

INTRODUCTION

What is complex trauma? Unlike single incident trauma, such as motor vehicle accidents or natural disasters, *complex trauma* refers to repeated exposure to traumatic events, usually at the hands of caregivers or loved ones. Therefore, complex trauma is almost always interpersonal in nature and involves betrayal and violations of trust often in attachment relationships. Examples include domestic violence and childhood abuse and neglect. The latter is the focus of emotion-focused therapy for trauma (EFTT) and this book.

How does it harm people in the long term? Exposure to the terror and horror of a single traumatic event involving threat of death or injury can result in symptoms of posttraumatic stress disorder (PTSD)—flashbacks, nightmares, avoidance of people and places that are reminders of the event (e.g., inability to drive in the case of a car accident), chronic irritability or difficulties sleeping, as well as feelings of guilt (i.e., the person feels that he or she is somehow responsible or should have done something to prevent the trauma)

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Narrative Processes in Emotion-Focused Therapy for Trauma, by S. C. Paivio and L. E. Angus
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and alienation (i.e., no one can understand the person's experience). PTSD also is highly comorbid with other disorders such as anxiety and depression. Complex child abuse trauma additionally is associated not only with PTSD symptoms but also with a more complex array of disturbances. This is because of the repeated nature of the trauma exposure, the context of attachment relationships, and the age of the victim and the victim's core developmental tasks (i.e., consolidating a sense of self, relational capacities, and emotional competence). Children who are repeatedly terrorized by actual or threatened violence to themselves or loved ones, and who are sexually molested, harshly criticized, or completely ignored by those they depend on, develop enduring perceptions of self as worthless, unlovable, or negligible; difficulties with intimacy or trust; and deficits in emotional competence (i.e., awareness and regulation). Children in these environments typically do not receive appropriate emotion coaching and support from attachment figures and thus learn to rely on avoidance to cope with the intense negative feelings generated by abuse and neglect. These coping strategies can include suppression, numbing, and dissociation, as well as maladaptive behaviors such as substance abuse and self-harm. To cope, individuals can cycle between feeling overwhelmed and shutting down. Deficits in emotion awareness and regulation, in turn, have a profound negative impact on sense of self and interpersonal functioning. Disrupted affect and narrative processes are at the core of this constellation of disturbances.

What is the EFTT model? EFTT is an evidence-based, short-term, individual therapy for men and women dealing with different types of childhood maltreatment (emotional, physical, sexual abuse, and emotional neglect). A fundamental assumption underlying most trauma therapies, including EFTT, is that recovery requires emotional engagement with trauma memories for enhanced affect regulation and self-understanding. EFTT is based on the general principles of emotion-focused therapy (Greenberg and colleagues), and, as such, draws on years of programmatic research on the importance of emotion in psychotherapeutic change, as well as on a sophisticated technology for working directly with emotions and emotional processes in therapy. Thus EFTT is particularly well-suited to treating trauma-related disturbances. Clinical trials support the efficacy of EFTT (Paivio, Jarry, Chagigiorgis, Hall, & Ralston, 2010; Paivio & Nieuwenhuis, 2001), and process-outcome studies support the posited mechanisms of change and have contributed to development of the model (e.g., Holowaty & Paivio, 2012; Paivio, Hall, Holowaty, Jellis, & Tran, 2001). Additionally, results of these studies support the broad applicability of EFTT to both men and women with histories of different types of childhood maltreatment and symptom severity.

EFTT is designed for clients who are suitable for short-term, trauma-focused therapy with at least minimal capacity for emotion regulation and

the capacity to focus on circumscribed issues from the past. Elements of EFTT can be integrated into a longer course of therapy for clients with more severe emotion regulation or behavior difficulties such as substance abuse or self-harm. EFTT focuses on helping clients to disclose their most painful personal stories and to express and work through feelings and unmet needs related to central attachment figures for the construction of new perspectives regarding self, others, and traumatic events. In some instances and where appropriate, EFTT therapists help clients to further explore, understand, and challenge cultural beliefs and issues of power and dominance that are often central to childhood trauma experiences.

One of the unique aspects of EFTT is that primary reexperiencing procedures are based on an empirically verified model of steps in the process of resolving such attachment injuries (Greenberg & Foerster, 1996) and ongoing intensive analyses of therapy sessions. The early phase of EFTT focuses on cultivating a safe and collaborative therapeutic alliance. Therapist empathic responding and compassion for suffering provides safety and support, and encourages client disclosure of painful memories and engagement in primary reexperiencing procedures (i.e., confronting imagined perpetrators in an empty chair or during interaction with the therapist) for the first time. During this phase, therapists also are attuned to client emotional processing difficulties that emerge in the context of their storytelling and engagement in reexperiencing procedures. For example, affect may be absent or overwhelmingly intense; content may be vague, externally focused, and lacking in insight or meaning; and content may reflect repetitive maladaptive patterns of feelings (e.g., fear, shame), beliefs about self and others, and behavior (e.g., inability to assert boundaries). These processing difficulties are the basis for case conceptualization and become the focus of explicit intervention during later phases of therapy.

The middle phase of EFTT focuses on reducing the intrapersonal difficulties that interfere with resolution of issues concerning perpetrators. A variety of interventions (e.g., two-chair dialogues, experiential focusing) are used in addition to confronting imagined perpetrators to address problems with emotion awareness and regulation, as well as chronic fear, avoidance, shame, and self-blame for the abuse. During client storytelling and these procedures, therapists support the emergence of healthy subdominant emotional responses (e.g., anger at violation, sadness at loss) and associated unmet needs (e.g., for respect, nurturance) for reflection and integration as part of a more adaptive self-narrative.

The late phase of EFTT is characterized by clients' full experience and expression of adaptive anger at violation and sadness about the many losses they have endured and feelings of entitlement to unmet attachment needs. Interventions facilitate the coconstruction of new meaning, that is, a view

of self as more powerful, confident, and worthwhile and a view of abusive and neglectful others as more human, life-sized, and responsible for harm. It is important to note that for some clients, the new trauma narrative becomes one of understanding and forgiveness. Therapy termination focuses on integrating therapeutic experiences and bridging to the future.

What is the book's purpose? The present book uniquely integrates the theoretical, research, and clinical literature in the areas of emotion, narrative, and trauma to make a significant contribution to effective treatment practices for complex trauma. In light of the high prevalence of child abuse trauma in the community and especially in clinical samples, there is a need for effective treatments and intervention guidelines for the effects of complex trauma. As noted earlier, narrative and emotion processes are central to disturbances stemming from these childhood experiences. Although previous manuscripts on emotion-focused therapy (EFT) and EFT specifically for trauma have noted the importance of client narrative processes, explicit therapeutic strategies to enhance emotional transformation and new meaning making—in the context of client storytelling and self-narrative change—have not been fully addressed. This book moves narrative to the foreground and makes explicit what therapists are implicitly responding to in client storytelling. The book also presents a system for identifying client problems using Transition and Change storytelling markers, which provides an additional tool to guide a moment-by-moment facilitation of narrative-emotion processes in EFTT sessions.

This book is intended for clinicians and graduate students across disciplines who are familiar with EFT, or not, and who are interested in learning more about working with narrative and emotion processes in therapy for complex trauma. For clinicians who work within a narrative therapy framework, this book provides an introduction to how to work with client emotional processes to enhance story change. Conversely, clinicians familiar with emotion-focused approaches will be provided a differentiated “process map” to enhance client narrative disclosure for deepened emotional processing, meaning transformation, and self-narrative change. Finally, we hope that our book will speak to a broad range of clinicians interested in working with complex trauma clients and will support future specialized training workshops both locally and internationally.

What will readers get from the book? The book provides a solid theoretical and research foundation, specific intervention guidelines, and richly illustrated clinical examples. Actual clients presented in this book have given their consent to participation in research and professional communication. Pseudonyms are used, and identifying information for these clients has been removed. Clinical material includes verbatim transcriptions as well as modified dialogue to better illustrate intervention principles. Some of

these clients have been presented in previous volumes of EFT and EFTT (e.g., Angus & Greenberg, 2011; Greenberg & Paivio, 1997; Paivio & Pascual-Leone, 2010; Paivio & Shimp, 1998), and videotapes of their therapy sessions are presented in our workshops. Many other clinical examples are presented here for the first time and are interpreted and discussed from a narrative-informed, emotion-focused perspective that draws on key terms and clinical concepts, as listed in the Glossary.

Part I, Theory and Research, begins with an introduction to the nature of complex trauma (Chapter 1) and includes chapters addressing the unique contributions of the EFTT treatment model (Chapter 2) and the importance of narrative-emotion integration processes in human functioning and contributions to therapeutic change (Chapter 3). This is followed by presentation of a narrative-informed EFTT model for treating complex traumatic stress disorders (Chapter 4). Part II, Practice, includes chapters on assessment and process diagnosis (Chapter 5), intervention principles and guidelines (Chapter 6), and intervention specifically with narrative-emotion processes in the early, middle, and late phases of EFTT (Chapters 7, 9, and 11). Chapter 9 presents numerous case examples¹ to illustrate the diverse client narrative-emotion processing difficulties and EFTT interventions that are the focus of the middle phase of therapy in particular. Also, we follow two individual clients over the entire course of EFTT to illustrate how narrative-emotion processes change over time (Chapters 8, 10, and 12). These cases (a female client with a male therapist and a male client with a female therapist) were selected because they illustrate EFTT with and without the use of empty-chair dialogue and with different client processing and therapist intervention styles.

¹Client identifiers have been disguised to protect patient confidentiality.