

Practicing Within the Paradox

paradox: any person, thing or situation exhibiting an apparently contradictory nature (*dictionary.com*)

Kerrie Bannister

Kerrie Bannister, Grad.Dip.EFT (IEFT), Adv Dip Christian Counselling (St. Marks), has worked with individuals within a non-profit counselling agency on the Northern Beaches for the last six years as well as establishing a private practice working with women. As an emotionally focused therapist, she has experience working with a range of diverse concerns including anxiety, depression, abuse, childhood trauma and life transitions. Kerrie can be contacted on connect@kerriebannister.com.au or through her website www.kerriebannister.com.au.

| |
|---|
| Bannister, K. (2016) Practicing Within the Paradox. <i>EFT-Online</i> , Volume 2, No.1, October 2016. http://journal.eftherapy.com |
|---|

Through this paper I aim to explore the dynamic of the therapeutic relationship with a lens wide enough to scrutinise both the process of the client as well as that of the therapist. We will be focusing closely on the therapist's experience as they strive to practice within the paradox of this relationship – that of being completely present, open and receptive to the client's experience, whilst simultaneously holding onto and retaining awareness of self. The question I am holding, and which I invite you, as a fellow therapist, to consider as well is this: How do I, as a therapist operating within this paradox, get in the way of the therapeutic process? The lens I am using for this examination is emotionally focused and will first consider the wider landscape of what is involved in the therapeutic process – what does the client require and what is required of us as the therapist – before zooming in to examine the finer elements of what marks our work as an Emotionally Focused therapist and how our own stories feed into the process. In considering the possible ways in which we can become the roadblock to our clients, we will begin to be more adept at recognising them, cleaning them up and keeping the path clearer for our clients.

The process of therapy, at its core, is an interchange between a cast of two. One holds the position of the client, the one seeking help, while the other occupies the role of the therapist, the one who helps.

Two players. One stage. Two worlds colliding.

I invite you to take a seat beside me in the audience and watch the story unfold. From our viewpoint we shall initially spend time considering the backdrop on the stage before us as we reflect on the process of Emotionally Focused Therapy (EFT) – what does this particular modality hold as being necessary for the client's progress and healing? Next, we shall move forward a few rows to see the stage detail more clearly – what needs to be in place on the stage for this to happen? We will reflect on such elements as the therapeutic relationship, client safety and the presence of the therapist. Having examined the backdrop and the placement of the stage props it will be time to focus the spotlight on the character of the therapist as they seek to play their part and together we shall be

searching to recognise where and why it can become a struggle to deliver. We shall take what we know of the EFT script and place it over the lines of the therapist on the stage and feel what it is like to balance the two. The impact of emotional signatures, including the internal world of the inner child and critic (Webster, 2013a, 2013b), will be considered so that we can be in a place of being able to effectively understand what impacts our fellow therapist's performance, and therefore our own. This understanding can then better serve us as we endeavour to work with our clients on their journey to recovery.

Let us begin by considering the fabric of the backdrop before us – that of Emotionally Focused Therapy. What does it look like? What elements does its weave consist of? As its name suggests, the major thread woven through is that of emotion: the emotional experience of the client. Greenberg and Paivio describe the vital role of emotion in highlighting or drawing to attention what is of importance to an individual and prompting them to action (Greenberg & Paivio, 1997, p. 15). Emotionally Focused work entails working with our clients to help them learn how to heed their emotions as information, enabling them to understand and recognise what is important to them, what their needs are and how to meet them. Rather than working from a 'top down' position that focuses on changing the client's cognitive responses, EFT takes a 'bottom up' approach through holding the principle that by heeding one's emotional experience and allowing the associated physical sensations and reactions to be felt, other more adaptive feelings and understandings can emerge (Webster, 2012b, p. 16). Greenberg's thesis rings similar – that the practice of increasing a client's emotional awareness allows them to make sense of their experience, to be able to work through their emotions rather than becoming stuck in avoidance. This, in turn, opens up the way to new levels of meaning and thus an increased level of control. (Greenberg, 2002).

Woven into the backdrop is the theory that we all carry an emotional roadmap – a system that was laid down in childhood as we learnt how to negotiate and survive in our world. It is this roadmap that influences and determines how we relate and respond emotionally to others. The Institute for Emotionally Focused Therapy (Webster, 2013b) refers to this

system as the emotional signature and considers that there are two main templates: annihilated (justice-focused) and abandoned (relational-focused). The annihilated client is one whose childhood experience has been one of personal attack, whether verbal, physical or sexual (Webster, 2013b). As a result, the child begins to disconnect from needs and feelings in order to protect themselves from their attackers. The annihilated person carries the message that they are unworthy, bad, at fault and has learnt to put their feelings away in order to survive (Webster, 1994, p. 7). As adults they can appear strong, defiant and reactive in their attempts to protect themselves. The abandoned client's experience is one of real or symbolic neglect (Webster, 2013b, p. 162). They have experienced a childhood where their needs – whether physical, emotional, or both – have gone unnoticed, leaving them feeling unloved and not good enough, which can lead them to put other before self in order to keep relationship. As this is carried over and played out in the adult world, they continue to operate from a place desperate to please others, often losing themselves in the context of relationships.

As a result of these early experiences, our clients learn to put away or split off from their authentic emotions, replacing them with other responses that will keep them safe. Greenberg and Safran (Greenberg & Safran, 1987, p. 182) describe this process as *“maladaptive emotional responses [that have resulted from] an unfortunate learning environment in which the young child experiences emotional reactions that are in some sense adaptive in the context of the initial learning circumstances”*. In attending to the client's emotional experience, the EF therapist is endeavouring to move the client through these reactive – or secondary – experiences to that of the core – or primary – experience (Greenberg, 2001). The secondary experience is our signature's learned response that works as a coping or protective strategy, a way to keep distance from emotions that appear too threatening or unacceptable (Greenberg & Paivio, 1997, p. 42). It serves to deflect the primary response thus impeding the client's ability to experience their true emotion. The Emotionally Focused therapist aims to *“help clients get past the clutter of their defensive, secondary emotions ... to become aware of their core primary emotions.”* (Greenberg, 2001, p. 44). Connecting to, and reacting from the primary experience moves the client to a place of being more able to live and relate more

authentically in their world. It is the primary experience that enables meaning to be made, it is the place where healing occurs and access to new adaptive ways of being in relationship with others becomes possible.

I have so far established that EFT is engaging in and drawing out the client's emotional world in order to bring about understanding, authentic emotional expression and change. At this point, it is necessary to bring our attention back to the stage and consider what is required for this process to take place? What needs to be present on the stage? What are we, as therapists, asking of the client? In essence, we are asking them to step out of the armour that has served them thus far, to stand exposed and vulnerable before another human being, to risk allowing another person to truly see them without their defenses and witness their pain. We are asking them to trust us. The Oxford Dictionary defines trust as the *"firm belief in the reliability, truth, or ability of someone or something"*. This is no easy task. For some clients it will fly in the face of every survival mechanism they have carefully constructed around themselves. For this to be possible, for there to be trust in the room, there needs to be relationship.

The therapeutic relationship has long been considered an essential element of psychotherapy. As early as the 1940s, Carl Rogers was advocating that the role of the therapist was not merely to interpret, but to *"create the conditions (via empathy, positive regard and warmth) such that the patients could find their own ways to heal themselves"* (Gilbery & Leahy, 2007, p. 4). Geller and Greenberg similarly describe the essential elements of the client/therapist relationship; *"It is clients' experience of their therapists as present and authentically engaged in a relationship with them that promotes the type of depth of connection and significance to the encounter that is therapeutic"* (Geller & Greenberg, 2012, p. 52). EFT holds as its foundation that *"psychotherapy is essentially a healing relationship"* (Webster, 2012a, p. 4). It is within this context of *"attention, respect, warmth and care"* (Webster, 2012a, p. 7) that the provision of a safe space is made for a client, thus making it possible for them to embark on the work of exploring their past and present and move toward being able to have their authentic emotional experience in the presence of another.

For the client, it is holding an assurance that the therapist is like an anchor and can be trusted to be with them in the painful places and keep them safe. It is about presence; the client *feeling* the therapist with them in the moment, thus enabling them to push further to “*access their deepest feelings, meanings, concerns, and needs*” (Geller & Greenberg, 2012, p. 52). It is about the therapist being in tune with the client’s process, connecting with it on a level beyond simple cognition. We are not merely hearing their story, we are *in* their story, experiencing it ourselves at a gut level so that there is “*an interpersonal encounter; where both parties experience the other; feel each other, and react or respond to each other*” (Webster, 2002, p. 3). It is providing the space where the client can breathe in another experience that stands in contrast to the earlier messages they may have inhaled (Webster, 2013a, p. 238), nurturing the client “*who comes to deeply believe their own self-worth and then is able to become a nurturing person to themselves*” (Webster, 2013a, p. 264). It is about providing the corrective parenting experience that was not had; to offer what was missing, or not enough. “*The truth is, when our mothers held us, rocked us, stroked our heads – none of us ever got enough of that. We all yearn in some way to return to those days when we were completely taken care of – unconditional love, unconditional attention. Most of didn’t get enough*” (Albom, 1997, p. 16).

Having teased out what is required for the client to do their emotional work – a nurturing, therapeutic relationship that encompasses trust, safety, authenticity, acceptance and understanding – it needs to be acknowledged that much is also demanded of the therapist. It is a delicate balance we endeavour to hold and it is in this place of balance that we find ourselves experiencing the paradox that exists within our work. We walk the tightrope of being far enough into our client’s experience that we *can* empathically connect and authentically engage in their emotional experience, whilst preserving enough distance so that we can remain centred and aware of our own responses as well as those of the client’s that are taking place in the moment. It is the paradox of being ‘in’ yet ‘out’ at the same time. We have to bring ourselves into the process to provide the conditions necessary for our client to do their work and yet it is this precise action that can cause us

to lose our centre and get in their way. Marshal describes the therapist's position as being "*detached enough to understand if the pain belongs to their client or is from their own life, yet at the same time involved enough to be right alongside trying to understand*" (Marshal, 2004).

This brings us to consider what problems may arise for the therapist when the two worlds, that of their own and of their client, collide within the context of the therapeutic process. When is the therapeutic relationship in danger of tilting on its axis and becoming more about us than about them? What can cause us to lose our balance?

It is essential that we, in the seat of the therapist, start with the honest acknowledgement of our own humanity. Yes, we may have years of training and professional experience under our belt, we may have the theoretical knowledge and techniques in our script, but we are also coming onto the stage carrying our own histories; our own experiences and issues. We need to hold onto the knowledge that we won't be delivering our lines purely from the place of the professional. Bowlby captures this in his recommendation that "*the therapist must strive always to be aware of the nature of his own contribution to the relationship, which, among other influences, is likely to reflect in one way or another what he experienced himself during his own childhood*" (Bowlby, 1988, p. 141). Webster echoes this with her own description of the therapist's position: "*We know that the therapist can't remain a blank screen, be so detached so as not to react, and what they respond to is influenced by both their theory and their reactions*" (Webster, 2002, p. 6).

Holding the awareness that we are a pivotal, contributing element in the therapeutic landscape, let us look even closer now at the interaction taking place on the stage before us so that we may start to identify when our personal influences are impeding the process. I will be using our stage therapist's script to illustrate and flesh out what such influences may look like.

An important consideration is that of our own emotional signature. As previously outlined, a person's emotional signature is their learnt way of handling emotion; a pattern

developed primarily from early childhood experiences that determines an individual's reactions and responses to situations and other. The two classifications are considered to be either annihilated (justice-focused) or abandoned (relational-focused) (Webster, 2013a). How does this play out in the therapeutic space? It can be considered to have a domino effect; the client's signature will shape how they respond and what they need from us, in turn, our own signature will determine how easy or difficult that is for us to manage and meet. It is the melding of two components – the signatures of both the therapist and the client – and requires an awareness of where they fit together and where they rub. Robbins describes this melding in the following way: *“The therapist struggles, to some extent, with his personal issues with each therapeutic experience, and consequently must be equally committed to continually grappling with his personality dynamics”* (Robbins, 2000, p. 18). As an example, let us consider our therapist under the spotlight, who, in the initial phase of working with a new client feels more confident and at ease with the abandoned signature as it more closely matches her own. The stronger, more forthright presentation of the annihilated client tends to trigger anxiety; this in turn can send her into the reaction of working too hard in an attempt to impress her new client as well as settle her inner feelings of inadequacy. It sets off her ‘fix it’ tendency, her urge to deliver. In order to keep her balance, it will be necessary for her to recognise and hold these reactions of inadequacy in order to be with the annihilated client in a way that is conducive for the building of relationship. This recognition and holding is achieved by an understanding of her own signature as well as the dynamic of the annihilated presentation and how that impacts her. This understanding will then help her to implement ways of caring for that part of the self that reacts. This illustrates the responsibility of the therapist to *“explore how we each relate and react. We need to explore what we can do to hold ourselves safely while we are being caring and effective therapists”* (Webster, 1994, p. 10).

The reactivity we experience can be further understood by considering it through the concept of the inner child part of ourselves that sits within our emotional signature. Bradshaw paints the picture of the inner child as core material made up of our earliest feelings, beliefs, and memories that develop into a filter through which all subsequent

experiences must be processed (Bradshaw, 1990, pp. 13-14). Lucia Capacchione similarly describes the inner child as inhabiting the core of our self, adding that the inner child is our source of creativity, wonder and instinctive knowing. Unfortunately, as the child is pitted against the adult world, the “*voice of grown-ups, with their own needs and wants, begins to drown out the inner voice of feelings and instincts*” (Capacchione, 1991, p. 16). The result is that the voice of the inner child, or free child, is hidden away and in its place is the responding child (Webster, 2013a); the part that learnt what to do or not to do in order to function within their familial context. As Short explains, “*Many children sacrifice themselves to their parents’ needs. They kill themselves trying to make their parents happy and trying to live up to their parents’ and society’s expectations of them*” (Short, 1990, p. 200). The responding child works to protect the free and or/wounded child and is carried within the adult, continuing its role of caretaking.

As we apply this theory to our own inner processes within the therapeutic context, we need to hold awareness of how and when our own ‘children’ come into play. In order to do this, it is necessary to know what our children look like and what they do so that we can sense their arrival onto the stage. To this end, there are some pivotal questions we need to ask ourselves: How comfortable are we with the expression of emotion? What happens to us when we are with a client in their place of pain? How do we, in light of our own emotional signatures, ‘do’ emotion? These very questions should shadow our steps and echo off the walls of our practice rooms as we journey forward as Emotionally Focused therapists.

How will this play out for our therapist on the stage before us? It will be necessary for her to shine the light on how her own early experiences had laid down patterns of relationship and how she functions within them. What did she learn to do with emotion – was it safe to show or did she need to put it away? How does this affect her ability to sit with a client’s emotion – what instinctive childhood responses are being touched? Does she feel the need to withdraw from the client, to distract, to fix? Knowing this of herself will equip and enable her to recognise how and when her responding child is active in the session. She will need to be cued into her reactions, taking care to notice when she is

inadvertently steering a client in a certain direction to settle her own anxieties. She may need to remind herself to stop trying so hard and give the client and herself time and space to feel what is occurring within the room; to remember that it's not about "*what to say or do, but how to develop enough inner space where the story can be received*" (Nouwen, 1976, p. 90). She will need to hold awareness around her own inner reactions to strong emotion in session to ensure it does not impact her ability of supporting a client in such a place, nor cause her to direct the work in such a way that is looking after herself rather than the client (that is, leading them away from the emotion rather than following them into it). In essence, she needs to look after her responding child, so she knows she can sit back and rest a little. "*Unless we listen to the child within us, we are like parents who do not hear their own children*" (Short, 1990, p. 203). This may involve visualising her child part safely in another room whilst she is wearing her therapist hat; the child can 'play' whilst the adult business of working takes place.

Where there is an inner child, there is an internalised parent; "*the internalised part of the psyche composed of the mother and father experience as well as other significant carers*" (Webster, 2013a, p. 47). Thus, vying for space on the stage is the voice of the internalised parent, or inner critic. Similar to the responding child, the inner critic has formed from early parent-child experiences and shapes the individual to function within their world. Its role, like that of the responding child, is to "*protect us from being shamed or hurt. It is extremely anxious, almost desperate, for us to succeed in the world and be accepted and liked by others*" (Stone & Stone, 1993, p. 9). What are some possible lines of the critic in our therapist's script?

You don't know what you're doing!

You don't know how to do this emotion stuff!

You're not helping them!

They don't like you!

You can't do this!

Again, if our therapist acts from this script, performance anxiety takes over and she will become too focused on what she is doing, on what she should be doing next and as a result connection with her client as well as with her adult self is lost. She cannot feel either herself or her client when paralysed with stage fright. In order to hold her place, there needs to be understanding for her around the origins of her critic: who or what was instrumental in its formation, how did these lines end up in her screenplay? Webster states that “*the internalised critical energy represents and is developed from either actual spoken messages, interpretations from actions, or the interpretation of silence*” (Webster, 2013a, p. 55). Discovering the source of these messages dilutes their power and will allow her to consider the truthfulness of them. Awareness enables her to recognise their presence and influence and provides the space to determine whether her reactions have a place or whether she is stuck rehashing old lines learnt from an earlier scene.

As our story comes to its end and the curtain settles across the stage, let us take a moment to reflect on what has unfolded before us. Throughout this article I have endeavoured to flesh out the foundation and process of Emotionally Focused Therapy; the centrality of the client’s emotional experience for the gaining of awareness, new meaning and healing, and the crucial role of the therapeutic relationship in providing the appropriate environment in which this can take place. Into this setting we have placed ourselves, as the therapist, and considered where the difficulties lie for us as we attempt to function within the paradox; being far enough ‘in’ to be able to feel and experience the world of our client whilst being ‘out’ enough to recognise our own reactions and when they are interfering with our ability to be with our client and to operate in their best interests, rather than our own. We seek to discover and know about our clients and I have sought to highlight the same necessity of knowing of ourselves. As partners in the therapeutic relationship, our own histories and emotional schemes will be part of the screenplay, as well as those of the client. We need to understand our character; to be intimately familiar with our own emotional signature and how that impacts us; what our inner child looks like and how she/he behaves and what historical messages are imbedded in our script. We cannot be blind about ourselves as we go about our work as therapists, otherwise we won’t recognise when we are blocking our client’s way. As we therapeutically learn

about, hold and care for our clients, so we need to know how to learn about, hold and care for ourselves, for it is this knowing of and compassion for ourselves that will enable us to continue practicing within the paradox.

References

- Albom, M. (1997). *Tuesdays with Morrie: An old man, a young man, and life's greatest lesson*. New York: Doubleday.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York: Basic Books.
- Bradshaw, J. (1990). *Home coming: Reclaiming and championing your inner child*. New York: Bantam Books.
- Capacchione, L. (1991). *Recovery of your inner child: The highly acclaimed method for liberating your inner self*. New York: Simon & Shuster/Fireside.
- Dictionary.com Unabridged*. Retrieved from <http://dictionary.reference.com/browse/paradox>
- Geller, S. M., & Greenberg, L. (2012). *Therapeutic presence: A mindful approach to effective therapy*. Washington, DC: American Psychological Association.
- Gilbery, P., & Leahy, R. (2007). *The therapeutic Relationship in the cognitive behavioral psychotherapies*. East Sussex, UK: Routledge.
- Greenberg, L. S., & Safran, J. D. (1987). *Emotions in psychotherapy*. New York: The Guildford Press.
- Greenberg, L. S., & Paivio, S. C. (1997). *Working with emotions in psychotherapy*. New York: The Guildford Press.
- Greenberg, L. S. (2001). *Emotion-Focused Therapy: Coaching clients to work through their Feelings*. Washington, DC: American Psychological Association.
- Greenberg, L. S. (2002). Integrating an Emotion-Focused approach to treatment into psychotherapy integration. *Journal of Psychotherapy Integration*, 12(2), 154-189.
- Marshall, A. G. (2004, February 21). Empathy. *The Times* (London). Retrieved from <http://ezproxy.library.usyd.edu.au>
- Nouwen, H. J. (1976). *Reaching out*. Glasgow: William Collins Sons & Co Ltd.
- Robbins, A. (2000). *Between therapists: The processing of transference/countertransference material*. London: Jessica Kingsley Publishers.
- Short, S. (1990). The whispering of the walls. In J. Abraham (Ed.), *Reclaiming the inner child* (pp. 198-203). Los Angeles, CA: Jeremy P. Tarcher. Inc.
- Stone, H., & Stone, I. (1993). *Embracing your inner critic*. San Francisco: Harper Collins.

- Webster, M. (1994). *Mirror, mirror*. University of Sydney: Australian Family Therapy Conference.
- Webster, M. (2002). *The real, the symbolic and the absent*. Annandale, Australia: Institute for Emotionally Focused Therapy.
- Webster, M. (2012a). *Beneath bitter snow: Emotion Focused Psychotherapy in action*. Annandale, Australia: Institute for Emotionally Focused Therapy.
- Webster, M. (2012b). *Foundations for emotionally focused work 2012*. Annandale, Australia: Institute for Emotionally Focused Therapy.
- Webster, M. (2013a). *Advanced therapy 2013*. Annandale, Australia: Institute for Emotionally Focused Therapy.
- Webster, M. (2013b). *Individual therapy 2013*. Annandale, Australia: Institute for Emotionally Focused Therapy.