

The Helping Relationship

1. The development of a healing relationship is characterized by presence, understanding, caring, warmth, attunement to affect, and genuineness that is foundational.
2. The relationship is a way of working with participants, a way of being with others not simply a way of doing, which trusts that the participant is *the expert* on their experience; however, guidance and structure are still offered to facilitate emotional processing and the leaning of new ways of being that address both the participant's emotional pain and how to protect and care for themselves.
3. The relationship serves an affect regulation function and over time the positive ways of interacting with the participants become internalized.
4. What are the staffs' contribution to a helping relationship and positive alliance, how can the staff enhance their responsiveness to the participant, and how all this contributes to change will be covered below.

A Helping "Presence"

1. *Presence* is a core helping stance that contributes to a healing relationship. Empathy (understanding/acceptance), positive regard (caring/prizing), and congruence (genuineness/realness) are all part of ways of being with another human being, a way of being fully present, and both helpful and curative in its own right, as well as a precondition for further work using experiential tasks.
2. *Helping Presence* is defined as the Coach's ability to be fully immersed in the moment, without judgment or expectation, with and for Participants. Being fully in the moment or receptive presence with participants sends a message that participants are going to be heard, met, felt, and understood, which elicits a sense of safety.
3. How does a Helping Presence promote safety and effectiveness?
First is the Coach's attunement to self → then the Coach's attunement to the Participant → then the Participant begins feeling felt, calm, and present within (safety) → which leads to (a) and (b) and (c)*
 - (a) The Participant feels safe to open-up and engage in experiential work.
 - (b) There is a strengthening of the helping relationship.
 - (c) The Coach's response and interventions are more attuned to the optimal moment for the participant to receive help.

* Repeated engagement and presence from the Coach also exercises neural regulation of the muscles involved in the participant's experience of safety in self and in relationship.

4. Effective experiential work is only possible when the Participant feels safe and secure in the helping setting. Research has demonstrated that the helping relationship is central to

positive change for Participants and that outcomes may only be minimally attributed to specific techniques

5. Facilitating feelings of safety and security for the Participant often emerges through Coach's ability to be fully present and engaged, which is core to the development of a healthy helping relationship.
6. There is a neurophysiological explanation of core autonomic mechanisms that support how presence in relationship promotes safety and is known as the polyvagal theory-- The Vagus is a cranial nerve that exits the brainstem and provides bidirectional communication between brain and several visceral organs. The Vagus conveys (and monitors) the Coach parasympathetic influence to the viscera.
7. The polyvagal theory states there are strong links between the autonomic nervous system and behavior and explains that when a Participant feels safe with the Coach, the Participant's physiological state provides optimal conditions for both Participant and Coach to engage in effective work. Per the polyvagal theory, this optimal "helping" state spontaneously emerges when the nervous system detects features of safety. Once features of safety are detected, the Participant's physiology shifts to a state that down-regulates their defenses and promotes spontaneous social engagement behaviors.
8. During these periods of shared feelings of safety, the helping relationship is strengthened, and the process of work can efficiently progress—it facilitates the development of new neural pathways for the Participant, which in turn contributes to the repair of attachment injuries and provides the positive social interactions that are essential for health and neural growth.
9. The Polyvagal theory is a conceptualization of how the autonomic state and behavior interface; it emphasizes how the autonomic nervous system evolved to support adaptive behaviors in response to the environmental features of safety, danger, or life threat.
10. Two defense systems can be activated by the autonomic system: (a) the well-known fight-or-flight system associated with activation of the sympathetic nervous system and (b) a less-known system of immobilization and dissociation associated with activation of a phylogenetically older vagal pathway associated with more primitive defense and explains the biobehavioral shutting down that occurs following trauma. The second is a phylogenetically newer circuit, only observed in mammals, associated with physiological states related to feeling safe and spontaneous social behavior on one hand and fight/flight on the other hand—defensive strategies relate associated with reactivity, recovery, and resilience.
11. These neural mechanisms appear to be responsible for the physiological states that communicate the experience of safety and contribute to the ability either to feel safe and spontaneously engage with others, or to feel threatened and recruit defensive strategies.
12. The theory articulates three stages associated with a distinct autonomic subsystem that is expressed in humans under certain conditions (the poly part of polyvagal). These three involuntary autonomic subsystems are phylogenetically ordered and behaviorally linked to three global adaptive domains of behavior: (a) social communication (e.g., facial expression,

vocalization, listening), (b) defensive strategies associated with mobilization (e.g., fight-or-flight behaviors), and (c) defensive immobilization (e.g., feigning death, vasovagal syncope, behavioral shutdown, and dissociation). Based on their phylogenetic emergence during the evolution of the vertebrate autonomic nervous system, these neuroanatomically based subsystems form a response hierarchy.

13. The more recently evolved neural circuits can inhibit the function of older circuits. Therefore, the newest autonomic circuit associated with social communication has the functional capacity to inhibit the older involuntary circuits involved in defense strategies of fight-or-flight or shutdown behaviors.
14. Therefore, effective social communication only occurs during states when one experiences safety, because only then are the neurobiological defense strategies inhibited. Thus, one of the keys to successful change is for the Coach to be present and to promote safety so that the Participant's involuntary defensive subsystems are down-regulated and the newer social engagement system is potentiated. During experiential work, the repeated present-moment encounters provide a "neural" activation of the social engagement system. As these neural activations enhance the efficiency and reliability of the neural pathways inhibiting the defense systems, the Participant acquires a greater accessibility to feelings of safety, openness, and self-exploration—induced via a heart-face connection which slows the heart, brings a state of calmness, and further communicated via the face and head.
15. This is a "social engagement system" through which the voice and facial expressions convey a Participant's physiological state to others. When the newer mammalian vagus activity is optimally functioning in social interactions (i.e., inhibiting the sympathetic excitation that promotes fight or flight behaviors), emotions are well regulated, vocal sounds are rich, and the autonomic state supports calm spontaneous social engagement behaviors. The face–heart system is bidirectional with the newer vagal circuit influencing social interactions and positive social interactions influencing vagal function to optimize health, dampen stress-related physiological states, and support growth and restoration.
16. When a Participant feels safe, the bodily promotes growth and restoration. This is accomplished through the vagal pathways on the cardiac pacemaker to slow heart rate, inhibit the fight-or-flight mechanisms of the sympathetic nervous system, dampen the stress response system of the hypothalamic–pituitary–adrenal axis (e.g., cortisol), and reduce inflammation by modulating immune reactions (e.g., cytokines). Also, the vagus became integrated with other nerves that regulate the muscles of the face and head. This integration provides the neural pathways for the social engagement system characterized by a bidirectional coupling between bodily states and the spontaneous social engagement behaviors expressed in facial expressions and vocalizations controlling gaze, facial expression, head gesture, listening, and prosody.
17. Regarding helping presence, the polyvagal theory provides a neurophysiological perspective explains how bodily feelings and emotions can be influenced by the presence of others. Not only is there bidirectional communication between brain and body, but also there is bidirectional communication *between* the nervous systems of the people who constitute

our social environment. Often, this bidirectional communication operates outside of awareness, instead we have a “gut” (visceral) feeling that alerts us to discomfort within a social interaction. This automatic evaluation of risk without awareness is labeled *Neuroception*.

18. Neuroception is an adaptive mechanism that can turn off defenses to engage others or prepare us for defensive strategies associated with either fight-or-flight behaviors or shutdown. When features of safety are detected, autonomic reactions promote open receptivity with others, but when features of threat are detected autonomic reactions promote a closed state limiting the awareness of others.
19. With someone an individual feels safe, a Participant experiences a sequence of positive social engagement behaviors consistent with a neuroception of safety. Our physiology calms and our defenses are inhibited. Defensive strategies are then replaced with gestures associated with feeling safe and a perceptual bias toward the positive which reduce psychological and physical distance. This sense of safety activated through being present with and for the Participant, down-regulate the Participant’s defenses and promote growth and change.
20. The attachment literature documents that trauma and early lack of attunement (a caregiver not attuned to the needs of the child) results in emotional dysregulation. When one experiences lack of attachment to one’s Coach caregivers, one can feel to be chronically in danger. A person with a trauma background may have an autonomic nervous system that chronically maintains a reaction to danger that precludes the downregulation of defense strategies. Perpetuation of these early experiences may then result in challenges in the social world to which they may respond defensively even when there is no risk. This profoundly impacts the social world by removing one from reciprocal positive exchanges implicit in supportive social interactions. Instead, a feedback loop is created, as others socially disengage from the reactive trauma survivor, further heightening the individual’s sense of isolation. Such disengagements may be as subtle as the lack of a contingent facial expression, or speaking with a flat vocal tone, or as blatant as using a dominating voice or overtly turning away.
21. While a lack of attunement in early relationships may be the cause of current emotional dysregulation, attunement and connection in current relationships can heal or, at minimum, exercise the neural circuits (the social engagement system) that support feelings of safety. Polyvagal theory helps us understand how therapeutic presence can contribute to effective help by strengthening the relationship and enhancing the Participants’ sense of safety. The polyvagal theory posits a functional “neural love code,” which reflects the quest for safety in relationships with others. The occurrence of neuroception of safety is detectable by behavioral markers (open body posture, soft facial features, warm voice, and gentle breathing). Through providing consistent presence, the Coach relationally regulates the Participant’s nervous system stress responses facilitating self-exploration through social contact, healing, and deepened self-understanding.

22. To provide the kind of presence that facilitates Participants' neuroception of safety requires an awareness of their moment-by-moment emotional reactions, as well as the thoughts and perceptions that are occurring within the Participant, within the Coach, and between the two of them. To attend to all this information, the Coach needs to let go of his/her own specific concerns and be fully present. This means that one must empty oneself and be open to the participants—clearing a space inside to be able to listen clearly in the moment to the narratives and problems that the Participants bring. When fully present, the Coach attends to the Participant's face and voice and focuses on their narratives with full attention, fully absorbed in the moment.
23. With undivided and focused attention, Participants feel valued and safe, and are better able to discern their own concerns and difficulties. When the Coach gives Participants full attention, he/she can resonate fully with their feelings and their experience of events to provide the necessary level of empathic responding, acceptance, and prizing. This is described as *I-thou moments*: moments that people share as they attend to and experience the same emotional event at the same time, knowing that others are co-experiencing it with them. The sharing of experience in this way creates a strong bond, a sense of togetherness that breaks a sense of existential isolation and promotes trust and openness.

Acceptance and Warmth

1. It is essential for Participants to feel accepted and prized, if they are to confront and share painful and possibly shameful aspects of their experience. A relational context in which Participants feel safe and able to explore and symbolize their experience without judgment is fundamental to healing. By internalizing an accepting and nonjudgmental other, Participants come to accept themselves and their experience. These conditions provide the bedrock of support as Participants face their fears and accept themselves to overcome their anxiety. As they learn to trust their perceptions and feelings, as well as their own needs, Participants become better able to hold others accountable for not being there for them in times of distress, for hurting them, for being too domineering or suffocating, or for otherwise neglecting them. In healing and safe helping relationships, Participants can grow stronger and more resilient. The internalization of the Coach's nonjudgmental attitude promotes self-acceptance that, together with a growing ability to trust themselves, makes Participants better able to cope with challenging situations and be less fearful in the world.
2. When the Coach is accepting and nonjudgmental, he/she allows Participants the freedom to experience and reveal who they are and what they feel. Feeling accepted and prized by another reduces interpersonal anxiety; people do not have to worry about others' judgments or reactions. There is a greater tolerance of anxiety with Participants who can attend to and accept their own feelings. Acceptance by another builds self-esteem and greater trust in the self, along with a belief that the self can cope and has the resources to

master life's challenges. Changes in how Participants view themselves and their experiences are essential to reversing and counteracting the sense of vulnerability. By learning to trust their experience, discovering their competence, and becoming self-accepting, Participants are released from a sense of vulnerability and fear of harm.

3. If the Coach is to be truly accepting, it is important that he/she disinvest from outcomes. When the Coach focuses on what Participants need to change or how they need to behave differently, then the Coach risks becoming judgmental and critical. Participants need a safe place to experience their painful emotions of fear, sadness, and shame. They need time to allow and accept these emotions. In this process, Participants need a witness to what has harmed them, and to have their perceptions and feelings about events validated by another. In this way, they learn to trust their own responses and perceptions and give voice to aspects of their experience that may have been dismissed or disclaimed. In a relationship with an accepting, genuine, and understanding other, Participants develop the capacity for self-soothing. They learn to be reassured so that they can soothe themselves when anxious and distressed.
4. Participants often have not had the experience of being reassured and soothed. Frequently their feelings have been suppressed or disregarded. They may have had to assume responsibility for themselves in the face of threat or danger, without the support of others. Thus, they did not learn and internalize ways of self-soothing to assuage their anguish. Thus, reassuring statements like "things will be all right" and "not to worry—you will manage" do not ring true. To believe these statements, they need to develop self-acceptance and greater confidence in their capacity to cope and survive without worrying or assuming full responsibility for the outcomes of events. They need to believe that they can protect themselves and rely on others for support before they can take in words of comfort and soothing.
5. Coaches helps Participants believe in themselves and develop trust and confidence in words of comfort and solace so they can modulate their emotions and remain focused when things do not go as planned. The Coach does this by being responsively attuned, valuing, and accepting of Participants and their experience. Coaches actively work with Participants to cultivate the capacity to self-soothe. If Participants are to stop worrying, they need to be able to accept themselves as they are and feel confident that they will be able to cope without constant vigilance and preparedness. This requires that they accept their limitations and not assume that they must be responsible for things going well. They need to be able to rely more on others. Most of all, they need to allow for the fact that they are humans with weaknesses but that they still warrant love and respect from the self and others.
6. Carl Rogers emphasized the importance of the Coach's positive regard for Participants, which is an essential component of building an empathic healing relationship. The quality of the relationship between the empathizer and the recipient of empathy is very important in determining whether individuals will empathize with another. Being received warmly and feeling valued is vital to developing self-esteem, confidence in and comfort with the self, as

well as to enhancing the bond between Coach and Participant. The Coach works at maintaining positive feelings for Participants to guard against the loss of empathy because of negative feelings. The Coach may find this challenging at times when Participants feel despondent about being able to change or express frustration with the difficulty of changing. It is important for the Coach to seek support from others at these times to remain empathic, valuing, and accepting of Participants.

Empathy

1. In addition to demonstrating acceptance in a congruent and sincere way, the Coach actively works to convey empathic understanding and remain empathically attuned to Participants' moment-to-moment processes. The focus is on tracking Participants' emotional experiencing to unravel their emotional logic and to work together to make sense of Participants' feelings and actions. The Coach trusts that Participants' emotional experiencing is the silken thread that will lead them in and out of the labyrinth of their Abyss. Empathic attunement requires not only full attention but also full acceptance of Participants' inner worlds.
2. These initial relationship conditions need to be experienced and shared with Participants, who in turn must be able to receive them. There is an interpersonal cycle for empathy that includes three phases: resonance, expression, and reception. The empathic Coach needs to *resonate* to what Participants are saying; take it in fully, savor it, and distill its essence. Then to *express* understanding in a way that is helpful for Participants. Finally, Participants need to *receive* and appreciate the Coach's empathy. This may not be easy for some Participants initially, as they may not trust that the Coach understands or accepts them, or, alternatively, Participants may feel ashamed to reveal their feelings of vulnerability and fear. But as they work with the Coach over time, Participants will come to feel accepted, especially if they experience the Coach as congruent and sincere.

Congruence

1. Congruence or sincerity is essential for the other conditions to take root and be credible. Congruence is defined as the capacity for the therapist to be aware of his or her own thoughts and feelings in the moment when he or she is with clients. Lietaer (1993) subsequently differentiated authenticity into two components: transparency and congruence. *Transparency* refers to the therapist's self-disclosures within the session, whereas *congruence* refers to his or her covert feelings and thoughts. It is recognized that it may not always be possible for the therapist to share his or her feelings with clients, especially as he or she strives to maintain positive alliances and empathize with them. The EFT therapist self-discloses if he or she feels that it is in clients' interests and in the service of the relationship. To be seen as reliable and as an expert, the therapist needs to be experienced as sincere and trustworthy. The therapist can instill trust and confidence in

clients by being congruent, and clients can then rely on the therapist for accurate feedback, as well as understanding and support or the therapist to be aware of his or her own thoughts and feelings in

2. Congruent responses need to be embedded within the therapist's conditions and communicated nonjudgmentally. Special care must be taken when sharing negative feelings, as this may be destructive (e.g., sharing feelings in an attacking, blaming manner; Henry, Schacht, & Strupp, 1990; J. Watson & Kalogerakos, 2010). To be facilitative and healing, congruence must be qualified by a number of other attitudes and commitments (Greenberg & Geller, 2001). It is important that the EFT therapist be genuine in a facilitative way. This means that he or she is congruent and transparent in a disciplined manner and does not just blurt out whatever he or she feels or thinks. To be transparent in a facilitative manner, the therapist first needs to be aware of his or her deepest level of experience. This may take time and disciplined reflection. Next, the therapist needs to be clear about his or her intention for sharing the experience, making sure that it is for the good of the client or the relationship and not only for the therapist's own satisfaction. It is also important for therapists to be sensitive to the timing of disclosure, sensing whether clients are open and able to receive feedback or whether they are too vulnerable. Disciplined transparency on the part of the therapist requires him or her to be optimally attuned to the client's needs and states at different points in the session and over the course of therapy. When he or she does share his or her feelings with clients, the EFT therapist ensures that what is expressed is a core or primary feeling rather than a secondary emotion, and hence is careful not to request caretaking from clients and upset the balance of the therapeutic relationship (J. Watson, 2015).
3. Another concept that clarifies transparency is *comprehensiveness*, which requires that the therapist express not only the central or focal aspect of what is being felt but also the meta-experience, and that she or he devote attention to the process that is occurring in the session. Thus, feeling irritated or bored in the session may not require the therapist to express these feelings but to use this information to attend to what is happening. The therapist might note that his or her attention was wandering and reflect on why. If the therapist observes that a client has been meandering or intellectualizing, he or she might observe this and ask what is happening or suggest that the client focus internally on their organismic experience to see where they wish to direct their attention. For the therapist to share that he or she is bored would not be good for the relationship. Instead, the therapist needs to communicate his or her concerns about what is happening in the interaction and how this may be getting in the way for clients. The objective is to share the information to improve connection and repair ruptures (Safran & Muran, 2000). Thus, to be optimally congruent and transparent, the therapist needs to be aware of the full complexity of the interaction to facilitate the client's process.
4. The interpersonal process between client and therapist can be illuminated by examining interactions in terms of the structural analysis of social behavior, a circumplex grid of interpersonal interaction, on the basis of the two major dimensions of dominance/control

and closeness/affiliation (Benjamin, 1996). This grid outlines a set of complementary responses that can potentially pull for each other. For example, attack can pull for defense, and affirmation can pull for disclosure or revelation. The therapist who is trying to be congruent in a facilitative manner needs to be careful not to react in a complementary fashion to a client's negative interpersonal behaviors and respond negatively in turn (e.g., becoming defensive and angry when attacked). Instead, the therapist needs to try to respond in a noncomplementary fashion so as to try to elicit more therapeutically productive processes and responses from clients. Ideally, the therapist's responses facilitate clients' disclosure and the clear expression of their experience.

5. Thus, when clients express negative emotions about the therapist or therapy, it can be optimal to follow with an empathic understanding response. For example, when they complain or tell the therapist that he or she is failing to help alleviate their distress, a negative response from the therapist would be, "That is not fair and makes me angry. You are not cooperating or doing the things that I am suggesting." Even if this has some truth, it would be better for the therapist to respond to the client's frustration with an empathic reflection: "It seems to you that I am not helping and that the therapy is not working, and this makes you feel very frustrated with me right now." Here the therapist lets the client know that he or she has heard the client's frustration and hopes his or her response will open up the conversation to explore what is not working. Even if the therapist feels angry and unjustly blamed, it would not necessarily be productive to focus on those feelings at that moment given the client's distress. If the therapist feels unable to modulate his or her feelings, it would be important to seek supervision to explore what is happening in the relationship with the client. Once this is clearer, the therapist would be in a better position to come back to explore the relevant issues in a transparent way with the client.
6. The therapist who does not react to the negative pull of clients' statements, but instead responds in a way that pulls for a more constructive response from clients, can overcome a blame-withdraw cycle. Disclosing or affirming responses from the therapist has a high probability of leading to changes in interactions between therapist and client, by redirecting and reengaging the client in disclosure and exploration with a focus on the client instead of on the therapist. When dealing with difficult feelings about clients, therapists can follow a sequence of steps to assist them in working congruently and effectively. First, therapists need to be aware of what they are feeling (e.g., threatened or angry when being attacked). These feelings need to be symbolized in awareness. The next step is to communicate in a nonblaming, nonescalatory manner. Here according to Benjamin's (1996) circumplex model, responses perceived by clients as openly disclosing and revealing are more likely to facilitate friendly listening, whereas empathic understanding will more likely facilitate open expression. For the therapist, the interpersonal stances of disclosing and empathic listening are crucial for transparency to be facilitative.
7. When working with clients with GAD, the EFT therapist may feel impatient as clients focus on their physical symptoms and not on their feelings. The tendency for clients with GAD to worry and become abstract in their presentation of their concerns as the therapist tries to

remain alert and vigilant can leave the latter feeling blocked and helpless. However, if the therapist can be patient, trust the process, and persevere by refocusing clients on their inner experience, clients will come to see the value of their feelings in time. The therapist may also have to provide a rationale to clients about focusing on feelings and being more attentive to bodily and organismic processes. As clients begin to attend to their bodily felt experience, and clients see that a primary impediment to conquering their anxiety is the dismissal of their pain, they realize that they need to be more accepting of and attentive to their feelings. The therapist's congruence, empathy, and acceptance of clients and their experience not only engender trust but communicate that clients are valuable and deserving of care and attention.