

# Empathic Affirmation for Vulnerability in Emotion- Focused Therapy

ISEFT Quarterly Meeting Presentation

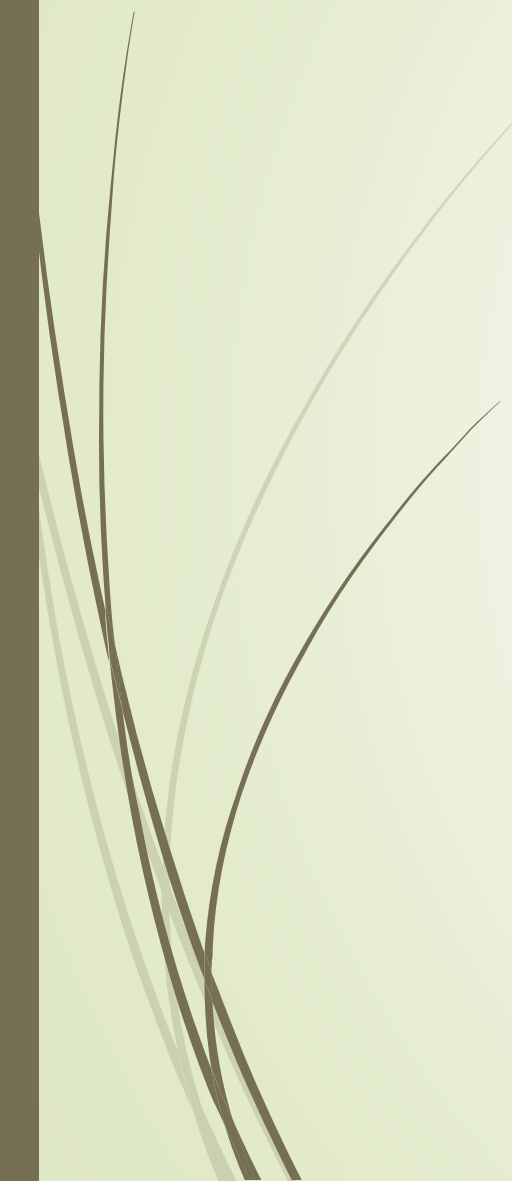
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# Topics for Today's Talk

- Defining Vulnerability in EFT
  - Types of Empathic Affirmation Responding => Micro vs Macro
  - Change Principles Addressed by Empathic Affirmation
  - Definitions, Characteristics, Markers, Specifications (What/When)
  - Interpersonal Corrective Emotional Experiencing
  - Examples
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# Vulnerability



# What are the emotional qualities of client presentation of vulnerability?

- ▶ Vocal Quality?
  - ▶ Focused, Limited, or Emotional
- ▶ Experiencing Level?
  - ▶ 4 and above (engaged)
- ▶ Emotional Arousal?
  - ▶ 3, 4 and above
- ▶ Emotional Productivity?
  - ▶ Attending, differentiating, symbolizing, agentic....



How do we respond to vulnerability in EFT?

With a high degree of empathic affirmation

# Empathic Affirmation responds to vulnerability and occurs on two levels

- Micro-level = Moment by moment therapist responses
  - Client accesses tender/delicate feelings, experiences emotionally painful states
  - Therapist: Empathic affirmation response mode, soft, empathically prizing voice
- Macro level = Empathic Affirmation Task; an in-session event:
  - Vulnerability Marker: Expresses distress over strong negative self-related feelings (shame, hopelessness & isolation)
  - Empathic holding to help client deepen & hit rock bottom and come through to make relational contact.

# Empathic Affirmation and EFT Change Principles

## Response Style

- Micro – moment by moment empathic affirmation response
- Macro – Empathic Affirmation Task at a vulnerability marker

## Change Principles

- Awareness
- Regulation
- Transformation through corrective emotional experiences



# Empathic Affirmation Response

Micro-level





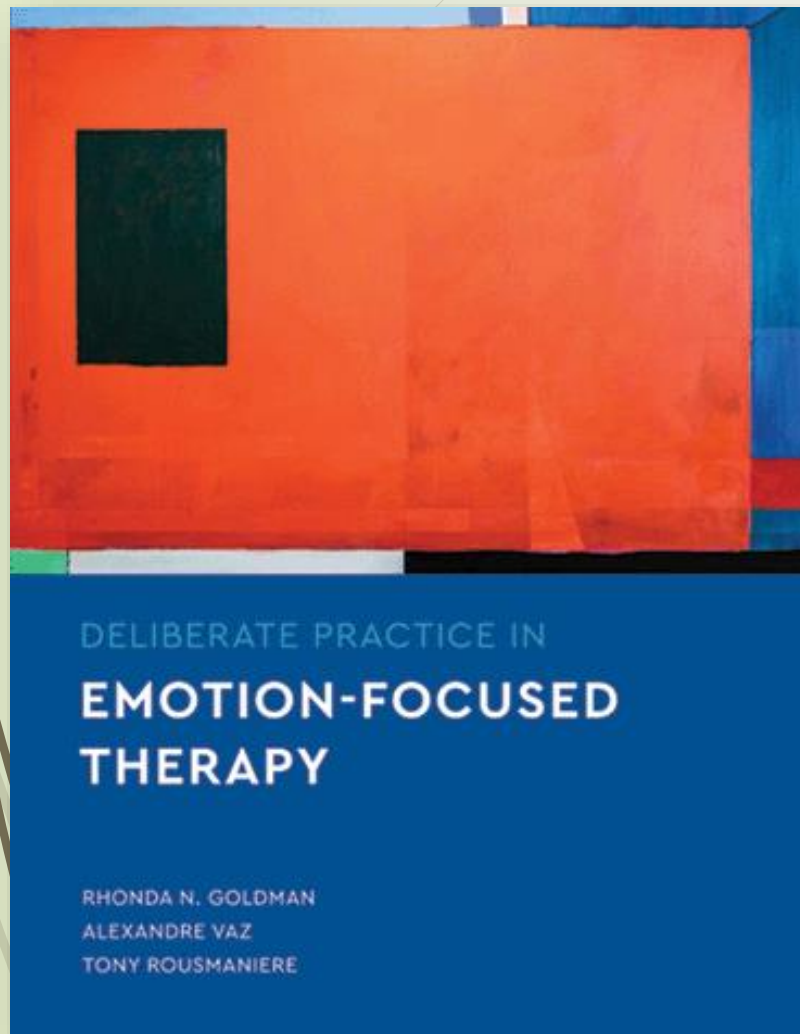
# Master's Thesis: Experiential Therapy Adherence Measure (ETAM) (Goldman, 1991)


- Empathic Reflection
- Empathic Evocation
- Empathic Exploration
- Empathic Affirmation
- Empathic Conjecture



=> Learning Emotion-Focused Therapy among other publications

# Deliberate Practice for EFT



1. Therapist self-awareness
  2. Empathic understanding
  3. Empathic affirmation and validation
  4. Exploratory questions
  5. Providing treatment rationale for EFT
  6. Empathic explorations
  7. Empathic evocations
  8. Empathic conjectures
  9. Staying in contact in the face of intense affect
  10. Self-disclosure
  11. Marker recognition and chair work task setup
  12. Addressing ruptures and facilitating repair
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# Empathic Affirmation/Validation Definition

- Affirm and support the client's sense of self and situation.
- Communicate that we are right beside the client and hears, sees, and deeply understands how good or bad is the client's situation in its depth and intensity.
- Sense of "No wonder you feel this way, given what has happened to you in your life," and, "It is understandable within your particular context."
- NOT pushing the client to explore or further deepen their experience but is rather standing together with the client to see themselves and their situation as it truly is.


# DP Exercise – Empathic Affirmation/Validation

## Skill Criteria:

- Therapist responses capture the depth and intensity of present experiencing.
- Therapists' responses deepen and affirm but do not speculate or push beyond client current experiencing.
- Therapist uses a soft, gentle, but affirming, voice.

# Characteristics of Empathic Affirmation

- Involve psychological holding or tenderness
  - Being more than Doing
- Related to emotion regulation:
  - Overwhelmed states often contain vulnerability but have to be regulated in order to work with the vulnerability
  - Over-regulated states can be helped to ease enough to allow vulnerability



# Empathic Affirmation – things to remember when you offer them.

- Speak into the pain; meet it; the pain needs company; nonintrusive presence.
- Offer warmth!
- Simple rather than fancy or brilliant.
- Take cultural into account. What are attitudes toward pain? something to be experienced alone or with another?



# Empathic Affirmation

- ▶ C: So I just kinda close off. And, I guess I've done that gradually over the years more and more. And I'm really aware of how closed off I really am. To think that it's personal. I can talk about things but it doesn't matter when you don't let anybody in
- ▶ T: it's like I'm not gonna let anyone too close to me.....cause they could hurt me, right?
- ▶ C: Yeah.
- ▶ T: I don't want to go through that. It's too painful.
- ▶ Client begins to cry silently
- ▶ T: It's hard to feel so... alone.



Change Principles?



# Empathic Affirmation=>emotional awareness

- ▶ Symbolizing emotional experience in awareness helps people reflect upon, regulate, or express emotion.

Spinoza: When the mind knows a painful emotion such as sadness or grief, its activity of knowing signals an increase of power, which generates a feeling of joy.

# Empathic affirmation =>emotion regulation: Soothing

- ▶ EFT focuses on both up and down regulation.
- ▶ Up => Specific techniques to help feel and symbolize experience.
- ▶ Down => contain and regulate maladaptive amygdala reactions (especially fear, rage and shame). Both deliberate and implicit self soothing depending on need. Involves allowing, tolerating, accepting and soothing.

When do we offer moment by moment empathic affirmation responses?

19

- Clinical decision making
- Holding (vs. Deepening)
- Balance guiding and following

DoBeDoBeDo  
Therapy





# Empathic Affirmation at Vulnerability Task

Promoting interpersonal corrective emotional experiences that work toward transformation --- Through the therapeutic relationship



# Model (Steps) for Empathic Affirmation at a Vulnerability Marker Task

- 1. Emergence of Vulnerability and Shame.
- 2. Initial Deepening
- 3. Intense Deepening, Touching Bottom.
- 4. Partial Resolution: Turning Back to Growth and Hope.
- 5. Appreciation/Reconnection
- 6. Full Resolution

# Interpersonal:

## Change emotion with new experience

- New, lived emotional experience with another provides a corrective emotional experience.
- Through accessing and revealing of vulnerable emotion to the other who provides interpersonal soothing.
- Disconfirm pathogenic beliefs.
- New success experience changes emotion.

## Interpersonal: Changing emotion with new relational emotional experience

- Shame (Ugly self), Disgust, Fear, Anxiety
- Sad, Deep Shame, deep fear of being ugly/unacceptable.
- Client => Core unbearable pain, hits rock bottom, allowing/going through, relief, expression of gratitude.

# Interpersonal: Changing emotion with new relational emotional experience

- Therapist => disclosure of genuineness and appreciation, gratitude, caring. Therapist receptive affective capacity.
- For example, in relation to client's expression of fear of abandonment, therapist offers affirmation, acceptance & compassion which defies relational expectation (If others see me, they will be disgusted and reject/leave). Here, therapist provides interpersonal reassurance.





# Defining Corrective Emotional Experience



# Corrective Emotional Experience (Alexander and French, 1946)

- to re-expose the patient, under more favorable circumstances, to emotional situations which (s)he could not handle in the past. The patient, in order to be helped, must undergo a corrective emotional experience *suitable to repair the traumatic influence of previous experiences.*
- intellectual insight alone is not sufficient

## Alexander and French – also said:

- ▶ corrective emotional experiences occur throughout the therapeutic process....
- ▶ such experiences will occur outside therapy as well, once the patient starts discovering that, owing to [their] changed behaviour, people react and treat [them] differently than in the past.

# Corrective Experiences (Castonguay & Hill)

- ▶ Person comes to understand or experience affectively an event or relationship in a different and unexpected way.
- ▶ Not just typical helpful events but they are surprising or disconfirming of past experiences and often have a profound effect.
- ▶ Allows for events that are emotional, relational, behavioral, and cognitive experiences.