we feel safe. We can then take our attention and put it on the task, rather than thinking, “Why did that person look at me that way? Are they implying that I'm a terrible dancer who they wouldn't want to dance with?”

For example, I had a conversation with my teacher a little while ago and he said, “When I look around me at dances, I sometimes wonder why people ask the people they do to dance. The old idea is that the men ask the sexy ladies to dance.” And I laughed and he said, “Ladies who are over 30 (he meant me) are at a disadvantage.” I laughed and I said, “Not at all! Have you noticed that I don't have any problem with people asking me to dance?”

He said, “Yes, why is that?” and I replied, “People ask you to dance when they feel safe with you and then they can play and learn; I know how to make people feel safe, so people ask me to dance.” I think that's part of it.

When someone comes back from trauma, they suddenly have dreadful emotions to deal with and they feel vulnerable. If they feel that their partner is standing beside them and giving them safety, they feel safe enough to go in, touch that emotion and start to order it, shift it and work with it in a positive way.

“When you feel that your partner is standing beside you and giving you safety, you feel safe enough to...work with emotions in a positive way.”

If you are afraid of being engulfed by the emotion and you feel like you're all alone in the emotion and full of catastrophic expectations, you can't tolerate going in and touching it.

You'll go around the outside and try to cope with it, but it's clear that no matter what therapy you're doing, whether you're doing behavioral techniques or experiential techniques, if you're going to change emotion, you first must be able to engage it.

"...if you're going to change emotion, you first must be able to engage it."

The research on secure attachment in every area says that if we can put our security concerns aside and feel supported to the point where, if I suddenly become upset, you will be there and help me with that, then I can touch and tolerate and work with all kinds of things that otherwise would be very difficult.

I want to say one thing here. What we've usually done is to turn the individual therapist into that supportive person to create safety. I do work individually with trauma survivors, but what I've learned with couples is that the partner has an amazing ability to create much more safety than me.

"...a therapist has a 20-watt light bulb to shine down into that pit of shame...but their partner has a stadium flood light."

I tell my students that many trauma survivors get stuck in shame; they feel that it's their fault that the trauma happened, and they also feel that it's their fault that they can't just brush it off and get over it. They get caught in the shame.

I tell my students that, no matter what approach they're using, any individual therapist has a *20-watt light bulb* to shine down into that pit of shame...but their partner has a *stadium flood light*!

If you know how to turn that stadium flood light on - the acceptance, care and support of the partner – and if you know how to help that partner understand what's going on, you help them understand that their partner is facing a dragon when they are caught up in trauma.

If you know how to create interactions that create compassion in that partner, that partner support is *amazingly* powerful in helping people to tolerate, look at and reintegrate the traumatic experience.

Dr. Buczynski: I imagine that partners just don't start out that way, left to their own devices, particularly if they're hurt and wounded by somebody being irritable, startled, withdrawn or any of the typical symptoms that we know a person can exhibit in post traumatic stress.

"...partner support is *amazingly* powerful in helping people to tolerate, look at, and reintegrate the traumatic experience."

Preparing a Partner to Be an Ally in Treatment

How do you work with the non-traumatized partner to prepare them to be an ally in treatment?

Dr. Johnson: At the beginning of EFT therapy, we keep reflecting their interactions and show them the *dance* they're caught in; in most distressed couples, it is some version of demand withdrawal. One person says, "Why won't you ever talk to me?" and the other says, "You're always irritated with me and I'm awfully busy right now. I have to go." Of course, this makes the first person even more irritated than they were before.

“...we show couples how they can get caught in these dreadful dances that end up taking over the relationship.”

This can be an endless loop and we show couples how they can get caught in these dreadful *dances* that end up taking over the relationship; unfortunately, they both end up alone, hurting and not understanding what’s going on, so they blame their partner.

Dr. Buczynski: Do you talk about it abstractly or do you find a sample of their behavior? How do you show that?

Dr. Johnson: We reflect what we see. EFT has three stages. In the first stage, we de-escalate the negative cycle. We’ll ask your

partner, “What’s happening right now? In the last few minutes, you’ve said four times that you want your partner to talk to you. You’ve just turned and asked if they love you, but you sound very angry. Does this happen all the time?”

Then, I’ll turn to you and say, “When your partner said that, you turned and said that you didn’t want to talk because they were too difficult. You actually turned your chair and looked away. I saw that the more you did this, the more upset you became, the more reasons you found, and how your reasons became more and more disastrous.”

When you show them what they’re caught in, people say things like, “I push him and poke him, anything to get a response, because anything’s better than no response at all.”

“In love relationships, any response is better than none; if there’s no emotional response, there’s no connection.”

In love relationships, any response is better than none; if there’s no emotional response, there’s no connection.

With trauma couples, we go slower, do more repetition and put the trauma experience into the cycle. We’ll say, “What I’m hearing from you is that the second she gets angry, you go into *freeze*!”

“...freeze really worked for him in Iraq - it saved his life, but here and now, he’s shutting his partner out...”

I’ll tell the trauma survivor that I sense how the *freeze* really worked for him in Iraq - it saved his life because he needed to be able to freeze out. It was good in those situations and he learned to do it more frequently and faster in Iraq. But here and now, he’s shutting his partner out and she is getting more upset.

We put the symptoms of the PTSD into the cycle so that they start to understand; we’ll do some basic education on PTSD from the bottom up, in terms of images and experience.

A few years ago, I was working with a woman with a different kind of trauma; she had been very badly physically and sexually abused by her attachment figures in childhood.

Even though she wanted her husband to come close, when he started to, it would be like there was a *dragon* standing behind him. Her brain would get caught in, “I want this but this is scary and dangerous, even though it’s safe.”

We talked about the *dragon* standing behind him, and he started to understand that there are times when she was not reacting to what he was doing. She was reacting to the *dragon*. What’s amazing is he then did

what we see couples do all the time: he became massively protective of his wife, because when mammals are bonded, they do something called *mate guarding*.

If you understand that your partner's facing a *dragon*, you become protective and compassionate. If you think they're just trying to be mean to you or they don't care anymore, that empathy is blocked.

Dr. Buczynski: I can imagine that could be extremely important because otherwise you get into this negative cycle where the trauma survivor exhibits hostility or withdrawal and the partner is hurt and responds.

Dr. Johnson: You spiral into negativity and the more alone the trauma survivor feels, the more difficult it becomes to turn and deal with these traumatic symptoms.

The EFT Institute here in Ottawa makes training tapes; we've done one this year called *EFT In Action*, and in it I work with an Iraqi helicopter pilot and his wife. It's a very interesting session that's relevant to what we're talking about.

She essentially tells him, "You're not here. You're not with me. You don't want to touch me or be close to me." She gets very agitated - it was quite shocking.

In the session, you can see him glazing over and going flat. We know from experiments in attachment that this is what we call *still-face*. For example, when a mother does *still-face* to the child, the mother goes flat with no response. The child becomes more agitated and upset, and if the child can't get the mother to respond, the child will have a meltdown.

"...it isn't that the husband doesn't care for his wife, it's that he's becoming overwhelmed."

You could see that happening with this woman; I'm working hard trying to support her, helping her see that it isn't that her husband doesn't care for her, it's that he's becoming overwhelmed.

He uses a beautiful image at one point; I say, "You're just trying to escape and you can't bear the message that's coming across." And he says, "I-A-I, I-A-I."

The military loves acronyms; IAI means *immediate action item*. When he hears the anger in her voice, he hears that she doesn't want to be with him; he's messed up his relationship; he's all by himself and his brain goes into IAI.

He told me that in Iraq, IAI was something you were taught, and it needed to be instant and automatic. It means you're in incredible danger and you must land the copter and shut down instantly, or rev up the copter and go straight into the fight, but you have *got to do* one of those two things.

That's what he's doing with his relationship: he's shutting her out completely, and if she keeps pushing him, he explodes and he goes into the fight.. When you go into the fight, it's like your one attempt to get back control."

"When you get into the fight, it's like your one attempt to get back control."

So then I get him to tell her, “You’re right, I do shut down and land the copter. I stop talking or get aggressive, because I’m desperately trying to get control back. I’m doing IAI and it’s *not* that I don’t love you and it’s *not* that I don’t need you,” and she weeps.

“In therapy, we move from de-escalating the negative cycle...to creating a positive bonding cycle.”

You can see these incredible shifts happening in the session; that’s de-escalating the negative cycle and helping to see how the *dragon* of trauma plays a part in it.

If I were working with that couple in the second stage of EFT, we would create a positive bonding cycle.

For example, when he begins to feel agitated and upset, these images of Iraq come back to him. He says, “I feel like I have no co-pilot. Everyone needs a co-pilot...” I tell him that I hear him – he has no co-pilot and he’s freaking out.

In the second stage of EFT, you want to create a positive bonding-comforting cycle that is like an antidote to the negative interaction pattern of the trauma.

We hope that he can turn and say to her, “I’m starting to remember. I’m getting this image again. I feel like I can’t breathe. I don’t know what to do and I’m going to explode. I’m scared that if I tell you, you’ll think I’m some kind of wimp, but what I need is for you to hold me right now.”

“...a positive, comforting cycle is like an antidote to the negative interaction...”

When someone like this gentleman can turn and say that to his partner and she can respond, the irony is that not only do his trauma symptoms become more workable, the relationship becomes stronger.

He’s just found that he can turn to her when he’s desperate and she’ll be there for him. In turn, she’s found that her partner needs her and that she can make all the difference in the world.

We teach about trauma in an experiential way. You de-escalate the negative pattern that has the trauma symptoms in it, but you must go further.

If you only do that, our assumption is the couple will be okay for a while, but the next time he has a real flashback, they’ll relapse.

You *have* to go in and create a positive pattern where they can deal with the insecurities in the relationship and the traumatic symptomatology in a positive way - the trauma survivor can deal with his/her partner and the partner can be supportive.

“You *have* to go in and create a positive pattern where they can deal with the insecurities in the relationship...”

I think of this very literally in terms of safety and danger and if you’re interested, I could illustrate that with the recent research we’ve done.

Researching the Power of Secure Attachment

Dr. Johnson: We're wired as human beings to experience concern, caring and contact with someone that we love as a safety cue, and that changes our perception of danger.

I'll give you an example that I think shows where the field of bonding and attachment is going and is relevant for clinicians. The recent study we did involved maritally distressed and insecurely attached folks, not trauma survivors.

We put the woman in an fMRI machine at the beginning of therapy. We leave her alone in the machine and we tell her that when she sees an X, there is a 30% chance that she'll be shocked on her ankles.

When she is alone in the machine and she sees the X, her brain goes crazy and if you ask her if the shock hurt her, she will say, "Yes, it was very painful."

If you put a stranger in the room with her, holding her hand, and you do the same thing again, when she sees the X, her brain goes a little less crazy because we're mammals and contact with another is a safety cue. If you ask her if the shock hurt, she will say, "It was sort of uncomfortable and painful."

"Human beings are wired to experience concern, caring and contact with someone they love as a safety cue, and that changes their perception of danger."

"...in an unhappy, insecurely attached couple, the effect on the brain... is almost the same as being alone."

We bring her husband in, but remember that she is in an unhappy, insecurely attached relationship. The effect on the brain when she sees the X is almost the same as being alone - her brain goes crazy and the shock really hurts because he's not a safety cue.

His presence makes no difference physiologically to how she encodes threat and how she deals with it.

Give them 20 sessions of EFT and show by other measures that they have a more secure bond and they're happier in their relationship.

When you put the woman in the machine again and she's lying alone, the results are the same; her brain goes crazy and the shock hurts. When the stranger comes in and holds her hand, the results are a little better, same as before.

When the husband holds her hand this time, he's a safe attachment figure and nothing happens. The brain doesn't encode that the shock is threatening and it doesn't even turn on the frontal cortex to try and cope with it because there's nothing to cope with.

If you ask the woman if the shock hurts, she'll say, "It's uncomfortable." This safe contact with a loved one mediates how we perceive and cope with threat, and it's fascinating!

"...safe contact with a loved one mediates how we perceive and cope with danger..."

The Process of EFT

Dr. Buczynski: We were starting to talk about shame - you said in your book that the problems that survivors have with shame is one of the biggest sticking points in a relationship. We're talking about preparing the spouse to be an ally, but do you ever find a time – after sexual trauma or incest, for example – where the spouse isn't particularly helpful?

“...EFT is a whole treatment process - not just a set of interventions...”

Dr. Johnson: That's a good question and it speaks to the fact that you have a whole treatment *process* in EFT; it isn't just a set of interventions and a way of intervening.

We've done the research, and we have a map for how change occurs. We know a lot from that - the therapist creating safety and slicing thin the risks that people take.

We don't go into an EFT session and start talking about shame. You go in and talk about the pattern of interaction - how the trauma has impacted someone and the way a person is with their emotions and the signals they send to their partner.

Then you start talking about their emotions. Maybe they're aware that they don't have any and that they've numbed out, or the other person is aware of being frustrated.

As therapy progresses, you go deeper into emotion and as the couple trusts the method and has a safe base in the therapy, they start to take more risks.

“As therapy progresses, you go deeper into emotion and as the couple trusts the method...they start to take more risks.”

The therapist also helps the person clarify the way the trauma is presented and puts it into a framework of attachment, so the other person has a chance to understand it when it's normalized and validated.

Working with people who have Complex PTSD, who have been violated and have what Herman calls a *violation of human connection*, is powerful, fascinating, and sometimes difficult but really rewarding work.

We've seen that you can help people to gradually come out and talk about what happened to them and decide that the experience they were in was somehow toxic, contaminated and bad. When you help them touch that pain, if you do it in the way we do EFT, you've gradually helped each person become more present in the room. You help them move into a compassionate stance.

If they cannot, and this happens with all couples, not just with trauma, we have ways of dealing with that. In an example with a regular, non-traumatized couple, a withdrawn man comes out and starts talking about the fact that he knows he withdraws, and it's not that he doesn't care.

It's that he sees himself as the big disappointment in his family and he's sure that this is what he is to his wife.

He sees himself as the big disappointment and that's when he shuts down. When he starts to be able to talk to his wife about that, at first she says, “Anyone would be disappointed with a partner who never talks to them and never touches them, right?”

Dr. Buczynski: Gee, thanks!

Dr. Johnson: Yes, she doesn't understand that he's taking a risk and it's the beginning of the change she wants. If you're an EFT therapist, you recognize this and you go in and you *catch the bullet*.

“If you're an EFT therapist, you can go in and catch the bullet.”

I would turn to her and basically block her in – with some trauma survivors, I literally wheel my chair in closer, block them in and make it their issue.

I would say, “Could you help me? Your husband has just turned and shared this.” You turn it past her brain again because she can't take it in; she can't hear through the fog of her own irritation, anger and upset.

You say, “What happens to you as he says this? My sense is that it's really hard for you to hear, could you help me?”

You won't blame her for that response, but you'll simply present the stimulus again. He's reached for her, but she can't respond because you sense that she's so upset, hurt, angry and disappointed with him. She feels that he deliberately pushes her away and it hurts so much that it's too hard to hear him.

“In EFT, we help people to change the way they regulate emotion and send emotional signals to their partner.”

In EFT, we constantly help people to change the way they regulate their emotion and send emotional signals to their partner. We then create new interactions with the partner and new patterns in the relationship.

So you would say, “Could you turn to him please and tell him that part of you hears that he's scared. He's scared of failing and that's why he doesn't come to you, but another part of you is angry. You feel hurt in this relationship and it's hard to hear that right now.”

Now, in doing this, you've changed a potentially negative interaction into something that helps the partner see what's going on. In all trauma, you have to slice the risks thinner.

When we work with trauma survivors, we go more slowly into the emotion and we're ready to pause and help someone if they go into a flashback. We'll slice the risks thinner in terms of how much emotion you can tolerate at any one time.

We're also more careful about taking a newly formulated emotional experience and turning it into a new signal or interaction with the partner.

We'll ask people to take small risks rather than big risks and we'll monitor what happens and help make sure the partner responds in a way that isn't going to do damage.

“When we work with trauma survivors, we go more slowly...we slice the risks thinner.”

You are very deliberately reflecting process, deepening emotion, turning the deeper emotion into a new interaction or response, creating a new, more positive interaction, but you're doing it in very small pieces so that it does not become overwhelming to the survivor or the other person.

Dr. Buczynski: I'd like to get back to a couple of things. You referred to Judith Herman, who will be doing a bonus session after the series. Anyone that signs up for a Gold Membership will be able to partake in those calls. Her talk is on complex PTSD, which is important to know about and be prepared for.

We're almost out of time, but you've talked about three stages: stabilization, working through building the self and relational capacities and then integration. Am I right?

Dr. Johnson: Yes, the wording isn't quite right, but they're more or less right. The stages of EFT are de-escalation of the negative pattern, restructuring the attachment interactions and consolidation.

“The stages of EFT are de-escalation of the negative pattern, structuring the attachment interactions, and consolidation.”

When you change the habitual way that somebody deals with their emotions, the way they send signals to their partner and the powerful attachment interactions, you create not just a better relationship, but the most incredible arena for individual change and for individual partners to become healthier, whether that means less depression or fewer trauma symptoms.

The Contraindications of Couples Therapy with Trauma Survivors

Dr. Buczynski: I think it would be irresponsible if we didn't get to contraindications. What are the contraindications for doing couples therapy when one of the partners is a trauma survivor?

Dr. Johnson: One of the contraindications is the same as in any couple therapy: you have to be able to create safety in the session. I can't create safety in a session if, in the middle of the session, somebody gets so irate and hostile that they begin to belittle and berate their spouse and will not stop when I ask them to stop. You can't do any kind of good couple's therapy in that situation.

Then, we would do an assessment. EFT is very open and collaborative. We say that this is going to be a problem because you get so upset and when you get upset, it's almost like you're throwing arrows at your partner. (We use images because people will accept images.)

“A therapist has to create safety in the session.”

If this happens, a partner is not going to feel safe enough to come and explore this relationship with you to help improve it. Somehow we have to help the trauma survivor talk about that. We might refer that person for some individual therapy and say, come back and see us in a few months and we'll do an assessment again.

I used to work in a big general hospital and we would do that all the time with somebody who had a problem with anger or anxiety and freaking out.

You have to be able to create safety in the session. That's an issue with addictions, too. If you're working with this couple and every time the man gets overwhelmed he goes out and gets incredibly drunk with the boys, he's going to turn to the boys and the bottle to deal with his emotions, shut out his wife again and freak her out. That's not going to work.

You have to be able to create safety in the session and you have to create an alliance, especially with the trauma survivor, where they trust you enough that they believe that if they go into these powerful

conflicted chaotic fragment emotions, that you'll be there for them; you'll stay there with them and that they'll at least give you the chance to be with them.

Violence is another contraindication. With vets in particular, we always do an individual session at the beginning of EFT. We always ask, "Are you ever afraid of your partner?"

"You have to create an alliance...where trauma survivors trust you enough... they believe you'll be there for them."

Dr. Buczynski: Do you ask both partners? Not just the woman, but also the man or you might be seeing two men or two women and you would ask both of them. Is that correct?

Dr. Johnson: You always ask both of them. I can remember one situation where the man said, "Yes, I am! She wakes up in the middle of the night, attacks me, pulls my hair, scratches my face and yells about killing me. I'm scared of her and I don't know what to do."

You have to pay attention to this and you have to be able to contain it; the person has to be able to take responsibility for it and you have to be able to somehow structure that. Otherwise, I'm not going to tell that man to open up and take emotional risks with that woman; it would be unethical and it's not going to work because he's not going to do it.

That was an interesting case, because she said, "I'm the woman. I can't possibly be abusive and how dare you tell me that! No other therapist has ever told me that; you're outrageous." We tried to stay helpful, non-blaming, and reflect to what was happening, but we said that we wouldn't work with her unless she was also willing to go and look at her angry responses, especially in regard to what happened in the middle of the night.

In the end she did, but she needed to tell us how incredibly angry she was at us. That was part of it.

Couples Therapy with First Responders

Dr. Buczynski: Let's take a minute to talk about first responders. We've talked a little bit throughout the call about military families, but is there anything specific that we should say about working with someone where one of the spouses is also a fire person or a police officer?

Dr. Johnson: I think a lot depends on the context. One thing we find is that firemen and policemen come from this culture where they are expected to be absolute paragons of strength and coping; there is a culture where a good fireman is never afraid.

"...firemen and policemen come from this culture where they are expected to be absolute paragons of strength and coping."

We have this link with the firemen in New York and we know them a little. If you talk to fireman about whether they're afraid when they're going to a fire, they'll say, "Afraid? I'm pumped. I say to my friends that I hope it's a big one!"

We tell them that's great, because it helps them go to the fire and do what they have to do in the fire, but if they try to live *there* all the time, they never come down, slow down, or start to think about the fact that they're human. They do get afraid and sometimes they need somebody's arms around them. That's such

a hard place to live. It leaves no place for their partner if they never see that part of them.

A lot of what we do is to validate and normalize; we talk about the fact that human beings are vulnerable and that when you go into horrible situations, you are going to feel overwhelmed, helpless, and upset. So, what do we do with that? We frame turning to one's partner as a *strength*.

"...first responders are human; they do get afraid and sometimes they need somebody's arms around them."

We are an attachment-based approach and if we're working with military intelligence officers, for example, our experience is that you need to talk to them about the research behind it. You need to say, "Listen, I'm not making this up."

Dr. Buczynski: Does that help them trust what you're saying?

"...we frame turning to one's partner as a *strength*."

Dr. Johnson: You really are stronger physiologically; your heart beats slower, your immune system works better and you deal with stress better when you can reach out to somebody else and say, "Are you there for me? Do I matter to you? Will you be there when I call?"

When the answer is yes, then you're in a safer world and any danger that comes for you is much more workable. I sometimes talk about personal things; years ago I developed a phobia of flying, which is very bad because I fly all over the world teaching EFT.

I realized one of the most powerful things that I could do when the plane was going down the runway was to listen to my husband's voice saying, "It's okay, sweetie. Would I let you do anything dangerous? You're going to go up in the air, talk to people about your work and then you're going to come home to me."

As I listen to the voice, my heart rate goes down, I relax in my seat, and my breathing changes because I believe that voice. This has soothed me in the past and then we're up in the air and I say, "Oh look, those fields are pretty." People understand what we're talking about when we give those thoughts.

"...you deal with stress better when you can reach out to somebody and say, "Are you there for me? Do I matter to you?"

Dr. Buczynski: I'm afraid we're out of time. We'll start our TalkBack segment in a moment and talk about how you can apply what we've been talking about tonight, but before I say goodbye to Sue, I want to say we'll be sending you an email with a link to Sue's books, including *Hold Me Tight*, and we'll also be sending you a link to the comment board.

We want you to go there, tell us how you're going to use what you heard tonight and when you do, please put in your first and your last name, your profession, your city and state or your country and tell us how you're going to use what you heard tonight.

Sue, thank you so much! Thank you for not only giving your time to be part of this series, but also for your creative work. It has helped thousands of couples and it will help many more living beyond you and me. So thank you for your creativity in all of your work.

TalkBack Segment with Rick Hanson, PhD and Bill O’Hanlon, LMFT

Ruth: That was quite a call, and I have my buddies back to talk more about it. This is Dr. Rick Hanson; he is a licensed psychologist, author of *Buddha’s Brain* and *Just One Thing*.

Also here, is my good friend Bill O’Hanlon; he is the author of thirty-some books – I think it might be thirty-three now - I’m not exactly sure – the latest is *The Change Your Life Book*.

So, let’s start with what stood out to you on this call with Sue Johnson.

Rick: I’ll start. Number one: I want her to be my therapist! Right up-front! Number two is the fundamental importance of relationships as a basis for resilience on the one hand, but on the other hand, appreciating the ways in which issues with relationships are sometimes essentially a marker for another problem.

It’s not poor relationship that is the actual problem – it is the related issues. These are, for example, poor distress tolerance or ongoing anxiety or brittle defenses which can be the problem.

“Poor relationship is not the actual problem - it’s the related issues...”

I think what happens, especially as relationships have become such a focus in the field, is that we tend to lump everything into the “relationship box” - a kind of “one size fits all” tendency when in fact, when we tease it apart, it gives us more opportunities for a skillful intervention.

Frankly, it is hard to help people, particularly traumatized clients, to make some real headway with the relationships in their life. But on the other hand, we can help them, for example, manage anxiety or become more able to tolerate distress.

Ruth: Thanks. How about you, Bill?

Bill: Again, she clarified for me and reiterated for me that we don’t do well as humans when we are disconnected, especially when we are stressed.

We evolved in tribes; we evolved in social settings and we are neurologically, psychologically, emotionally set for relationship - for being connected to people. Although we all like to think, again, in this country, especially in America, that we are like the Marlboro Man and we can do it alone – we have that cowboy spirit and the pioneer spirit. But those people didn’t do it alone, either; they had connections to people.

“...we evolved in social settings and we are neurologically, psychologically, emotionally set for relationship - for being connected to people.”

So I think that came across, again, so strongly: Connection is very important; disconnection often leads to stress.

Ruth: One of the things Sue talked about was the importance of secure attachment in the face of trauma. In order to be resilient, it is very helpful if you come from a secure attachment. How can we help people improve their attachments, with the hope of improving their resilience? Rick, let’s go for you on that.

Rick: It is such an important question, of course. I have three thoughts about it. The first is the importance of actually taking one or two dozen seconds to *register* a positive experience with another person. It doesn't have to be a high-impact experience on a zero to ten intensity scale; it can be a one or a two.

“...take an extra one or two dozen seconds to really savor - stay with and stay present with the experience so it sinks in.”

But so often our clients are actually earning, through their own hard efforts, positive experiences, but they are not staying with them long enough for those positive experiences to transfer from short-term memory buffers to long-term storage.

That is a key point right there: take an extra one or two dozen seconds to really savor - stay with and stay present with the experience so it sinks in.

The second point for me is to look for the slices of the pie that are good in a relationship, even if there are some problems with the entire pie.

One of the things very helpful for me with my mother – a very loving person, but someone with a complex personality – was to look through her personality to the loving heart that was there inside her.

That loving heart was always there for me. So I zeroed-in on that slice of the pie, and now it is very helpful for me in terms of working with my own attachment issues.

Then the last thing I will just say is to look for the stable, responsive attunements of caring and giving which are, of course, the building blocks of secure attachment that are present in “here and now” relationships, even mild ones. I am thinking of the guys in the deli I go to who like me, and we shoot the breeze about sports and what not.

There is an opportunity there for me to feel an attuned responsiveness, which is, of course, what the infant or toddler or preschooler needs with his or her caregivers.

We have an opportunity today to internalize those building blocks and gradually fill the hole in our heart.

“...look for the slices of the pie that are good in a relationship, even if there are some problems with the entire pie.”

Ruth: Thanks, Rick. Sue highlights the impact that emotional isolation can have. What are some ways, Bill, that people can lessen their emotional isolation?

Bill: I want to expand a little bit beyond that because she focuses on, as my training was, couples. I was trained as a marriage and family therapist.

I think there are seven pathways to connection when people feel isolated and alone. Most of the time, when they come into therapy - even if they are not just traumatized - most of the people who come to see us feel isolated and alone. They feel different from other people - alien, weird, unacceptable.

So I expand out that map to seven pathways to connection. One is connection to your deeper self – that good feeling that most people get through meditation or journaling or something like that.

Then there is connection to your body – your sensory experience moment by moment, exercise, and just connecting to your body. Those two are “self” connections.

Then, the next two are interpersonal connections: a connection to another. It could even be an animal. Sue said it has to be a person and I say, “Yes, *most* of the time” – but occasionally, if a person is not available, if you are not in a relationship or intimate relationship, you might have a cat or a dog and you have a *really* close relationship to them, which gives you that sense of *less* emotional isolation.

“...expand the map of connections to seven pathways: deeper self, interpersonal, community, transpersonal, and higher-purpose...”

Then, there is connection to groups or community. Some people have a one-on-one relationship, but they are not connected to - they don’t feel part of - the community. Some of the kids who have done violence in school, have a best friend, but they feel disconnected from the community. So, how do you connect to a community, a church congregation, a neighborhood, an extended family – your tribe, your group, or your people?

Now, the last three go beyond people – and I call those transpersonal connections. One is through art - connecting to your self, your emotions and what you have to say through art, either by observing or consuming other people’s art or creating some of your own.

We can do this through nature – that helps us connect; we grew up, again, involved in nature and being out in nature.

The last one is connecting to that bigger-meaning – a higher-purpose God/the Universe – whatever you want to call it.

I think those are seven ways to reconnect when you are feeling isolated and alone, feeling disconnected and emotionally bereft.

Ruth: Thanks, Bill, that was interesting. Some of us, as practitioners, might be encountering the partner of someone who has been traumatized rather than the traumatized person. Maybe we are in a hospital setting or – who knows – we might even be a psychotherapist, but working with the partner rather than the traumatized person him/herself. Rick, what could we suggest that they could do to help their family member specifically with feelings of shame?

Rick: Yes, that is often very poignant – and, by the way, what happens to the family member, let’s say, is that a sense of helplessness can develop.

In my own training, this phrase was used: “Witness at the execution.” It is something that describes the inner experience of people who are being present with the pain and even the self-destructive behavior of someone they love deeply and there is nothing they can do about it.

So, around all that, I think it really helps to keep it simple: be available for the other person - be loving and be supportive.

“...keep it simple: be available for the other person - be loving and supportive...”

Drop below the conceptual level of trying to convince the other person that they are really of worth. Because shame is not so much that “I *did* bad,” but that “I *am* bad - there is something defective, or stained, or deeply wrong about me. I’m damaged goods now.”

Sometimes, family members' good intentions try to convince the other person that that it is not the case. But that conceptual level up here (in the head) doesn't get it. We have to get to the deeper level – that's really where the issue is. So I think not getting into those kinds of arguments, in a sense, is really helpful.

So, be nurturing, be loving – but at the end of the day, appreciate the fact that the other person, the person who is the victim, as it were, the person who is traumatized, ultimately has to let into *themselves* a sense of their own worth. There are limits to our power and our influence, in a good sense. We have to come to terms with that.

I will finish up with this saying from this little boy, Nkosi Johnson, who was born with HIV in South Africa and became a spokesperson for kids with AIDS there. He died when he was about twelve. His saying was, “Do all you can with what you’ve been given - in the place where you are - in the time that you have.” And that is all we can do as well, as family members, for those we love.

Ruth: Would you just repeat that?

Rick: “Do all that you can, with what you’ve been given - in the place where you are - in the time that you have.”

**“Do all that you can,
with what you’ve been
given - in the place
where you are - in the
time that you have.”**

Ruth: Bill, what types of exercises can family members use to cultivate more compassion for their traumatized partner?

Bill: One thing that I have used with my clients in couples therapy or in individual therapy with their partner who is quite troubled, is: “What if this were your best friend?” Just change phrase.

I remember when I became a step-parent. I didn't know how to be a step-parent because I'd been a family therapist and I had only seen bad step-parenting – because, of course, people having troubles were coming to see me!

I was thinking, “The only model I have is how to be a good roommate.” So every time I would get confused or get a little bad as a step-parent, I would think, “How could I be a good roommate here?”

I think it is a similar kind of shift from family member to a friend: “If this were my best friend, how would I approach him/her?”

When they were acting out, or when they were suffering, I'd be straight with them, but I'd be really kind. So I think if that frame helps you, it's a good one to use. I think that it's a simple shift that can help you out – in those intimate relationships we sometimes get hooked into those bad patterns of reactivity as Sue was talking about.

Ruth: Thanks. That's about all the time we have tonight. It is *your* turn now. If you would, go to the Comment Board and tell us what stood out to *you* in the call tonight.

**“If this were my best
friend, how would I
approach him/her?”**

When you do, please put in your first and your last name, your city and state or country, and tell us what stood out to you; how are *you* going to use what you heard tonight?

Meanwhile, next week we will be talking to Stephen Porges on Polyvagal Theory, which is fascinating. It is relatively new and in some ways, it changes everything – so you won't want to miss it. I'll see everyone next week. Bye now.

About The Speaker:



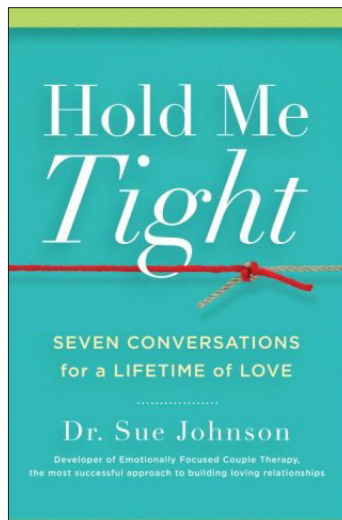
Sue Johnson is Director of the International Center for Excellence in Emotionally Focused Therapy and Distinguished Research Professor at Alliant University in San Diego, California as well as Professor of Clinical Psychology at the University of Ottawa, Canada.

She has received numerous honors for her work, including the Outstanding Contribution to the Field of Couple and Family Therapy Award from the American Association for Marriage and Family Therapy and the Research in Family Therapy Award from the American Family Therapy Academy. She is a Fellow of the American Psychological Association.

She trains counselors in EFT worldwide and consults to Veterans Affairs, the U.S. and Canadian military, and New York City Fire Department.

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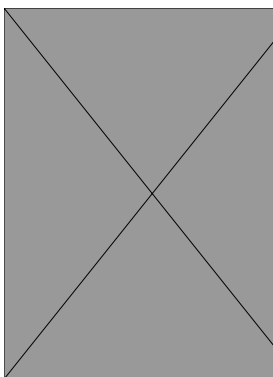


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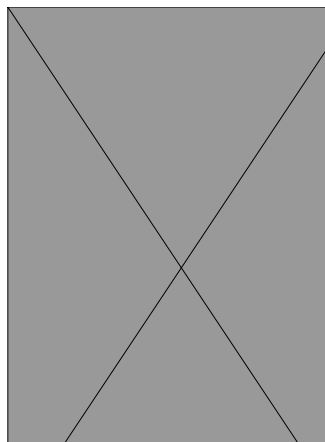
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About The TalkBack Speakers:



Rick Hanson, Ph.D., is a neuropsychologist, author, and teacher as well as founder of the Wellspring Institute for Neuroscience and Contemplative Wisdom. He teaches at meditation centers in Europe, Australia, and North America. His work has been featured on the BBC and in *Consumer Reports Health*, *U.S. News and World Report*, and other major magazines.

Rick is currently a trustee of Saybrook University. He also served on the board of Spirit Rock Meditation Center for nine years, and was President of the Board of FamilyWorks, a community agency. He is trained in several meditation traditions and leads a weekly meditation gathering in San Rafael, CA.



Bill O'Hanlon, LMFT, is a dynamic, inspirational speaker and prolific author (over 30 books so far) who helps motivate people and organizations to determine what they are meant to be doing and to remove the barriers to succeeding at those goals.

Originally trained as a psychotherapist, Bill has become known for his collaborative and respectful approach, irreverent humor, storytelling, clear and accessible presentation style, and his infectious enthusiasm for whatever he is doing. He teaches seminars, leads trainings, writes books, coaches people and offers websites, podcasts, blogs, web-based courses, teleclasses and audio and video programs.