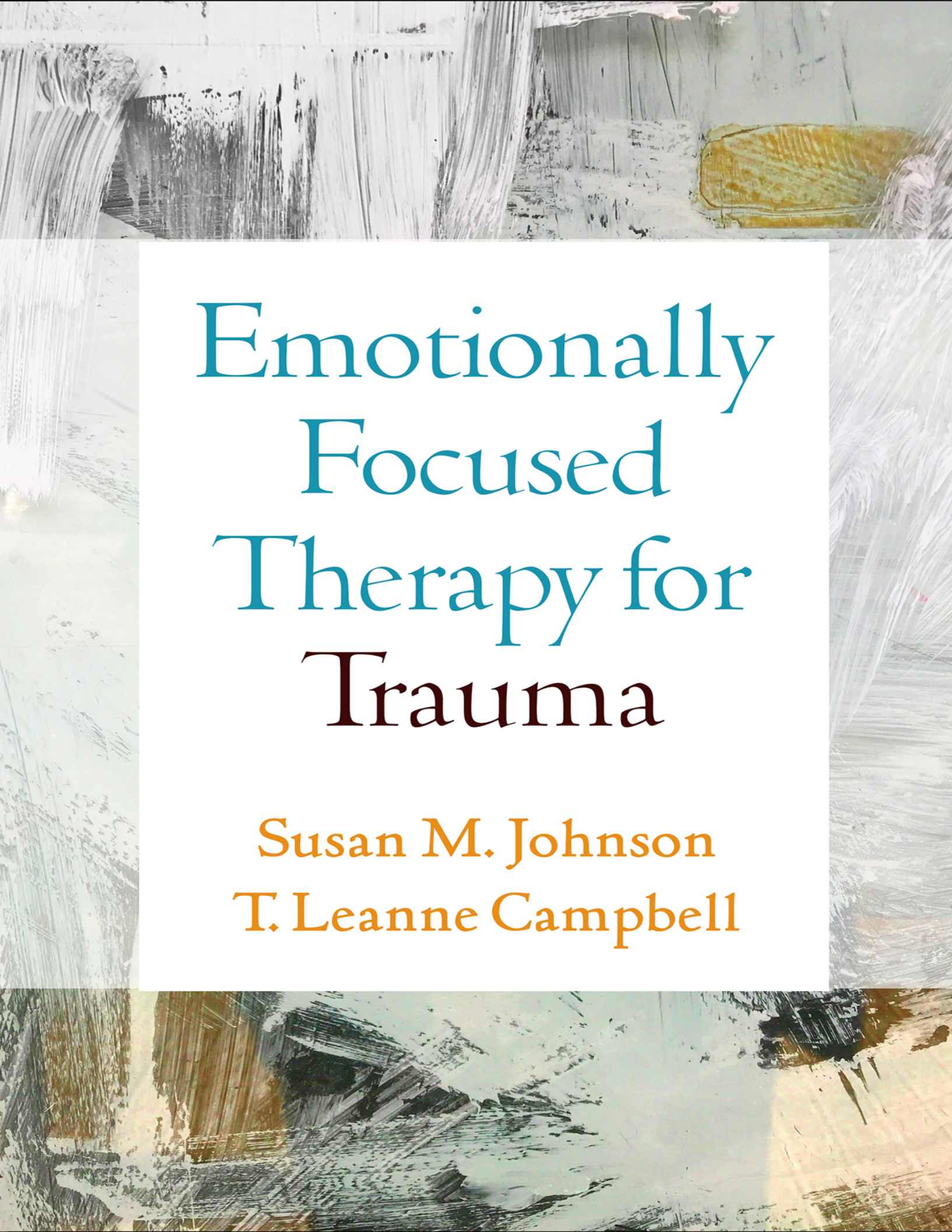


Emotionally Focused Therapy for Trauma

Susan M. Johnson
T. Leanne Campbell

Also from Susan M. Johnson and published by The Guilford Press

Attachment Processes in Couple and Family Therapy
Edited by Susan M. Johnson and Valerie E. Whiffen

Attachment Theory in Practice: Emotionally Focused Therapy (EFT) with Individuals, Couples, and Families
Susan M. Johnson

Emotionally Focused Couple Therapy with Trauma Survivors: Strengthening Attachment Bonds
Susan M. Johnson

Emotionally Focused Therapy for Couples
Leslie S. Greenberg and Susan M. Johnson

Emotionally Focused Therapy for Trauma

Susan M. Johnson
T. Leanne Campbell

THE GUILFORD PRESS

New York London

EPUB Edition ISBN: 9781462559312

A Division of Guilford Publications, Inc.
www.guilford.com

For product and safety concerns within the EU, please contact GPSR@taylorandfrancis.com, Taylor & Francis Verlag GmbH, Kaufingerstraße 24, 80331 München, Germany.

Last digit is print number: 9 8 7 6 5 4 3 2 1

Library of Congress Cataloging-in-Publication Data is available from the publisher.

ISBN 978-1-4625-5929-9 (hardcover)

To our families,

John, Tim (Matteo), Sarah (Kelly and granddaughter Amelie), and Emma.
—Sue

Darren and Emma.
—Leanne

And to our clients and colleagues who continually teach and inspire us.

About the Authors

Susan M. Johnson, EdD, until her death in 2024, was Professor Emeritus of Clinical Psychology at the University of Ottawa, Ontario, Canada; Distinguished Research Professor in the Marriage and Family Therapy Program at Alliant International University in San Diego; and Director of the International Centre for Excellence in Emotionally Focused Therapy (ICEEFT). "Dr. Sue" was the pioneering innovator of emotionally focused therapy (EFT). She published widely, including acclaimed books for professionals, bestselling books for general readers, and numerous articles, book chapters, and teaching videos. Her seminal contributions to couple therapy have been recognized with the Family Psychologist of the Year Award from Division 43 of the American Psychological Association and the Outstanding Contribution to Marriage and Family Therapy Award from the American Association for Marriage and Family Therapy. She was most proud of receiving the Order of Canada, one of the country's highest civilian honors.

T. Leanne Campbell, PhD, is cofounder and managing partner of Campbell & Fairweather Psychology Group, a multisite clinical practice in British Columbia, Canada. She is an executive board member of the ICEEFT and an ICEEFT Certified Trainer, also serving as site coordinator for a large-

scale study examining the efficacy of emotionally focused individual therapy (EFIT). Dr. Campbell is an international speaker, writer, trainer, and codeveloper of EFT-related educational programs and materials. She has coauthored several peer-reviewed articles and books on EFT, most notably the first seminal text on EFIT, *A Primer for Emotionally Focused Individual Therapy* (with Susan M. Johnson), now translated into multiple languages.

Preface

This book is the culmination of our work together over the past years, of what we have learned from working with couples, from over three decades of emotionally focused couple therapy research, from our pioneering research on emotionally focused individual therapy, and from our many colleagues and leaders in the trauma and psychotherapy fields who have similarly devoted themselves to these important topics over the course of their careers. It also represents our work with thousands of individuals, couples, and families over the past decades.

The people you will meet in this book represent clients and composites of many people we have worked with and, in some cases, summaries of various client stories that have been shared with us. In such latter cases, we have used gender-neutral pronouns. In the case of transcripts, the pronouns we have used are those used by the clients. As well, while protecting the confidentiality of our clients, we have mainly preserved the transcripts as they occurred in session, edited only for the purposes of brevity, clarity, and client confidentiality.

We are grateful to all our clients for the stories they have shared, and the hope and inspiration they have provided.

We also recognize that elements of these clients' experiences might, in some ways, match your own. We invite you to read with attention to your own self-care and with compassion for your own experiences.

As a final note, while this book was well underway prior to losing Sue to cancer in 2024, she did not live to see it published. Sue was confident in its

completion, however, and hopeful of the impact it would have on the lives of many. Often referencing the words of Mary Oliver, “Tell me, what is it you plan to do with your one wild and precious life?,” her work is a testament to the answer: a lot! As she had planned to do, Sue lived fully until she died. This book is among her last professional contributions. We honor her legacy and are grateful for the many ways Sue has and will continue to impact the lives of so many around the globe!

Acknowledgments

Once again, we are grateful for the generosity of so many clients who have described their experiences of increased hope and healing so we could share them in this book. Of course, we have disguised these contributions to protect the clients' confidentiality. We wish to thank the many others who have supported our work more generally, and specifically with this book: therapists from around the globe who sparked dialogue and growth with thoughtful and on-target questions and commentary, and participants in our trainings who have done the same; the various hosts who have brought these audiences to us; the creative and dedicated global community of ICEEFT (International Centre for Excellence in Emotionally Focused Therapy) trainers and supervisors whose writing, research, training, and mentorship have contributed globally to the growth of the EFT (emotionally focused therapy) model and its accessibility and applicability; and a growing number of inspiring ICEEFT community leaders who uphold the vision and mission of growth in connection, and who have invited us into their communities to train and grow alongside them.

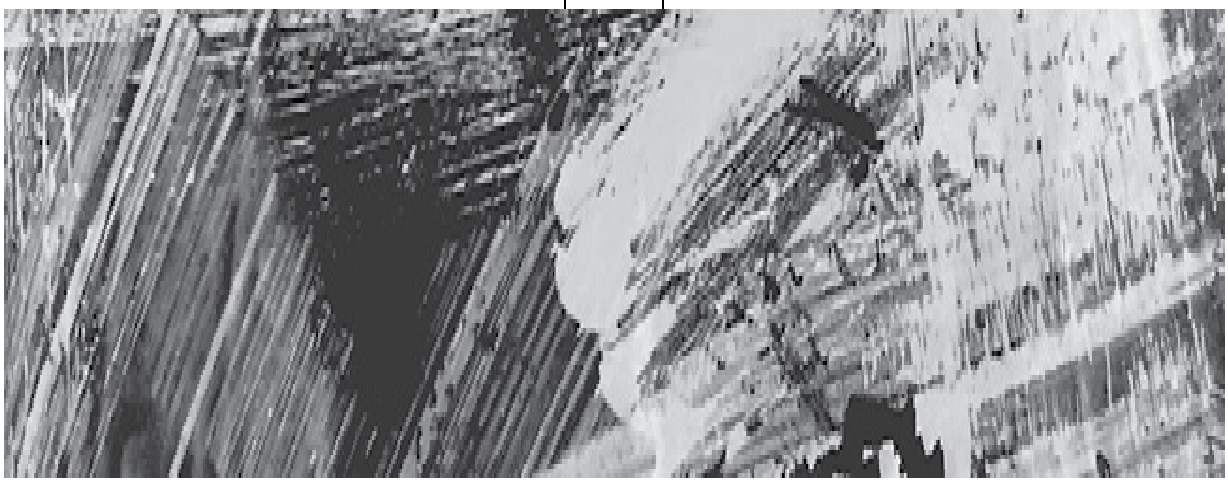
A special thank you to Jackie Evans, our trusted editor and organizer extraordinaire, for your contributions to this book, and many others—we are grateful for your dedication to precision, consistency, and clarity! Thank you as well to Emma Kiedyk, an EFT therapist-in-training who read every chapter with an eye not only on the details, but also on the accessibility of the book for new and seasoned clinicians alike. And, of course, we are grateful to the staff at The Guilford Press: Jim Nageotte, who has worked on

other EFT-related publications over the years, his colleague Jane Keislar, and the entire Guilford team.

And thank YOU for joining us! We hope that you will be as inspired as we have been! If you are new to EFT, we hope you will continue to grow alongside us. If EFT is familiar, welcome back! We hope this book will add to your repertoire of skills and understanding of trauma, and that the magic and power, the art and science, of psychotherapy continues to captivate and move you, and your clients!

Contents

1



Transforming Trauma Together with Emotionally Focused Therapy

All of us, at some time in our lives, need the help of others to deal well with our vulnerability. Life is trouble, the Buddhist teacher Jack Kornfield reminds us. It is also inevitably an encounter with terrifying uncertainty and loss. For the lucky few, these moments are fleeting and melt into a mosaic of comfort and confidence—our frailty becomes manageable. But for many, they morph into a dragon that stalks our dreams and hijacks our waking hours.

People often seek out the help of a therapist in these times, when their emotional pain can no longer be endured or when their way of coping with

this pain becomes a problem in itself. In session, Ellen tells her therapist that she is so numb that she is hardly alive, and her only emotion is "irritation." Sunita says she is paralysed and caught in a state of constant planning and rumination interspersed with panic attacks, especially when she thinks of interacting with people. Dealing with human dilemmas around vulnerability is a therapist's stock in trade. Clients vary wildly, of course, in their resources, level of resilience, and the nature of triggering events in their lives. The most natural healing arena for any trauma is in the arms of someone you love, but many of us are still searching for that someone or do not know how to let supportive others in. There are limited ways to cope with human frailty. If not seeking to be seen and held, then we pray, meditate, exercise, recite poetry that adds meaning to a moment, write in a journal, or seek a wiser other: priest, seer, celebrity, or therapist.

In general, mental health professionals' increasing focus on traumatic events and their echoes as core mechanisms of mental and emotional problems seems to represent a shift from a key focus on inner personality factors to a greater acknowledgment of the impact of external events. This is especially true with relational dramas where we are starved of the safe emotional connection with another that we all long for. A popular book, *What Happened to You?: Conversations on Trauma, Resilience, and Healing*, suggests that the key question for those struggling in the wake of traumatic experiences may not be "Who are you inside?" but "What happened to you?" (Perry & Winfrey, 2021). Attachment science suggests that many so-called dysfunctional responses are, in fact, not personality flaws but distortions of natural positive coping responses to impossible situations, where a truly functional solution to annihilating vulnerability was not to be found. These dysfunctional responses become habitual and automatic, and, literally, create a trauma trap, that is a pattern of triggers and coping responses that perpetuate emotional problems and prevent growth.

Henny described her life as a "whirlwind" and indeed, she spoke very fast, moving from story to story and from childhood to recent events in an

intellectualized, haphazard way that was very difficult to make sense of. In initial sessions, she and her therapist struggled to piece together key events and timelines for childhood experiences and for more recent events, including a breakup. Most of the first 10 sessions were spent in empathic reflection mode, clarifying key moments in Henny's emotional life and how she dealt with these moments, and also the patterns in how she engaged with others in her life.

For most of us the word *trauma* conjures up an image of an overwhelming, life-changing event or a series of events that induce terror and helplessness—an emotional reaction that is burned into the nervous system of the victim and cannot help but have a lasting impact. The word itself comes from a Greek word meaning "to wound." This encounter with intense helplessness often shifts the existential axis of our world, imprinting us in a way that irrevocably shapes and changes how we see life itself and our sense of who we are, especially our sense of control, worth, and competence. *Traumatic experience is not just painful, it changes how we engage with ourselves and our world*. Some of us can integrate and grow from this experience, but some of us become stuck in recurring darkness. For these latter folks, what felt predictable becomes random, what felt safe becomes imbued with threat, what was manageable becomes a tsunami, what was potentially tolerable becomes a frantic search for escape.

Where Are We Now In Our Perspective On Trauma?

Our view of trauma and the chaos it brings in its wake has changed. As Bessel van der Kolk notes in his splendid book on trauma, *The Body Keeps the Score* (2015), "We are on the verge of becoming a trauma-conscious society." It is hard to remember that only a couple of decades ago, psychology textbooks would note that trauma was something that happened to only 1% of people, and the formal diagnosis of posttraumatic stress disorder (PTSD) was relatively rare. We now know that, in fact, up to 70% of

us will experience at least one traumatic event in our lives, and many of us may go on to develop some or the full gamut of stress disorder symptoms and to be formally diagnosed with PTSD. In the course of a lifetime, 1 in 13 people will likely develop mild to severe PTSD, often with accompanying symptoms such as chronic depression. For some kinds of trauma, such as rape, these numbers are much higher—almost half of these clients go on to display full-blown PTSD. We have also become increasingly more aware of the devastating effects of early trauma, often called *developmental trauma*. Such wounds are most often inflicted by those who a child counts on for security and nurturing. The experience of suffering such wounds often results in what most clinicians call *complex PTSD*. Just a superficial glance at these effects, such as ongoing difficulties in trusting others and a deep fear that one is somehow contaminated, defective, and at fault, gives us a sense of how such trauma can undermine the very basis of any competent or acceptable sense of self.

We seem to have come full circle from minimizing the extent of traumatic experience to recognizing just how common traumatic experience is. We are also recognizing how many people encounter a cascade of traumatic experiences, beginning in childhood (Felitti et al., 1998), that sap physical and emotional vitality and render us more susceptible to ongoing trauma in adulthood.

The general public awareness of trauma and its impacts has changed significantly in the last decade, from a focus on pathology (the reification of the stance, “If you can’t get over it then there is something wrong with you”), to a more *existential focus*. Specifically, experiences such as random violence, rape, childhood abuse of all kinds, the wounds of war and those of first responders, as well as traumas due to repeated discrimination, rejection, and abandonment, are now widely recognized as toxic, ubiquitous, and potentially self-perpetuating in nature.

As clinicians, we see how traumatic experience assaults our fragile sense of order and control, and pushes us headlong into a dance with the four existential demons that we all face (Yalom, 1980): the terror of death, along

with a sense of our finiteness and the inevitability of loss; the need to shape meaning—a sense that one's life matters—into a short and often seemingly random life path; the dilemma of making choices when uncertainty and threat are everywhere; and the fear of isolation and not mattering to others. Amy tells her therapist, "I can't sleep, even now, 20 years later. I need all the lights on and noise. Those nights locked in my room, alone in the dark as a child, were like death. What is the point? I can't escape this . . . this . . . horror. It comes for me. So, I don't eat and that helps me numb out. I want to connect with people but can't do it in the end. I hide in fear. I am always alone, and the more alone I feel, the more I hide."

We are also now recognizing the multidimensional nature of the impacts of trauma, both acute and chronic developmental trauma, and how it underlies and primes many other problems, such as addiction, chronic depression, and anxiety disorders. Some 70% of those diagnosed with PTSD also meet the criteria for serious depression. In short, our understanding of the phenomena of trauma and the injuries it inflicts has mushroomed in the last decade (Winfrey & Perry, 2021). Research has shown us that trauma creates huge difficulties in being able to deal with, grasp, and accept one's emotions. Pierre Janet, one of the great pioneers in the trauma field, defined PTSD as a disorder of "vehement emotions." In general, it is accepted that "stress exposure is an inherently emotional experience and an individual's ability to regulate their emotional response plays an essential role in their susceptibility or resilience to adversity" (Freidman et al., 2021). Traumatic experience also narrows attention, negatively impacting effective information processing and the maintenance of a coherent perspective. Attention is constrained by a constant vigilance for threat, as is the creation of a confident and competent sense of self. All of which, of course, get in the way of being able to explore, learn, grow, and adapt to new situations—that is, to leave the trauma in the past and live actively in the present. In our session, Ellen acknowledges, "I don't really take in much. I am on autopilot. I just check my body for signs of panic and watch for danger around every corner, in every face."

In the last two decades we have also learned much about the nature of resilience and the factors that can protect us from the pernicious effects of traumatic experience. We can note general personality factors such as optimism and openness to experience (Bonanno et al., 2011), as well as a sense of meaning and purpose in life, and a commitment to religion and spirituality. The two factors that really stand out are, again, the ability to regulate emotion and the presence and quality of supportive social networks —especially the felt presence of an attachment figure with whom a person has a sense of secure connection. It is the factor of having the support of a secure attachment figure that predicted resilience in the survivors of the 9/11 tragedy in New York (Fraley et al., 2006). In fact, secure bonds with others appear to predict better mental health and a lower susceptibility to every psychological disorder!

The most pressing question in the field now appears to be, "How do we begin to effectively heal the aftereffects of traumatic experience?" We know that some factors, like physical activity and exercise, can help modulate stress, down regulating the nervous system, increasing compounds that affect mood like dopamine, and decreasing stress hormones, like cortisol (Averill et al., 2021). But the question still remains, "What is necessary and sufficient to get to the heart of the matter and significantly transform or bring closure to the echoes of trauma?" What must happen for Henny, sexually and physically abused by her father in her youth with no recourse or island of safety, to be able to access the core of her trauma, tolerate it, and move into and through it in a way that changes her relationship to her dreadful history, and also the relationship to herself and to others?

How Do We Best Treat Traumatic Stress?

Even with the increased attention the field has given to trauma and its impact on human beings, the key question of how to help people heal from trauma is still hanging in the balance. There are a myriad of different