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ABSTRACT

Our goal in this paper is to highlight the significance of Stage 1 stabilization processes in Emotionally Focused Individual Therapy (EFIT). Stabilization is a prerequisite to the modification of working models of self and other that typifies Stage 2 of EFIT, and we propose that it also has significant stand-alone value as a change event. We begin by defining the process of stabilization and delineating how it is a foundational part of the overall Emotionally Focused Therapy (EFT) model of change. Then we illustrate the autonomous value of the stabilization change event and show how stabilization is related to outcome in theory and in practice. Third, we demonstrate the use of specific interventions, the macro-moves and micro-skills of EFT, for achieving stabilization in an extended therapist-client dialogue of client change through the four steps of stabilization. Finally, we discuss the potential for therapists to overlook stabilization and the disadvantages of doing so.

Emotionally Focused Individual Therapy (EFIT) is a relatively new approach to psychotherapy that was derived from the Emotionally Focused Couple Therapy (EFCT) model (Brubacher, 2025a, 2025b; Johnson, 2019, 2020). Given the newness of EFIT and the evolution of ways to implement and teach it that are common to novel approaches to psychotherapy, we hope to provide some guidance for therapists learning this approach and some suggestions to clinicians who teach it. Since EFIT was borne out of EFCT, and many therapists who now practice EFIT are already adept at EFCT, we describe the parallels between the two approaches, with a focus on the work of Stage 1. Then, we provide some details on the value of stabilization as a stand alone change event and the link between stabilization in Stage 1 and therapy outcomes, both in theory and in clinical practice. We outline the specific macro- and micro-interventions that are typical of EFIT with a case example and describe potential pitfalls in Stage 1 of EFIT.

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The current literature on EFIT (Brubacher, 2025a, Greenman et al., 2004; Johnson, 2019; Johnson & Campbell, 2022; Wiebe et al., 2025) describes this model of individual therapy as being comprised of three sequential stages of change. In it, Stage 1 stabilization is presented as an initial component of therapy that creates the prerequisite foundation for the restructuring work of Stage 2, which is then consolidated in Stage 3. We share this view, but we emphasize that Stage 1 stabilization has significant value in its own right, similar to Stage 1 "cycle de-escalation" in EFCT (Johnson, 2020). By featuring Stage 1 in this way, we offer a new perspective that argues specifically for the autonomous value of stabilization processes because they contribute to client coherence, agency, hope, new meanings, new action tendencies, emerging positive internal working models (IWM) of self and of at least some others, and the safety to explore their newly accessed core emotions.

In addition, the literature (Brubacher, 2025a; Greenman et al., 2004; Johnson, 2019; Johnson & Campbell, 2022; Wiebe et al., 2025) refers to identifying clients' underlying core emotions in Stage 1. We highlight the importance of moving beyond merely identifying the previously disregarded core emotion in Stage 1 to deepening and exploring it. While deepening and exploring core emotion in stabilization is mentioned in the literature on EFIT to date, we find that it can be easily skimmed over in practice in Stage 1. We demonstrate through a case illustration how the deepening of core emotions and vulnerabilities is an important process in stabilizing. It can enhance clients' emotional balance and sense of hopefulness with the discovery that it can actually be possible to safely experience and explore emotion that was previously too frightening, foreign, or unacceptable to them.

The roots of EFIT

EFIT is a humanistic, experiential model of therapy that draws heavily on aspects of person-centered therapy (Rogers, 1961, 1980), Gestalt therapy (Perls, 1969), and focusing oriented psychotherapy (Gendlin, 1996). There are also systemic components to EFIT (e.g., Minuchin & Fishman, 1981), which "involve an awareness of self-reinforcing interpersonal patterns that can affect individual psychological states" (Greenman et al., 2004, p. 2). The primary guiding framework for EFIT is attachment theory, which posits that the absence or the loss of comforting emotional bonds contributes to the etiology of psychological distress across the lifespan (Bowlby, 1979).

EFIT is an extension of the EFCT model to individual therapy settings. As such, it consists of experiential and systemic elements and draws heavily on attachment theory to understand psychological distress. Like EFCT, EFIT proceeds in three stages: stabilization (Stage 1), restructuring (Stage 2), and consolidation (Stage 3). Although these stages are not strictly linear (there can be flow back and forth between

them; Johnson & Campbell, 2022), it is important in the emotionally focused model of change for clients to complete the work of each stage before delving deeply into the next one (Brubacher, 2025a, 2025b; Johnson, 2019, 2020).

Consider the following parallels between EFCT and EFIT. The work of Stage 1 in EFCT has traditionally been referred to as "de-escalation" (Johnson, 2020), which in couple therapy involves helping clients recognize, predict, and unite against negative interaction patterns that are blocking them from the relationship they desire. "Engagement" and "softening" are change events in Stage 2 of EFCT; they entail the restructuring of the relationship such that both partners experience it as a safe, loving connection. In Stage 3, partners consolidate the gains made in the first two stages; they engage in more effective problem-solving through an enhanced emotional bond which fosters new views of self and other (Brubacher, 2025a; Johnson, 2019, 2020).

In EFIT, Stage 1 is referred to as "stabilization" and it also consists of the identification and de-escalation of patterns that are blocking clients from reaching their longings and goals. Goal-setting is an important part of the stabilization process. Clients learn to recognize how their typical emotion-regulation strategies (e.g., numbing out and withdrawing from others, distracting themselves, or clinging anxiously to others and worrying relentlessly) perpetuate states related, among other things, to depression, anxiety, and post-traumatic stress. They come to discover that these strategies, which are no longer serving them well, have been their best attempts at survival in the absence of safe and secure supportive others (Brubacher, 2025a; Greenman et al., 2004). The EFIT therapist validates clients for their survival strategies. Similar to EFCT, Stage 2 in EFIT involves changing the patterns and reprocessing the core, driving emotions uncovered in Stage 1. The clinician accomplishes this in EFIT through "corrective emotional experiences" that involve "engaged encounters" with imaginal others (Johnson, 2019). The significant others called upon in engaged encounters can be attachment figures, other important people in the client's life, or the therapist. The encounter can also be a dialogue between two parts of the self.

Stabilization in EFIT is a prerequisite for this work in individual therapy, the way that de-escalation is a prerequisite for emotional engagement and softening in couple therapy. Stabilization in EFIT also has stand-alone value because it empowers clients with coherence, agency, hope, new meanings, new action tendencies, and the safety to explore their newly accessed core emotions. As in EFCT, Stage 2 work in EFIT implies the reworking of clients' emotionally infused perceptions of themselves and others via these new interpersonal experiences. Finally, the consolidation of therapeutic gains (e.g., putting effective emotion-regulation strategies that involve secure attachment relationships into use in daily life) is a hallmark of Stage 3 in both EFCT and EFIT.

Stage 1 of EFIT: Stabilization

Stabilization is theorized to be the first change event in EFIT. In this first change event, therapists support clients to recognize their core problem to be an automatic, repetitive, imprisoning pattern of emotion regulation, similar to the way that clients in EFCT come to experience their difficulties as the result of rigid interaction patterns. Johnson (2019) frames this discovery in a validating way when she writes, "We do what we know to get us through the night, and then, ironically, often remain stuck in these constrained strategies and perspectives in the light of day" (p. 75). From this perspective, clients experience a sense of agency and hope in discovering how they are caught in their best attempts to manage the difficulties of life and the threatening emotions that accompany them. They become more curious and open to exploring their rigid, automatic emotion-regulation strategies that, while useful at one point in time, may no longer be serving them well.

The activities of stabilization begin with the therapist forming and monitoring a working alliance with the client and leading a collaborative assessment and goal-setting process. Alliance building and assessment are intermingled with treatment throughout all of therapy. Stabilization in EFIT also involves the processes of (1) actively tracking emotional reactions as repetitive cascades of interpersonal triggers, instantaneous perception of danger or safety, bodily response, meaning making, and action tendency; (2) discovering the core emotion that is hastily bypassed in these rapid cascades but that is driving the repetitive survival strategy; and 3) reframing the problem as this repetitive self-protective pattern. Thus, in addition to making Stage 2 change events possible, stabilization is also important because this new awareness and reframe of the problem is theorized to lead to the emergence of new action tendencies, new meanings, and more safety to explore core emotions that were previously out of reach (Brubacher, 2025a; Johnson, 2019; Johnson & Campbell, 2022).

The stand-alone value of stabilization

Let us explore the intrinsic value of stabilization, apart from providing the necessary pathway to Stage 2. As clients engage collaboratively with therapists in the key activities of alliance building, assessment, tracking patterns of interaction for emotion regulation, and accessing the core emotion driving these self-protective patterns, our clinical experience suggests that they experience emotional balance and agency. They begin to coherently grasp that the crux of their distress is not a personal defect or a fault in others or in their context, but rather the repetitive pattern of emotion regulation in which they are stuck. The non-pathologizing discovery that the problem is an automatic, non-conscious, likely outdated self-protective pattern can empower a client in

the safe-haven/secure base alliance with the therapist to explore how they repeatedly get pulled into the same pattern. With the help of the therapist, clients can safely identify the core fear that they are avoiding with this automatic pattern. Safe familiarity with their core emotion, typically involving feelings of disconnection, abandonment, and loss, along with the realization that they recursively avoid experiencing these emotions, are significant components of the stabilization change event.

Clients experience stabilization when they sense *experientially* that their repetitive self-protective pattern for managing their deepest fears and other alien and unacceptable emotions extends across relationships. Figure 1 illustrates with a series of three concentric circles how similar patterns can be seen across relationships: with therapist, with significant others (loving or hurtful attachment figures and hurtful others), and internally within the self. Rapid reactivity ironically intensifies signals of danger, which in turn trigger more reactivity. Identifying their core problem as that of being caught in a swift, automatic, repetitive pattern that is blocking them from core experience, which can actually be trusted, frequently enables clients to gain a sense of agency and to see new possibilities: "If I created this pattern as a valid self-
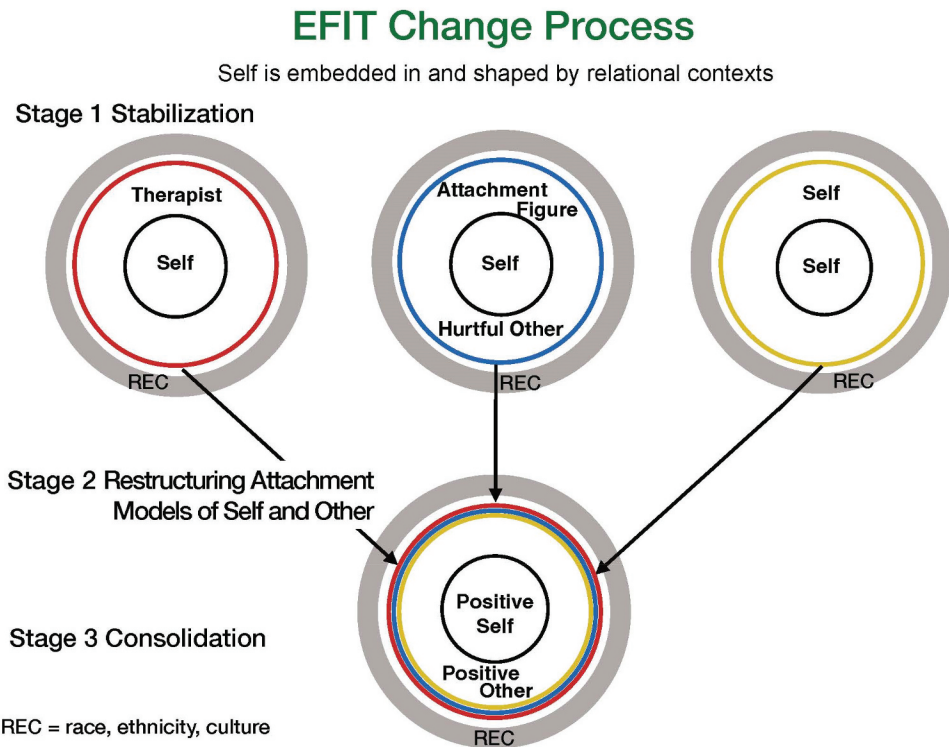

Figure 1. Relational Contexts in EFIT. From *Stepping into emotionally focused therapy: Key ingredients of change*, (Brubacher, 2025a, p. 10, Routledge).

protective move away from my core experience, which actually has something of value to give me, it is something I can change."

The aim here is to increase clients' awareness of their patterns and of how they are active agents in the dramas of their lives. This awareness, combined with the therapist's validation of their good intentions, is meant to slow down clients' rapid suppression or intensification of difficult emotion, and to grant them clear access to their core emotion. As clients discover and own their triggers, bodily reactions, meaning making, and repetitive coping strategies, they gradually shift away from fault-finding, self-doubting, and muddy emotional conglomerates toward a collaborative, emotionally coherent exploration with the therapist.

The secure base of the therapeutic alliance provides them with the safety and courage to linger longer with exploring core emotions and discovering that previously disregarded emotion contains compelling guidance and energy. Shifts in action tendencies and in perceptions of self and other begin to emerge, creating the Stage 1 change event of stabilization before moving into Stage 2 change processes.

Stabilization and therapy outcome

EFT research has identified two key elements in the EFT change process that appear to contribute to successful outcome in couple therapy: deepening emotional engagement and choreographing new ways to engage with others (Greenman & Johnson, 2013), which are also known as shaping affiliative or authentic interpersonal encounters (Brubacher, 2025a, 2025b; Brubacher & Wiebe, 2019). We are emphasizing that these two key factors are inherent parts of EFIT Stage 1 stabilization as well as of Stage 2 restructuring. Johnson (2019) describes these as the two clinical implications of attachment science. She writes, "that harnessing the power of emotion within the client is the most potent way to promote change . . . and that change is inherently interpersonal in nature, sculpted by the emotional messages that occur in dialogue with another" (p. 25). Although not yet accentuated in the current EFIT literature, we argue that harnessing the power of emotional awareness, as a perception-feeling-meaning-action regulation process, is an essential part of stabilization.

To harness emotion for the transformative interpersonal dialogues of Stage 2, emotion needs to be coherently ordered and fully owned as one's experience of self and system. In the stabilization process of ordering emotion, clinicians help clients to solidify ownership of their danger cues, bodily arousal, action tendencies, and meanings, and to engage with core, bodily felt emotion by expressing these elements in deliberately choreographed interpersonal encounters with the therapist or an imaginal other. Dialogue between two parts of self may also be shaped. The emotional balance, client awareness, and empowerment that are created in Stage 1 lay the foundation for the

transformative restructuring of attachment and symptoms of emotional distress in Stage 2. The awareness and agency that emerge through stabilization processes of identifying patterns and the core emotion driving these patterns is also key to consolidating and integrating change across relationships and circumstances in Stage 3.

The stabilization process: Clinical illustration

Coherent tracking and ordering of clients' repetitive patterns of emotion regulation, along with accessing the core emotions driving their pattern, are the prime activities of stabilization (Brubacher, 2025a). This leads to a balanced and empowering reframe of the barrier standing in the way of their longings and goals. Familiarity with their automatic pattern of emotion regulation compels clients to be accepting of and curious to explore the pattern which keeps them from fully engaging with their core emotion. Regulating difficult emotion with this automatic pattern, while possibly useful at times, is now seen as an activity which the client wants to operate intentionally.

Ordering emotional experience, also known as *assembling emotion*, leads to identifying the core emotion that these attachment strategies and patterns of hyperactivating or deactivating have served to control or disregard. Stabilization is complete when a client senses emotional balance and has a sense of agency and coherence. They recognize that their *problem is actually the pattern* that is keeping them from fully engaging the valuable resources, information, and energy containted in their core emotion.The case example of Jaimé illustrates the four steps of change that clients take in Stage 1 Stabilization: assessment and alliance (Step 1), identifying the pattern (Step 2), accessing the core emotiom driving the pattern (Step 3), and reframing the problem as the pattern (Step 4). Ordering and deepening emotion, as well as shaping interpersonal dialogues, comprise stabilization processes that engender a sense of agency and balance as they prepare the terrain for the transformative change events in Stage 2.

Jaimé, a thirty-five-year-old woman of French and Portuguese descent, begins her first session, expressing curiosity about her addictive cycles of using and abstaining from substances. She notices how the cycles keep recurring and she fears that she may slip again. From an attachment perspective, these cycles represent patterns of coping with the profound emotional distress caused by a perceived lack of secure attachment relationships and by ineffective ways of reaching for comfort in moments of stress and vulnerability. Stabilization processes in Stage 1 frequently span multiple contexts and relationships, (see Figure 1) as they do with Jaimé.

Early in therapy Jaimé says, "All my life I've been afraid of facing what happened. Afraid if I face it all I will explode with rage or dissolve in a puddle

of endless tears. I should have prevented it all. I'm too ashamed to face what happened, too afraid to ask why I keep bringing on these bad things."

Over several sessions, Jaimé describes bouts of depression, anxiety, and addictive behaviors. Many deep losses and traumatic scenarios appear in her story: an abusive father, her husband's suicide, the death of her beloved cat, a partner's betrayal which left her with no choice but to have an abortion, and most recently a dangerous partner who threatened her life. The therapeutic alliance provides a haven of support and a validating, secure base of courage for Jaimé to safely process her emotional chaos and distress and to discover coherence, agency, and hope. Experiencing safety and understanding in this alliance is the client's Step 1 in the process of Stage 1 stabilization.

With the therapist's help, Jaimé orders her emotional chaos, most recently triggered by texts and calls from her estranged father. His calls (*cue*) evoke an immediate sense of danger and trigger her to decline them and to block him from all her social media and texts (*action tendency*). She takes his attempts to reach her as likely requests for money and a threat of criticism (*meaning*) and tells herself she is better off without a father anyway (*more meaning*). A lump forms in her throat (*bodily arousal*) and she floods with rage, describing pressure and tightness in her solar plexus (*bodily arousal*). She tries to ignore her bodily sensations by minimizing the severity of the horror she survived (*action tendency*), "Others have it worse. At least I was a teenager and not a small child!"

The therapist tracks Jaimé's repeated pattern: Minimizing the pain and rage she feels about the abuse she endured as a teenager, disregarding the responsibility and anguish she feels about her husband's suicide, and ignoring the pain of her subsequent partners' betrayal and abuse. Identifying this pattern is the client's Step 2 of Stage 1 in the stabilization process. Jamié feels validated for coping the best way she can. She accepts, with the therapist's validation, that until now her pattern of minimizing and numbing has been the only strategy she had. From the security of the therapeutic alliance and the growing awareness of herself as a creative, active agent dealing with immeasurable pain, she is able to gain enough emotional balance to discover more facets of the emotions in her previously well-hidden memories of horror and loss. As part of stabilization, the therapist shapes interpersonal encounters for her to own her part in this pattern and to express this ownership to imaginal others. She experiences increased clarity and validation as she owns her strategy and expresses to an image of her father, "I shut you out – I do – too afraid you will hurt me again and try to use me. I don't let myself be angry at you or ever hope for your love."

With her new clarity and emotional balance that emerge through identifying and owning this pattern, she is more open to discovering her core anger that is definitely alive under her numb and nonchalant façade. Previously disregarded pain that was hidden by her automatic deactivating pattern of

emotion regulation becomes coherent. Tangible core emotions of assertive anger, sobs of grief and loss, and fears of being unworthy and alone forever all emerge in this process. Identifying core emotions is the client's Step 3 of Stage 1 in EFIT. The core emotions expand and become coherently linked to internal working models (IWM) (Bowlby, 1982).

Mixed with her core anger she experiences deep, core sadness and painful meanings that illustrate negative IWMs of herself as unlovable and unworthy and of others as unreliable and dangerous (Bowlby, 1982). She expresses this as, "There must be something wrong with me if my own father abused me and only reaches out when he's in trouble." As Jaimé orders her emotional experience in this relationship and across other relationships (e.g., her husband whose suicide is never far from her mind and her recent partner's betrayal after discovering she was pregnant), she more fully recognizes her familiar pattern of self-protection: Distancing from others (*action tendency*) while telling herself, "There must be something wrong with me. They always hurt me. They will hurt me more." (*Meanings: Negative internal working models of self and other*).

In Step 4 of stabilization, she recognizes this pattern as the problem and discovers it is safe to linger in her core anger and sadness. These core emotions also reveal new meanings and action tendencies. Jaimé discovers in her core anger and sadness that the hurtful others were "in the wrong," were responsible, and that she deserved better. She accesses a long-hidden longing for others' acceptance and love, and an emerging readiness to look for dependable others. Her emerging balance and acceptance are part of the stabilization process that represent meaningful change in and of themselves, in addition to being sound preparation for the corrective emotional experiences of reprocessing emotions and restructuring internal working models of self and other through engaged interpersonal encounters in Stage 2.

In summary, a client's conscious tracking of their survival strategies to regulate emotions that are "frightening, and/or alien and unacceptable" (Bowlby, 1988, p. 139) and a conscious experience of the core emotions that these strategies have been helping them to contain or avoid are significant components of Stage 1 stabilization. These stabilizing processes empower clients with an awareness of how they are active players in shaping their world. They open new fields of possibilities, where new action impulses arise and sufficient safety to explore the resources in their core emotions begins to emerge. They also lay the foundation for Stage 2 and 3 outcomes. Stage 1 encounters can help clients own current self-protective moves and positions and heighten their emotional awareness, coherence, and sense of agency. Stabilization creates the safe, supportive scaffolding for clients to reprocess their core emotion and restructure attachment strategies and working models of self and other in Stage 2 and to review, consolidate, celebrate, and integrate the changes across relationships and contexts in Stage 3.

Interventions for shaping stabilization

Throughout the clients' steps and the stages of change in EFT, therapists attune, track, and shape corrective emotional experiences with a set of five basic moves or macro-interventions, coined by Johnson (2019, 2020) as the five moves of the "EFT Tango." Johnson discovered that therapists could more readily learn how to apply this model if they focused on these five basic moves as the best way to attune and intervene moment-to-moment with clients, rather than on the organic steps of change that clients take. The five moves are: (1) reflecting present process, (2) assembling and deepening emotion, (3) shaping interpersonal encounters, (4) processing those encounters, and (5) summarizing and integrating. The EFT Tango moves help therapists to place attunement to the client in the foreground, while in the background they monitor where the client is on the EFT map of change (i.e., the stages and steps).

"Attuning to the emotional alarm bells that signal threat in our clients' worlds and becoming familiar with the repetitive loops that exacerbate the signals and sounds of danger are two important features of helping clients to recognize and stabilize their self-protective patterns" (Brubacher, 2025a, p. 134). When the pattern is stabilized, it becomes safe to identify and to explore the core, disregarded emotion for its embedded and valuable information about needs, guidance, and motivation. All of the basic macro-interventions are used to shape the first change event of stabilization. Details of how a therapist can attune and respond through stabilization with macro moves of the EFT Tango and EFT micro-skills are illustrated below.

Review basic pattern with EFT Tango Move 1

Therapists attune and respond with Move 1 using reflections; by tracking triggers, action tendencies, and meanings; and by validating how this pattern is a client's best attempt at self-protection in the face of threatening, unacceptable, or foreign emotions. This is likely to provide a mirror of the client's inner and outer experience and to help them grasp their struggle in a new way. Jaimé discovers that her experiences are in fact much more challenging than she has recognized and gradually identifies how, specifically, she is doing her best to manage overwhelming, threatening memories and present-day experience. She names how her repetitive patterns of automatic self-blame, numbing out with food and substances, and generally distracting herself are ironically her best efforts to manage distress and at the same time are keeping her distress alive. She notices, "I continue to be drawn to dangerous others whenever I see someone needing help," and, "I keep making excuses for others when they treat me badly." She discovers, through the therapist's attuned tracking, that, "The problem is my pattern of coping: Hyperactivating in

automatic self-blame, deactivating and numbing out with food and substances, and generally distracting myself to stay away from facing events I do not want to face and emotions I do not want to feel."

Assemble elements of emotion with EFT Tango Move 2: Discover and deepen core emotions hidden in the emotional cascades

Therapist's Move 2 assembly is done with EFT micro-interventions that include evocative responses, evocative questions, reflections, tracking links between emotional elements, and heightening newly discovered links and core emotion. The therapist helps Jaimé to link together triggers that propel her into self-blaming, shaming, and numbing activities to stop all the pain. With evocative responses and tracking, the therapist also links Jaimé's panic message through her body to diverse triggers of loud noises that tell her, "Be careful, you're in danger!" and gestures of compassion and kindness that also send danger signals through her body and tell her, "Watch out! Don't trust it. This is not safe."

Move 2 deepening follows assembly of the elements of emotion. Jaimé begins to experience newly discovered difficult emotions that she has been working hard to avoid. She starts to get a felt sense that she can safely face these emotions. The therapeutic alliance provides the safety necessary to enable Jaimé to do this. She discovers anger toward her father that brings to life a new meaning that she deserved safety and protection from him. She also realizes that she is blaming herself for her husband's suicide, despite years of telling herself, "He did what he needed to do. I am not to blame." She experiences deep sobs of grief for having lost her kind husband and for losing the child she so desperately wanted. In the supportive safe haven of her relationship with the therapist and with the secure base for exploration that the therapist provides, Jaimé listens to her core fears without defaulting to her reactive strategies of avoiding them or blaming herself for the experience. In this way, the therapist shapes stabilization by tracking patterns of distress and validating the good intentions behind them, thereby reframing Jaimé's problem as the familiar repetitive cascades of emotion that were helping her to avoid experiencing frightening and unacceptable emotions. Experiencing newly discovered core emotion that previously felt unimageable engenders new meanings, prompts new strategies, and creates a sense of emotional balance for Jaimé.

Help clients to own action tendencies and emotional processes with EFT Tango Moves 3 and 4: Shaping and processing engaged encounters for stabilization

In Stage 1 therapists help clients to shape encounters with imaginal others, between parts of self, or with the therapist. An acronym of the word "SHAPE"

serves well to describe the processes and micro-skills of choreographing Move 3 encounters (Brubacher, 2025a). To SHAPE an encounter: **Sharpen** by reflecting the core message to be shared; **heighten** that message with repetition, simply, slowly, softly, and specifically, repeating somatic signals and words the client has expressed; help the client to **anticipate** the experience by picturing the imaginal other or part of self to be addressed, or imagining expressing the words to the therapist; repeat the message and direct the client to **present** the message to the other; and **engage** or re-focus the client if they get distracted or exit while sharing the message.

In Stage 1 stabilization Jaimé has engaged encounters with the therapist and with imaginal others, including her father and her kind husband who died by suicide. She is not ready to address her imaginal abusive partners but is able to have engaged encounters with the therapist to assemble and access the pain (a complex emotion comprised anger, grief, and fear) in those relationships.

The therapist also helps Jaimé to have an engaged encoutner between two parts of self, the "Responsible, Nurturing Jaimé" and the "Numbing out with Substances Jaimé." These encounters helped her to more clearly link her danger cues, a bodily sense of panic, meanings made, action tendencies, and core attachment fears and pain. Encounters with an unfamiliar or vulnerable part of self can also help to consolidate a sense of safety to experience emotion that was previously feared, avoided, or both.

With Move 4, the therapist repeats the salient dialogue that occurred and invites the client to process how it is to have shared and, when appropriate and safe, how they experience the imaginal other to be responding. In processing the encounter Jaimé had with her now deceased husband she is ready to imagine his response to her and to hear back from him and to process this dialogue. With her partners and father who were all abusive to her, she clearly states she does not want to hear back *from them*. In response, the therapist simply processes how it is to have spoken *to them* in her imagination or how it is to be speaking to the therapist *about them*.

Summarize and integrate with EFT Tango Move 5

With Move 5 the therapist summarizes the way in which Jaimé is identifying with increasing clarity how her pattern of dismissing her own experience is beginning to shift. The therapist validates that her pattern of dismissing her distress and acting like she is feeling fine has sometimes served her well in the past, but that she is beginning to pay attention to what has been dismissed by others and how her automatic self-protection pattern is holding her back too much.

The therapist reviews how Jaimé has identified her longing to experience compassion and care, like she once did from her husband. The therapist validates that Jaimé is beginning to recognize her sobs of grief and pain from

her relationship losses and, specifically, is discovering that much of the tension and pain she is holding in her body is giving her a clear voice to be able to say to an image of her violent father that she has some things to tell him and she needs him to simply listen. After Jaimé speaks to her imaginal father the therapist heightens and integrates that Jaimé was able to tell him that indeed he did hurt her very badly and that she has the courage and power to address him safely now. With her husband, who died by suicide, the therapist heightens how Jaimé is able to imagine him, share the guilt she feels over not having saved his life, and to begin to hear his reassurances to her. New meanings, new action tendencies and emotional balance begin to emerge. This is the stand-alone value of stabilization: Without rushing to change, there is value in awareness, ownership, and a growing sense of agency. With these stabilization processes, Jaimé now has a stable foundation to move into more intense emotional dialogue and emotional reprocessing in the change events of Stage 2.

EFT Tango moves and micro-skills in dialogue with Jaimé

Following are some annotated in-session transcripts of the therapist working with Jamié using the EFT Tango moves and micro-skills, beginning with Move 1.

Therapist: Our last session was pretty intense for you, yes? Grieving the loss of the child who would be turning two next month? (*Jaimé nods.*) You discovered your anger at Joe for his betrayal of you and for destroying the family you had hopes for. It was new to honor your anger and grief and I'm curious how this was for you this week? (*Checking in – evoking present moment experience in the context of previous session.*)

Jaime: Hmmm (*Shrug.*) it was okay. Yeah. I went straight to work after that session and pretty much didn't think of it again. I mean it's always there in the background, I guess.

T: Always in the background? (*Reflecting present process.*) Can you say more about what is lingering there even as you manage not to think of it? (*Reflecting the emotional poignance of "always in the background" and evoking more specificity about her present moment experience.*)

J: Well – I wanted that child – that family – and what's wrong with me that I got involved with him?

T: Always in the background – so much grief and longing for that child and the family you and Joe dreamed of together! And then the painful old question takes over – and you fall into asking, "What's wrong with me?" yes? (*Heightening, tracking the process and pattern of turning against herself when*

the pain is too much to experience. This is her self-protection against frightening and unacceptable emotion.)

J: Exactly.

T: It makes sense that you have a way of keeping these painful thoughts in the background by "pretty much not thinking about it." Remembering Joe's deception and your deep loss of the life you had planned, and losing the baby you wanted feels like way too much – especially as his 2nd birthday is approaching and it seems safer just to push it aside. (*Validating her self-protective strategy, while also validating the enormity of her losses.*)

J: Yeah (*Laughs gently.*) I'm glad you get it. It's too much to think about.

T: Were you able to hold onto the assertion you made last session when you looked directly at me and said, "I know I did not deserve that treatment! The way I was treated was not okay!"? (*Reflecting a significant moment from the previous session, where Jaimé, unwilling to imagine telling an imaginal Joe that she did not deserve his mistreatment of her, was able, with considerable struggle and courage, to look directly at the therapist and say, "I did not deserve this!"*)

J: Not really. I know I didn't deserve it, but I still feel kind of dumb not to see what he was doing.

T: You regret so much of what you lived through: All of Joe's promises of being a family and having this new baby, until you discovered he was still with his daughter's mother. So much regret and anger that you don't want to feel. It kind of makes sense that you say, "I was dumb not to see it." When the frightening anger and sadness start to appear, and you can't just push them away like you sometimes do, you automatically ask, "What's wrong with me?" It hurts too much and you don't know what else to do, right? (*Reframing and normalizing her self-judgement or aggression to herself, as an understandable automatic strategy to protect from feeling her emotional pain, anger and sadness.*)

J: Yeah, it is safer! (*Pause.*) I do this a lot, don't I? Like with my father, (*Pause.*) and, and . . . a bunch of other stuff. (*Chuckles weakly; swishes her hand as to dismiss everything she just said.*)

T: You laugh gently and swish your hand away as though to say – "Never mind – too many things – too much pain to feel," yes? (*Tracking her action tendency; adding a conjecture of the meaning she is making; checking with client if this matches her experience.*)

J: Exactly! Enough of this!

T: I really respect what you are doing, Jaimé! (*Therapist transparency.*)

J: Really?

T: Absolutely. You just recognized a pattern you are very good at: When the pain gets too much such as the grief and loss with Joe and the pain of your father's and others' horrific abusive treatment you back away from it – you brush it off as best you can and when you cannot brush it off you take on some self-blame. And you are recognizing – "This is my survival! When it all feels too much, this is what I automatically do." (*Reflecting what therapist observed Jaimé just did; tracking her pattern of emotion regulation and validating the strength in this pattern; heightening the pattern with proxy voice.*)

J: And you respect that?

T: Yes, I have so much respect for your courage to notice, as you said, "I do this a lot." (*Therapist transparency and repetition of client's exact words.*) So far the best way I have found to survive all this horror is to brush it off as much as I can – sometimes with substances and when I can't brush it off, I have an automatic *blame myself* strategy to keep me from feeling unmanageable anger and endless tears. (*Speaking in proxy voice – as though they were Jaimé – to reflect, validate, and heighten the pattern.*)

J: I never thought of being good at this – I do numb out or blame myself – it's all I know.

Using Move 2, the therapist helps Jaimé to assemble her emotional experience from the burning tension she feels in the present moment 23 years after her father's beatings, and then to sharpen a message to share with an image of him with Move 3.

Jaimé: Numbing out is calming because I can pretend something is not there or I just don't become aware of it. I pretend it's not there. I'm good at taking my mother's attitude, which is, "Everything is fine! Don't talk about that." Very dismissive. I can dismiss whatever arises. I can see how being dismissive also has a calming function, because you don't have to go there and you still live your life. So you don't address everything. But this heavy tension in my chest makes no sense. It just bogs me down and I have no motivation.

Therapist: Heavy tension in your chest – makes no sense, you say. Do you know when the heavy tension begins? (*Evoking <u>when</u> this sensation arises, to help her identify the trigger.*)

J: Hmmm let me see – it started to show up yesterday when my landlord made a kind comment to me as I left my apartment. His kindness struck me as what I've longed for all my life. It's how my husband's and partners' voices sounded

when things were going well. I act like everything is fine but inside it's not. I long for kindness and compassion and I have none in my life now. You know, it's weird: This heavy sensation is growing as we speak. (*Pointing to her chest.*) And now it's spreading. (*Touching her shoulder.*) (*Pauses ten seconds.*) But never mind. It's gone now. Silly.

T: You hear a kind, compassionate voice and immediately your heart startles and you sense danger? And then you quickly brush it off, yes? (*Tracking the process: Linking trigger of a compassionate voice to the immediate limbic perception of threat to the action tendency to minimize and brush off the distressing experience.*)

J: It does sort of feel like danger, yes.

T: And what you automatically do then is? (*Evoking her automatic action tendency when sensing threat.*)

J: I feel an "Oh, oh," panic, danger – and immediately say, "Don't be silly, someone is being kind – get over it!"

T: Just before you tell yourself to get over it, it sounds like your body seizes, when you hear kindness (*Repeating the danger cue.*) and you feel a sense of danger (*Validating sense of danger.*) and a pang of longing for kindness. (*Validating the attachment longing.*) You know that sense of loss and lone-liness, having no one close and kind in your life just now. You feel a pang of loneliness and a rapid action tendency to dismiss and act just fine takes over. Can we go back to this tension and burning sensation that were prompted by your landlord's compassionate voice? You said it spread to your shoulders and then vanished, yes? (*Re-directing, repeating the cue to linger with the danger signal, experienced as a heaviness in her chest, expanding to her shoulder.*)

J: (*Pausing then touching her shoulders, seeming to re-engage with her bodily felt sense of danger and pain.*) This sensation in my shoulders is like the old welts from my father's belt. (*Tears seep out of the corners of her eyes.*) But that's silly – so long ago! But why, when it's so long ago?

T: You say, "But why, when it's so long ago?" almost as if you have a growing curiosity to notice what your body, those burning shoulders are saying, am I right? (*The therapist reframes Jaimé's forcefully stated "why," matching the emotional energy in her voice.*) Almost as though your shoulders and the force in your voice are saying it's not so silly after all, yes? (*Conjecturing.*)

J: (*Looking directly at the therapist, nodding slowly.*) Perhaps!

T: Just notice that burning sensation in your shoulders. What is it saying? (*Evoking the meaning making from the bodily felt core emotion.*)

J: (*Pause*) That it is not silly! It is not ok. He had no right to do that to me!"

T: Your tension and pain are very real, not silly at all. They tell you that he was totally wrong. He had no right to beat you! (*Repeating to heighten and to linger in newly accessed core anger.*)

With Move 3, the therapist shapes an encounter that feels safe and possible for Jaimé to tell her imaginal father. In EFT, this is called *slicing it thinner* – edging safely toward addressing a threatening imaginal other.

Jaimé: But I could never say out loud how angry I am at him!

Therapist: You are beginning to give yourself time and space to notice the pain you still feel from your father's beatings and cruelty–almost ready to imagine a scene in which you tell him that he had no right to do this to you. (*Heightening a hint of readiness to speak to an imaginal father, when distancing has felt like the only option.*) Almost ready to tell him he had no right to be so cruel, that his beatings still sting in your shoulders and weigh you down today. (*Sharpening the present moment emotion in the message.*)

J: I'm not so sure I can do this.

T: I am wondering how you could safely address an image of your father to tell him you are not quite ready to let him know how horrific and wrong his cruelty was? (*Slicing it thinner – with a manageable slice of the full message.*)

J: I'm glad you asked because I need to tell him just to listen and not respond to me at all. I do not want to hear anything back from him at all!

T: Absolutely! So important. Can you picture him now? How far away do you need him to be? (*Jaimé points to a distance in front of her.*) And can you tell him that you have something to tell him? That he is just to listen and say nothing back?

J: It's really hard. (*Pauses.*)

T: So difficult – takes so much courage – so brave to tell him you have something important to say and he must listen only – no talking back at all! (*Therapist conveys assertiveness with an emphatic, strong voice.*)

J: (*Pauses; sighs.*) I need you to listen and to say nothing back. (*Long pause, looking back and forth to the therapist and towards her imaginal father.*) My pain is real. I am getting ready to tell you it was not acceptable that you beat me.

With Move 4, the therapist repeats what just happened and asks Jaime how it was to speak to her imaginal father.

T: How was it to address your imaginal father, telling him, "My pain is real – and I am getting ready to tell you about how much pain you caused me and almost ready to tell you that you had no right to do this to me?"

J: (*Breathing a deep sigh of relief; whispering.*) It was amazing! He shrank before my eyes into this shriveled form. The burning sensation disappeared in my shoulders. I have more to tell him, eventually, but now I simply want to savor this new life that I feel in my body!

T: That is amazing indeed! You can bring him back whenever you choose to do so.

With Move 5 integration:
T: Look what you have just done, you found words to express out loud that your pain from your father's abuse is real and you gathered your courage to imagine him in front of you and to tell this image that you are almost ready to tell him his beatings were totally unacceptable. (*Each repetition heightens and consolidates her emerging coherence and strength.*)You know you have more to tell this image but already your body is feeling different – less painful and it sounds like the lethargy is lifting?

J: Yup! I could barely allow myself to imagine him but then when I did picture him and spoke those words to him, it's like new energy surged through my body and I hear the birds outside and some kind of motivation is showing up. I am angry – but this motivation is more like freedom – like I can move more freely!

Move 5 is used throughout sessions to hold even the smallest corrective emotional experiences to the light and to integrate the significance of small shifts.

Moves 2, 3, and 4 are repeated later with Thomas, one of her former relationship partners:

Jaimé: It's not only my father and Joe; there was Thomas too.

Therapist: Thomas?

J: He was my partner after Joe – for nearly a year. I had to leave the city for a few months to get away from him. There were several times with him that I thought that I would die.

T: Wow! It takes my breath away to think that you lived in that relationship for nearly a year fearing you were on the edge of possibly being killed! (*Therapist transparency to confirm safety and to heighten the fear and danger that Jaimé is accustomed to minimizing.*)

J: Oh, yeah. For sure. Yeah. (*Shrugs her shoulders.*)

T: And you kind of shrug off how dangerous he was. (*Tracking present process of dismissing danger and fear.*)

J: There's a couple times I thought I was going to die, so, yeah, I thought, "This is it." But I didn't.

T: What is it like to remember that? (*Evoking the present-moment experience of recalling fear of being killed.*)

J: I don't know. It's kind of messed up, remembering that I survived multiple times. I thought I would die. Isn't it weird how matter of fact I am about it? (*Her level of experiencing is deepening as she reflects upon her present moment strategy of minimizing even as it is occurring. Her inner experience, in this case, her awareness of her strategy to distance from her words, is expanding.*)

T: You are noticing that it feels a little weird to you. How matter-of-fact you can be about reporting the horrible fact that you almost died. (*Validating, reflecting.*) Say more about how it seems weird that you can be so matter-of-fact.

J: I don't know, it was a matter of fact.

T: Yes it was, and you're saying, it's kind of weird that I can just report it as a fact when you know, in actuality it was very, very dangerous. (Yeah). "I survived, horror!" (*Repeatedly tracking her new awareness of her distancing from her emotional experience. Heightening with repetition and proxy voice.*)

J: I actually survived a couple times when I could have died! (*Shrugs; chuckles.*) (*Her chuckle suggests a less deep level of emotional experiencing in that is it a dismissive act, although she does appear to be reflecting inwardly about her emotional experience.*)

T: What do you think of when you think of "those times I almost died?" (*Replaying cue, to evoke more specificity.*) What do you remember?

J: The last time I thought I was for sure getting choked out! I couldn't breathe. Yeah, I really did think I was going to die that time. (*Voice slows and gets lower; face tightens.*)

T: You really thought then you were going to die! (*Repetition to heighten and validate.*)

J: Yeah.

T: So you cope by saying rather matter-of-factly or nonchalantly, "Yeah, I almost died." But then you're not so matter-of-fact, when you actually remember the danger scene. Then, there's a lot of emotion on your face and

your voice is slowing down. I cannot imagine how difficult it is to recall that scene of being choked! (*Tracking and validating to set the stage to heighten her survival strength*.)

J: It's like he wasn't even there. His eyes were black – black! Then all of a sudden he snapped back and they were blue. And he stood up and started crying. And then he got mad at me because I was scurrying away. He wanted to help me up, but I wouldn't let him near me. I got out of there like real quickly.

T: You got out. (*Heightening her survival action.)*

J: But it's like, yeah, it was like he wasn't even there, when it was happening.

T: Yeah. His eyes were black. That's the worst. That scene: Those dangerous eyes where he wasn't even there. *(Simple empathic reflection to validate and hold her safely in the trauma scene to make it tolerable to acknowledge what she survived*.)

J: Yeah. And his voice changes too when it's like that. (Pauses.) It's weird. It's messed up.

T: So dangerous and so wrong. (*Heightening and validating*.) And you managed to get out. (*Tracking/heightening her escape and her survival*.)

J: I never really thought I'd be like this – living in fear of danger – startling at loud voices . . . . I still do sometimes, you know. But all the mess with Joe set me up for Thomas. Joe broke me. He ruined all my hopes. He built dreams with me and crushed them all! He set me up for Thomas.

T: Broken and crushed. You can still feel how Joe ripped your heart and world apart! (*Validating and heightening to order her experience, to move towards creating coherence*.)

J: Absolutely. And Thomas seemed kind and I needed kindness. But, thinking back, it wasn't really that good even from the start. So I don't know why I thought he was kind.

T: You are curious – how could it be that Thomas seemed kind in the beginning when he became so very dangerous? (*Reflecting to reframe her typical action tendency of self-judgement to avoid feeling anger and grief. Validating curiosity can heighten a growing sense of agency*.)

J: Looking back there were definitely some red flags. I just overlooked them. (*Client agency, in owning her action tendency to overlook danger signs – "red flags."*)

T: You said there were red flags from the start (*Tracking*.) and there were also some flags or signals that weren't red, some that said maybe he is kind and safe, yeah? (*Validating; evoking specificity*.)

J: (*Nodding.*) Yeah, but I don't even know what they were.

T: All you can think of is the red flags, because he turned out to be so dangerous and abusive. (*Validation of danger signs and meaning.*)

J: Yeah.

T: You don't remember what seemed hopeful or what seemed positive about him.

J: There's nothing.

T: It's just such a cloudy, painful memory. (*Empathic reflecting to validate the horror and danger and to heighten the emotion which Jaimé typically minimizes, towards making emotional/attachment sense of her experience and to create coherence.*)

J: Yeah. Actually, it wasn't as bad at the beginning. I was still kind of walking on eggshells, but it didn't get really bad, like abusive-wise until, like ten months in maybe.

T: Your automatic numbing or self-judgment isn't taking over just now, is it? You are saying he wasn't so dangerous at the start and you can recall clearly that the eggshell-fears got much more exaggerated over time until he was threatening your life. (*Tracking.*)

J: (*Shuddering.*) Yeah, he changed. When he started using and drinking, he changed.

With Move 4 the therapist processes these encounters between client and therapist. The therapist checks with Jaimé how she is doing with having so openly disclosed these vulnerable experiences, followed by the therapist sharing how they are receiving Jaimé's disclosures:

Therapist: So right now you are remembering how terrifying and life-threatening Thomas became. As you tell me the story you feel how dangerous Thomas was and you also recall that you were so heartbroken from Joe's deception and needing safety and kindness. (*Tracking and linking trigger and meaning making.*) You are making sense out of how easily you were drawn to Thomas, after Joe's betrayal and mistreatment. And how, of course, in that raw state you were starving for some kindness. (*The attachment perspective provides emotional coherence and validation of the basic human need for safety and care.*) How is it for you to have shared these terrifying experiences with me?

Jaimé: It's good. I'm glad you can see it.

T: I am so honored that you have risked letting me this close to your experience. Thank you. (*Silence as therapist and Jaimé gaze at one another softly.*) I so admire how you have survived.

With Move 5 summarizing and integrating, the therapist continues:

Therapist: You are making sense out of how you became a survivor of Thomas' abuse. (*Heightening the coherence in her story. A coherent narrative is a marker of stabilization.*) You were vulnerable and in deep grief after Joe, hurting so much from your discovery of his betrayal and your abortion – such disappointment that your life plans as a family were shattered in one blow. You are beginning to validate your own experience. You can share stories of Thomas with me and are able to stay in touch with your grief and loss and resilience without shutting down or beating up on yourself. You are asserting that you were in need when Thomas showed up – and how unacceptable his threats and abuse were. You are keeping your emotional balance as you acknowledge that indeed Thomas did change and become dangerous when he was under the influence. (*Reflecting, tracking, and heightening the coherence. Summarizing and celebrating Jaimé's increasing ability to face and experience her core emotions.*)

As the therapist flows in attunement through stabilization with the EFT macro moves, Jaimé experiences enough emotional stability that she is able to feel her emotions without her automatic, typical numbing or reacting. While she is very likely to continue, at times, to distance and go numb or react with self-blame, she is now aware of her active pattern and process of emotion. She is more curious to explore her inner and interpersonal experiences, starting to reach out to safe others and discovering her agency in her typical, recurring strategies as well in newly emerging strategies and meanings. She conveys markers of stabilization, illustrating the value of this change event:

Jaimé: I see how my using substances and food is a way to get away from the pain – but I judge myself for that too . . . and it only makes all the pain worse! Round and round and round! (*Sigh!*) As long as I shut down and turn away from all the stories of what I have survived, I stay in the spin of using substances, distracting from everything and everyone and blaming myself. The more I share my life with you, the more I see I am not the problem. Others cannot hold me back. I can face my pain – I can find my anger in it and I can feel my endless sadness without drowning completely!

Key features of stabilization processes

In EFIT, markers of stabilization include the client's capacity to tell a more coherent narrative and to experience a new sense of hope, efficacy, and direction. With evocative responses and tracking, the therapist also links Jaimé's panic message through her body to diverse triggers of loud noises

that tell her, "Be careful, you're in danger!" and gestures of compassion and kindness that also send danger signals through her body and tell her, "Watch out, this is not safe."

While the case example of Jaimé illustrates the client's four steps in the stabilization change event and the therapist's five basic macro-moves of attuning and responding through stabilization, it is important to highlight three features of stabilization processes: 1) the importance of the therapeutic alliance as a secure base for exploring unknown emotional territory in Stage 1; 2) sensitivity to individual differences while tracking their emotional processes; and 3) *how* to facilitate increasing levels of emotional depth (Klein et al., 1986; Pascual-Leone & Yeryomenko, 2017) while tracking moment-to-moment patterns of emotional experience.

All stabilization processes depend on a therapeutic alliance that is a safe haven for support, comfort, and validation, and a secure base from which to explore. Stabilization requires a secure base to acknowledge the self-protective strategies that are blocking the innate growth tendency and to identify and deepen the hidden or underlying core emotions that drive reactive patterns of survival strategies.

To facilitate client engagement in tracking their moment-to-moment patterns of emotional experience, it is important to be aware of enormous individual differences. EFT therapists seek to attune to each client's perception of what is interpersonally and contextually triggering and to each individual's bodily, cognitive, and behavioral responses to perceptions of threat.

The *manner* in which stabilization processes are done is of utmost importance. EFT processes extend beyond *talking about* emotions. They engage clients in *experiencing* emotions, with increasing levels of depth. The increase in awareness and depth of experiencing of core emotions and needs are what appear to make new meanings and a sense of stability possible, thereby substantiating the autonomous value of the change event of stabilization. To increase the depth of experiencing, a therapist is ready to catch the slightest handle of emotional experience, as it flies by. *Catching the moment as it flies* is one of the ways Sue Johnson spoke about embodying empathic responsiveness – the core of the EFT model. While clients tell their stories of distress and longings there are invariably verbal or nonverbal hints of something stirring within. The empathically responsive therapist catches these moments, by reflecting or tracking what just occurred, thereby giving the client pause to experience or notice what they just expressed.

The risk of overlooking stabilization processes

EFT is a sequential approach to therapy in all modalities (Johnson, 2019). For this reason, it is important that Stage 1 processes not be neglected in EFIT. Moreover, the stabilization change event of Stage 1 has stand-alone value for

the agency and coherence that it bestows upon clients, as seen with Jaimé. In this section, we explore what may make EFIT therapists vulnerable to overlooking stabilization and minimizing its importance as a change event in itself. Then, we describe some common ways that therapists might step away from stabilization out of fears of making clients feel worse. In our experience with trainees and supervisees, we have heard these fears and witnessed these tendencies. Finally, we review three significant contributions of tracking patterns of emotion regulation that are neglected if these processes are bypassed.

Fear of exceeding clients' window of tolerance

We observe many trainees and supervisees express fear that their clients will not be able to tolerate their own emotional process and may exceed their window of tolerance. In response, clinicians who are new to EFT might step out of the model to help their clients feel better. In these cases, we have found in our own work and in observing the work of our supervisees that the therapist's fear is often greater than the client's. When the therapist stays empathically close to the client's experience and helps them to order their emotional chaos into a coherent story, it is actually regulating and empowering.

It is a basic tenet of attachment theory and experiential therapy that we do not make clients feel worse by joining with them in their distress and tracking how their patterns and strategies are keeping them imprisoned in their distress (Elliott et al., 2013; Gendlin, 1996; Hunt, 1998; Johnson, 2019). If a therapist inadvertently avoids the client's emotions that seem dangerous, alien, or unmanageable, they miss the opportunity to track the client's pattern. To track the pattern, client and therapist need to get a felt sense of the danger signals that trigger difficult emotions that the client wants to rapidly avoid, followed by their automatic behavioral and meaning making responses. They then discover together how these cascades of responses are reinforced and entrenched as the cycle repeats itself.

According to the sequential EFT model (Johnson, 2019), attempts to shape interpersonal dialogs to restructure attachment (Stage 2), and to consolidate these core changes across relationships and contexts in the client's world (Stage 3), before completing the Stage 1 work of stabilization, are likely to fail because the client lacks the awareness and felt sense of agency necessary to engage in the therapeutic tasks of the later stages. By interrupting the client's emotional process to direct them to something positive, the therapist is in fact distracting from emotion rather than following an emotionally focused model. Attempting to restructure internal working models and transform the emotion regulation strategies of suppression and anxious rumination that are associated with a range of psychological disorders (Aldao et al., 2010; Johnson,

2019; Mennin & Farach, 2007) without the prerequisite stabilization change event is outside the model of the validated EFT change process. It is likely to be frustrating and disappointing for clients and therapist alike.

A common axiom in EFIT is that the therapist's job is not to fix, teach new skills, or give insights; rather, the therapist's job in Stage 1 is to be both a safe haven for support, and a secure base *process consultant* to help clients explore and identify the imprisoning patterns in which they are stuck (Brubacher, 2025a; Johnson, 2019). Stage 1 exploration is where clients discover agency, hope, and new possibilities. Their awareness of their cycle of ineffective emotion regulation strategies and the ability to introduce order into their distress by recognizing their patterns help them achieve sufficient emotional balance. While this change is significant in and of itself, it also prepares them to explore more deeply in Stage 2 the frightening and foreign core emotion that they can now identify with new clarity and ownership. Stage 1 change is as important as the more assertive and vulnerable change events of Stage 2. Although it is less dramatic, gripping, and seismic, Stage 1 change does begin a trajectory of hope and agency. Stabilization offers "the client a sense of balance and control that begins to translate into new awareness and actions outside the session" (Johnson, 2019, p. 87).

Common pitfalls in Stage 1

Following are four common pitfalls that can pull EFIT therapists away from the EFIT stabilization processes of tracking, evoking, expanding emotion, and creating emotional stability.

Pitfall 1: Defaulting to self-soothing or comforting through engaged encounters

When a client has no apparent secure attachment figures in their life a therapist may feel deep compassion and an urgency to offer comfort. Instead of tracking present process, therapists can sometimes be tempted to immediately teach self-soothing or to shape an "engaged encounter" to help the client feel better. This might involve inviting the client to imagine an interaction with an older, wiser self or to send love and validation to a young version of self. They may also try to comfort the client themselves or to invite the client to imagine another person in their life who comforts them. Although these types of engaged encounters can be important instruments of change in Stage 2, they are unlikely to contribute to client agency and ownership in Stage 1. Similarly, while deep, vulnerable, emotionally charged enactments in couple therapy are necessary to change couples' patterns in Stage 2, they are likely to backfire if attempted in Stage 1, before the couple has de-escalated (Johnson, 2020).

In EFIT, as in EFCT, engaged encounters in Stage 1 serve to order clients' experience and heighten their awareness of their patterns, and to identify the

core emotion driving the patterns. They are not meant to change their patterns directly. EFT Tango Moves 1 and 2, which involve the tracking of present-moment processes, across relationships, are to be done with sensitive attunement, fostering safety and validating clients as active agents. Although a therapist may fear that, "It is not enough to flow with the tango of attunement, simply reflecting and tracking and shaping a Stage 1 encounter of ownership," they are indeed rich processes that help clients to own their present-moment emotional cascades and patterns and to linger with the core, driving emotion.

Consider another example from work with Jaimé, as she touches briefly on the topic of her father's cruelty and becomes flooded with tears as she mentions how she hates loud noises and the sound of men's raspy voices. She stops the tears, clenches her fists, and makes a swiping motion:

Jaimé: But I'm not letting it bother me – my mother's attitude – always the same – "Don't let it bother you – get over it!" Besides my partner's betrayal was worse than that and I'm over that too!"

An EFIT therapist is confident that empathic attending and tracking is regulating. With EFIT stabilization processes, it is not necessary to turn away from Jaimé's present-moment process to offer soothing. Rather, it is calming to be fully present to the client's pattern of dismissing her own reactions to her memories of abuse and neglect.

Therapist: So when you feel incensed at memories of your father's cruelty (*Therapist clenches their fist, mirroring the client.*) or you have any anxiety bubbling on the edges, what you tend to do is "Pshoooo!" wipe it away. Don't let it bother you. It helps you to survive? Get over all those hurts?

J: Absolutely. My husband did that too! Dismissed my worries.

T: Dismissing your worries and struggles helped you survive and yet it doesn't feel calming in the depths of your soul today, in that burning tension in your chest right now, am I getting it? (*Jaimé nods.*) Again that sense of being dismissed. (*Therapist continues in proxy voice.*) No one gets it. Mother ignored my pain. Husband dismissed my worries. I've gotten over husband's death and partner's betrayal and I won't let this bother me either. It's my automatic survival . . . just move on, yes?

J: That is true. That is what I do. Never really noticed I do it too. And you're right, it has helped me survive, but (*She puts her hand on her chest where she has identified a tense, burning sensation.*) I really don't want to keep brushing things away.

With this degree of understanding of her survival pattern, the agency and hope of finding new meanings and action tendencies are emerging and the client is ready to stay with expanded exploration of her present moment

emotional experience. Empathically reflecting and tracking clients' present process, assembling and ordering it and potentially shaping an encounter may be the most coherent, regulating, and thus comforting EFIT intervention one can offer. It is the most respectful as well because it is an offering of full attunement to the present moment experience.

Pitfall 2: Inquiring about early life experiences to provide an explanation for present- moment distress before tracking present patterns

Jaimé is distressed at the pressure she feels to live up to expectations and flooded with anxiety whenever she hears of someone else's success: "That should have been me, I should have come up with that idea first. I am constantly on edge. Nothing I do is ever quite enough. And I am constantly nagging myself for under functioning. I'm sure no one else knows about this anxiety."

While a therapist may be curious where else she experienced this criticism and anxiety earlier in her life, from the EFIT perspective the Stage 1 task of tracking, assembling, and expanding emotion will be the most productive here. First we help clients gain clarity of how they are constructing their worlds. This leads to an empowering discovery of how they long to reshape their worlds in Stage 2 (Johnson, 2019).

Therapist: Others' successes (*cue*) trigger fear in you that you need to do more and do better (*meanings*). You are troubled that you are constantly feeling pressure (*body*) to be the best (*meaning*) and unless you see you are the best, you criticize yourself (*action tendency*). All the while you fear that no one else really understands this anxiety you feel, and it almost leaves you feeling different and all alone (*Conjecturing at her experience of her words, "No one else knows about this anxiety."*). Have I understood?

Jaimé: Absolutely! It's like I am trapping myself in a lonely world just to achieve some recognition. But it is never enough for me!

By exploring Jaimé's present process and not getting caught into determining causes for her distress, the therapist is helping Jaimé to expand her ownership of the pattern and sense of agency toward change.

Pitfall 3: Avoiding encounters with offending imaginal others out of fear for how the imagined other may respond

Therapists frequently fear that imaginal others may retraumatize their client or that an imaginal other will respond harshly or dismissively in an interpersonal encounter. We find, however, in EFIT that when an imaginal other responds

negatively, this "enables a client to move into asserting their need, accepting their loss, and taking a new position with this internalized parent [or other]. Asserting an emotion with another also deepens engagement with this emotion and allows it to be integrated" (Johnson & Campbell, 2022, p. 83). Consider further work with the client Jaimé.

Jaimé: I didn't think I blamed myself for his suicide. I have always said, "He did what he had to do," but when I am not using distractions, I realize I do feel guilty. I should have saved him. I am a therapist, after all! He likely thinks too that I didn't do enough to save him."

Therapist: (*Trusting the regulating power of attending precisely to the client's present-moment emotional experience and calmly reflecting and tracking the client's emotional cascade.*) You tell yourself you are not to blame, and yet when you hear compassionate words from someone, you are reminded of your husband's kindness and you miss him and long to have been able to save him from his depression which ended in suicide. When you feel the pang of loss, you start to blame yourself and even imagine that he may be blaming you for how you treated him shortly before he took his life, yes?

T: (*Following this tracking, the therapist shapes a Stage 1 encounter to help the client access even more specificity and ownership of their current position.*) Can you picture that loving, compassionate husband? And can you tell him, "It's true, when I hear kindness and compassion from someone else, I miss you so much! I tell myself I should have done more to save you from the clutch of suicide. I worry you feel too that I just didn't do enough, that I was too impatient with you those last few weeks."

After the encounter, the therapist processes how it is to have shared this message with her imaginal husband and then invites her to process his imaginal response to her. When Jaimé receives a soothing, loving response from her imaginal husband the therapist processes this with her, checking to ask if she is taking in the message and heightening and integrating her response. If the imaginal response from her husband had not been comforting, the therapist would continue to process Jaimé's grief and self-blame, all the while regulating and validating her experience.

Reflections, tracking processes, and validating all co-regulate and make the unbearable shareable and bearable (Herman, 1992). It is not new for the client to feel and think all of this, but it is new for the client to face this difficult experience and coherently share it with another. This stabilizes and creates coherence and emotional balance.

Pitfall 4: Bypassing core anger in search of something "softer"

Therapists who fear escalation if they validate a client's core anger can move far too quickly to shaping "fix-it" soothing types of encounters between parts of self or with a secure attachment figure and avoid assembling resentment and injustice and expressing assertive anger. Fearing that a client's anger may intensify, a therapist may move away from core anger that is a part of the client's present-moment process. They may thus inadvertently minimize the client's experience and leave them feeling what they have felt for so long, alone. Attuning to help clients process anger and resentment is especially relevant for depression, anxiety, trauma recovery, grief, and loss. These emotions need to be safe for clients in these situations. Therapists frequently need help in feeling safe to validate anger.

Jaimé: I keep asking, "Why did he have to kill himself?!" (*Force in her voice.*) I hate to admit it, but I am angry with him for giving up on me! (Head in hands and beginning to weep.) My life was better than ever with my husband – and after his suicide everything fell apart. I haven't coped well – I even got involved with that deceptive partner after that!

Therapist: (*Confident that reactive anger will be regulated when it is validated and coherently linked with other elements of emotion.*) You say with frustration in your voice, "Why did he have to kill himself?!" (*Tracking and empathically reflecting client's words.*) You are very angry at him for leaving you as he did and when you cannot make sense of it you feel (*meaning making*) that he gave up on you! It is so hard to admit that you are angry at him for choosing suicide. Can you imagine speaking to an image of him and letting him know how much you hate to admit that you do feel angry at him for giving up in the way he did?

Owning and expressing this core anger to her imaginal husband, and imagining his responses back to her, is likely to expand her experience and lift the fear and guilt she feels about her anger. No longer needing to block this anger, she is freer to explore more of the pattern that keeps her locked in suppressed grief, lethargy and self-recrimination.

Overlooking stabilization impedes growth

It is understandable that therapists have a propensity to avoid difficult emotions to keep clients from becoming dysregulated, as discussed in these common pitfalls. The cost of doing so, however, impedes the EFT change process. There are several liabilities of bypassing the stabilization processes of tracking patterns of emotion regulation and deepening newly accessed core

emotion: Clients are likely to miss gaining a sense of being empowered agents in their current distress, they will have less depathologizing coherence about the emotional logic of how they are stuck, and finally they will not have the confidence that the very emotions they fear and/or avoid are actually a safe source of energy and direction to propel them forwards to interpersonal dialogs for meeting their needs and shifting their positions and strategies. In stabilization, clients begin to discover that the very emotions they fear and avoid are indeed a source of information and energy.

The value of tracking patterns for stabilization

EFIT offers us the tools to safely and securely *linger with what is alive* in a client's present moment experience, as we foster the stabilization processes of Stage 1. The stabilization processes create a safe, co-regulated context of exploration and client agency. Clients enter therapy, living in the chaos of hyperactivating or deactivating their difficult emotions and they need a therapist to trust the process of exploring their present-moment emotional realities with them – first assembling and then *staying with what is*, before rushing on to make it better. As process consultants, we need to continue to recognize the very important element of providing a secure base for *exploring clients' current experiences, before trying to fix them*. This is similar to EFCT where we help couples to identify and track patterns before changing them. Tracking patterns of emotion regulation empowers clients, orders their distress into coherence, and manifests emotion as the target and agent of change to achieve the first change event of stabilization.

Empowerment

Tracking patterns of emotion regulation opens clients to a new sense of agency and control over the problem. It is empowering for clients to discover how they are active agents in shaping their world and that their strategies for doing so make total sense given the enormity of experience or emotion that they are managing (e.g., "I'm not defective or hopeless; I am caught in a repetitive pattern of my best attempts to regulate emotion"). There can be some curiosity to ask, "What emotion would I face if I slowed down to notice what I am rushing past?" With the emotional balance that comes from conscious awareness of what triggers them and how they automatically react to stay away from threatening experience, clients get their first glimpse of being active players in their life dramas (Brubacher, 2025a, 2025b; Johnson, 2019). This is the experiential aspect of EFIT Stage 1: Clients gain a new experience of emotional balance and agency through stabilization.

Coherence

Tracking patterns of emotion regulation creates coherence by normalizing and depathologizing grief, anxiety, depression, and post-traumatic reactions. Attachment theory normalizes anxious, avoidant, and conflictual fearful-avoidant strategies as best attempts to achieve *effective dependency* (Bowlby, 1988). Johnson (2019) defines and illustrates how clients activate survival strategies during difficult times and frequently remain stuck repeating these strategies, long after the danger has passed. An attachment orientation reframes anxious *making mountains out of molehills*, avoidant numbing out and disappearing, and fearful avoidant *come close/go away* strategies as common, understandable separation distress responses. Emotion-regulating moves of hyper-activating or de-activating – pushing and demanding, shutting down, turning away, and turning against – are all reframed as best attempts to cope with the primal panic of emotional isolation (Furrow et al., 2022).

By normalizing ineffective patterns for their positive intentions in the context of a client's life, clients experience depathologizing validation that the problem is not a defect in them but that the problem is the automatic pattern they are repeating to regulate threats in their particular socio-cultural context and to avoid experiencing unmanageable emotion that may be frightening or unacceptable. The way of coping may be useful at times but is not effective as a default strategy in all situations. The strategy may have helped them survive in the past but is not effective today.

Bowlby (1980) highlighted this normalizing when he said, "Clinical conditions are best understood as disordered versions of what is otherwise a healthy response" (p. 245). A client experiencing this depathologizing message says, "The way I am managing my life makes sense at some level, but it is not working well for me at this time in my present context. It was a helpful strategy once in the past but is not effective today." The depathologizing attitude in EFIT validates that all strategies of avoidance and anxiety can be helpful at times but the real problem arises when clients are rigidly caught in repeating the same strategy without any conscious choice. The rigidity and automaticity of the repetitive patterns to avoid core emotion is the problem.

Given that we are wired to depend on having a reliable, safe haven and secure base in the world, individuals without secure attachment figures to rely on during stressful times are particularly vulnerable to managing emotional threats by becoming habitually caught in patterns of hyper-activating or de-activating attachment needs for support and comfort. This is the attachment, systemic aspect of EFIT Stage 1: Clients are comforted and strengthened by the depathologizing attachment perspective in stabilization which reframes presenting problems as problems of emotion regulation and makes emotional sense out of seemingly ineffective patterns.

Emotion as an agent and a target of change

The empowerment and coherence that emerge from tracking patterns of emotion regulation features emotion as both an agent and a target of change. That is, when clients can access the core emotion embedded in their repetitive reactive patterns, they have identified the target that they wish to change, and they have tapped into the primary agent and energy for change. Helping clients to assemble a coherent story of their unique emotional cascade – the trigger-perception-feeling-meaning-action pattern of self and system in inter-action – contributes both to the stabilization change event as well as to a safe and solid foundation for Stage 2 exploration and change events. Familiarizing with their unique emotion story (pattern) gives clients access to the core emotion which drives their ineffective repetitive patterns. This core emotion, initially feared or avoided because it was experienced as too hot to touch or too unknown to embrace, becomes, in Stage 1, an acceptable, familiar source of information, energy, and direction to explore and deepen. Further engage-ment then, with core emotion, propels clients toward the Stage 2 interpersonal dialogs for meeting their needs and shifting their positions and strategies.

Conclusion

Current EFIT literature defines the theoretical basis for Stage 1 processes preceding the change events in Stage 2 that restructure attachment, views of self and other, and ways of engaging in life with resilience. It illustrates the EFIT interventions and client change processes anecdotally (Brubacher, 2017, 2018, 2025a, 2025b; Furrow et al., 2022, Greenman et al., 2004; Johnson, 2009, 2019; Johnson & Campbell, 2022). It does not, however, feature the impor-tance of Stage 1 as a stand-alone change event. According to the integrated model of EFT, the path toward secure connection begins with client and therapist collaboratively identifying the client's rapid, repetitive, ineffective patterns of emotion regulation and then discovering the core emotions and vulnerabilities that drive those patterns. This reframe opens new fields of possibility.

We highlight the necessity of the first stage of EFIT and propose that there is stand-alone value in the change event of stabilization. In Stage 1, the systemic element involves helping clients identify their patterns of emotion regulation, augmented by experientially engaging with core emotion as the leading ele-ment in the system. Thus, Stage 1 stabilization lays the foundation for the restructuring and consolidation that take place in Stages 2 and 3 of EFIT, and stabilization processes are extremely important in their own right. We illus-trate this through the case example of Jaimé, delineating the therapist inter-ventions and the clients' steps of change throughout. We demonstrate how stabilization as a change event can create coherence, agency, hope, new

meanings, new action tendencies, the safety to explore newly accessed core emotions, and an emerging positive internal working model of self and of at least some others. This helps to create order and agency as clients discover their patterns as the barrier to growth and begin to engage with previously disregarded core emotions and the resources in those emotions.

Additionally, we explore some common therapist fears, in particular the fear of client dysregulation, which may make therapists vulnerable to moving too quickly through stabilization or neglecting it as a change event in itself. While acknowledging therapists' propensity to avoid difficult emotions, we discuss the regulating impact of EFIT interventions and how the cost of overlooking stabilization can impede the EFIT change process. Process research on EFIT is needed to validate the Stage 1 change processes in this approach.

Disclosure statement

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