

**Witnessing Emotional Transformation:
The Experience of Coaching Experiential Work
(Based on the work of Ladislav Timulak)**

1. *Emotion-focused therapy (EFT)* provides the theoretical and clinical basis for experiential work in TLT. It is characterized by a sustained focus on the *Participant's* emotional pain and transformation. The disclosures presented here concern the impact on the *Primary* in the process of encountering and transforming the Participant's painful vulnerability. It is organized around the different phases of the transformational process: meeting a new Participant, accessing the Participant's core emotional pain, transforming the Participant's emotional pain, and the process of bringing transformational work to a close. The following personal account of the author (Timulak) is a *witnessing* of the *experience* of providing help to troubled human being using the emotional transformational methods of EFT. The particular focus is on the most impactful events that occur in helpful work sessions. In addition, transformational emotion-focused work provides significant learnings for the Primary on both a personal level and a coach, leading to improved maturation, better connection with personal hurts and vulnerabilities, greater courage regarding the sharing of feelings, more kindness toward others and the self, and improved determination to be braver when facing adversity or injustice.
2. My fascination with emotion-focused work arose primarily through experiences during training and with Participants. I realized that the work I was witnessing had a level of poignancy that seldom appeared in the rest of my life. This poignancy surprised me, and I realized that it is not fully captured in technical writings. This poignancy comes out of the sustained focus on the Participant's emotional pain and the difficult transformational work
3. In response to a question about where he sees the beauty in emotion-focused work, Les Greenberg stated, "I think when people go to their most painful wounded places, they are actually the most beautiful, because they are being, they're letting me be with them in a place that they hardly ever go to, ever let anybody see and I feel this incredible sense of vulnerability. I think a small child is the most beautiful being. In their innocence and their openness and when people are open and vulnerable, when they are being vulnerable. It's like a flower just opening. I guess people could open into awe or wonder or other experiences but somehow, it's when they let you close to their pain. I think it evokes incredible compassion from me and you know, that's the human experience and that's an intense experience of intimacy. That is beautiful."
4. I see the Participant's vulnerability and transformation of that vulnerability as the most impactful aspect of my work. I feel privileged to witness it; I am inspired by it and motivated to be kinder to people around me, to be more open to them in showing my own vulnerability, to be more courageous to face difficulty or unfairness. Following, I will elaborate on the personal impact of working in an emotion-focused way with Participants.

5. Encountering a New Participant:

Encountering a new Participant is a challenging endeavor. This type of work very much values the Primary's authenticity and a relatively equal relationship with the Participant. The Primaries typically do not hide emotionally, they face the Participant with a close proximity, and do not intentionally assume an expert role (do not provide an expert opinion unless the Participant solicits information or unless that opinion is a part of reflection on the process and the Participant's difficulties). I explicitly focus on the most emotionally painful aspects of the Participant's experience. I expect to provide as secure an interpersonal environment as possible, while remaining authentically relational and maintaining a connection to the person. This is highly demanding, particularly for Primaries who are naturally shy in social and interpersonal interactions.

When opposite a new Participant, I feel exposed and thus naturally anxious. From the first minutes, I want to be relational; I want to meet the Participant wherever they are in their distress and communicate my empathic understanding of the distress. At the same time, I am gathering information about the most emotionally painful aspects of the Participant's current life experience or the most emotionally painful past experiences and memories. I am trying to communicate early on that I will focus on those most emotionally painful aspects of the Participant's experience, so we could hopefully heal them. At this prospect, it is typically very anxiety provoking for the Participant, I am fully aware of the Participant's need for emotional and interpersonal safety and thus fully aware of the weight of building trust.

This responsibility is impacted by the knowledge that although I have a lot of experiences succeeding in accessing the Participant's pain and transforming it, I know that I cannot reach every single Participant. Therefore, I must find a balance between instilling hope in the Participant while also not promising anything I cannot guarantee. This is a very fine line that must be delivered to the Participant primarily through an empathic, caring and warm presence and an overall hopeful stance. From process research, the provision of the Primary's warmth appears to be very crucial both early on and throughout the work (1) for the Participant to ease into the whole process, (2) to feel understood and cared for, and (3) to experience the Primary as an understanding and insightful ally. I always say, "If you struggle when working with a Participant, ensure that at the very least that your Participant is met with a lot of care and warmth." Basic research on emotions suggests that an attentive, caring, and warm presence on its own has a significant soothing physiological effect.

It usually takes a little before the Participant settles-in and trusts-the-process and the Primary. Often it happens when the Participant accesses particularly painful emotional experiences, and the Primary meets him/her with a caring, holding presence, along with skills that help the Participant to stay with and bear the pain, articulate their unmet needs in those painful emotions, or even respond to the pain with a more soothing presence. The signs of the Participant's settling into the process are communications by the Participant in which

disclosures such as “You really get me” or “It is painful to feel this, but I feel I need to touch on those feelings,” or the Participant can spontaneously thank the Primary after work and expresses relief.

Important early-on and throughout is that the Primary find a way of conceptualizing the Participant’s suffering and sharing that with the Participant in terms that are salient, plausible, and meaningful for the individual. This shared conceptualization usually happens in a piecemeal form, as it is communicated bit by bit in reference to what the Participant is experiencing. Each case conceptualization is idiosyncratic. For instance, with a given Participant, the Primary can talk about the core (primary) painful experiences of feeling rejected, not loved (alone), not being lovable (ashamed), and how these feelings are unbearable and lead to the Participant’s (secondary) feelings of hopelessness and helplessness. The Primary may point out how these feelings are dreaded (anxiety) and avoided (emotional and behavioral avoidance). The Primary may point to the fact that there are certain triggers in the Participant’s life that bring about these painful feelings, for example, treatment by a significant other, or certain types of self-treatment (e.g. self-criticism, “It is all my fault that they rejected me because I am flawed inside.”).

When the core painful (primary) feelings are activated and the unmet needs within them articulated, the Primary points out to the Participant the importance of those needs and the significance of the painful feelings to inform about what is needed. If, early-on, these painful feelings are met with transformative emotional experiences of compassion (self-compassion) and validation (a sense of deservedness to be loved and accepted), then these interactions become good opportunities for the Primary to communicate to the Participant’s their own ability to transform difficulties in everyday life.

When the Primary communicates to the Participant their understanding of the dynamics involved in the Participant’s emotional suffering and the ways in which this suffering may be transformed, it is important that the Primary has a sense that the Participant can understand this conceptualization, can relate to it, can use it as a guide to understand what is happening in their Floorwork and in the outside when they tackle their own emotional suffering. This attunement and a shared sense of convergence in the perspectives (the Primary’s and Participant’s) is crucial for the Participant’s easing into the relationship and the process, but it is also crucial for the overall success.

Shared case conceptualization is a critical part of the whole therapeutic venture. The Primary and the Participant refer to it throughout process work, elaborate on it, and adjust it continuously so it fits more with the Participant’s experience. For the Primary, it is a creative endeavor because case conceptualization is a process in which one is continuously involved. Now the Primary just should make that conceptualization public in the relationship with the Participant and adjust the language in a way that can be understood by the Participant.

I enjoy speculating about the roots and the dynamics present in people's difficulties, I particularly like to develop, share, and tweak my understanding of the Participant's suffering from an emotion-focused perspective and to be involved in dialoguing and reflecting on it with the Participant. When this process is collaborative and smooth, it is normally a sign for me that the process is going well and that the Participant and I have a shared mission, which though difficult is also enjoyable. We are taking steps toward helping the Participant increase connectedness to others, and feel calmer, more confident, empowered, and more aware of their own vulnerabilities and values.

6. *Accessing and Differentiating the Participant's Emotional Pain:*

After establishing initial trust and safety in the relationship, the focus moves to the Participant's underlying core painful feelings—those emotional experiences that the Participant fears most and perceives as unbearable. In general, Participants tend to avoid these feelings and any situation that may trigger them. Therefore, the Primary may need to focus on overcoming this emotional avoidance while clearly respecting the reasons for it and its function (to avoid emotional upset and suffering). Emotional avoidance can sometimes be overcome using experiential techniques that allow the Participant to be aware of the function of avoidance (protection) and to experience the toll of emotional avoidance (usually feelings of tiredness, being drained, tense, numb, on the edge, etc.). When a Participant realizes (experiences) that this avoidance has a negative impact by cutting them off from personal needs and emotional experiences in general, including healthy and adaptive experiences, it often leads the Participant to gather inner resolve to access the painful feelings for healing to occur.

In general, the Primary focuses on accessing the core painful feelings by steadily focusing on the most painful aspects of the Participant's experiencing (What is the most painful of it all? What is most missing? What is most hurtful?). The core painful feelings are typically accessed using evocative imaginary dialogues with salient hurtful others (e.g., unfinished business for emotional injury dialogues) or hurtful self-treatment (e.g., a dialogue between the unforgiving, self-condemning part of the self and the part of the self that is impacted by this condemnation). In these imaginary dialogues, the Participant enacts the triggers (e.g., the hurtful other's behavior or hurtful self-treatment) that evoke the emotional pain and is encouraged to pay attention to how these painful triggers made her feel. The accessed emotional pain (often experiences of loneliness, shame and fear) is then differentiated by the Primary and the Participant through an empathic exploration. Within these imaginary dialogues, through the Primary's facilitation, the different aspects of the Participant's painful experience are named and expressed and a narrative is formed.

The Primary plays a very active role in accessing the Participant's pain. The Primary must have enough courage to be able to focus on what is painful, for the Participant may be too fearful and actively avoidant of it. The Primary should provide a calmness that builds trust in the Participant to believe that difficult feelings can be approached, felt, named, and expressed. Therefore, the Primary should have a clear focus that is underpinned by a deep

theoretical understanding of emotional processing and transformation of emotional pain. When accessing the Participant's emotional pain, the Primary uses evocative language to help the Participant access and resonate with the emotional experience.

For instance, the Primary focuses on the parts of the Participant's narrative that are particularly upsetting for the Participant, which suggests an underlying emotional vulnerability. The Participant may note the words that are especially poignant and repeat them or ask the Participant to repeat them in imaginary dialogues. It is also particularly powerful to focus on the underlying unmet needs in the Participant's painful experience, as each painful emotion indicates that some needs (e.g., to be loved, to be valued, to be safe) are not being met. While the Primary focuses on accessing the underlying painful feelings, they also attempt to balance the exploration and evoking with the communication of empathic understanding, so the Participant's painful experience is at the same time not only aroused but also soothed by the caring presence of the Primary.

Witnessing the Participant's pain in this part of process (esp. Life Scene and Floorwork) is deeply moving for the Primary. I often explain how to differentiate between the Participant's more superficial secondary feelings, such as hopelessness and helplessness, and more primary underlying painful feelings (e.g., feeling abandoned, rejected, unprotected), that when they touch on the primary painful feelings they will know it because they will feel deeply moved inside. While, in general, I feel quite warm and caring toward my Participants early-on, I am usually genuinely moved once I see the intimate aspects of their suffering. (Carl Rogers said that "the most personal is the most universal.") Once the Participant reveals the most painful aspects of their experience, I can identify with that pain and naturally feel very compassionate toward it, often finding myself on the brink of tears. At that point I believe the empathic quality of my expression conveys that I am moved and feel very tender and caring toward the Participant (a sense of presence). I am being changed in such moments by the Participant.

For instance, I may witness suffering and bravery in bearing the pain, which may inspire me in facing difficulties in my own life, or which may make me more aware of how grateful I am for experiences of being loved, acknowledged, and protected that I have had in my life. My gratitude to my late father is far greater now than it was at the time of his death, when I was occasionally quite critical of him. I am much more aware of the level of care he provided (e.g., all the breakfasts he cooked for me, all of the visits to the cinema that had to be boring for him, just because I enjoyed them and wanted to share them with him). This awareness of my father's care for me has occasionally made me concerned about my own role as a father to my kids, given my focus on my career.

From my training and professional experience, I understand that it is important not to shy away from showing that I am deeply touched and to communicate to the Participant that I want to be supportive and provide care. In such moments, I am trying to articulate the Participant's pain by putting it into language, and share my understanding and appreciation

of the Participant's suffering. As I am naturally a shy and private person, I am aware that I need to proactively show my warmth (as it is not a natural trait of mine) and use gentle language to express my care for my Participants, not only to soothe them, but also to help evoke the painful aspects of their experience so that they can move toward healing.

The following excerpt, from early-on meeting with a Participant who was deeply neglected by her mother in her childhood illustrates how the Participant's vulnerability deeply moves me and looks in process:

Participant: But I know, from my kids growing up that we should have had that childhood.
And we didn't (choking quality). Primary: I gave it to my children.

Participant: I gave it to my kids (voice strained with emotion, words are almost inaudible).

Primary: Yeah.

Participant: You should have given it to me (almost a whisper, crying). [This is directed to her imagined mother sitting in the empty chair.]

Primary: There's pain in it, and anger, yes? It's painful what's missing yes when it was like this.

Participant: My kids would never see what you put us through (crying). We'd tell them sometimes (sniff) but they can laugh about it, because they never had to live with it, and they never will.

Primary: Yes, but it's not laugh, laughing for me yes.

Participant: It was never laughing for me.

Primary: Yeah, yeah... It's like full of pain. The pain that I can feel now, I can stay with it. [Primary speaking on behalf the Participant] Yeah . . . so I need you, what would you need from her? [This helps both to differentiate the experienced pain and articulate unmet needs that the pain signals.]

Participant: (sniff) Not an apology, but an explanation (voice collapses with emotion). And back then when we were kids, I needed a mother (tearful).

Primary: Ok.

Participant: I didn't know it at the time. Cuz I thought life would be better without you.

Primary: Yeah.

Participant: And it was. God forbid me for saying it but it was.

Primary: Yeah, yeah this is how it felt. I just wanted you not to be there, so I have, I can achieve some peace or something, yeah?

Participant: Yeah, and I'd nobody to turn to (very tearful).

Primary: So there was nobody for me there, yeah?

Participant: No (crying).

Primary: It just aches.

Participant: But it would have been nice just to have her there.

Primary: Yeah, I needed you there.

Participant: Yeah (crying).

Primary: I was so on my own just to deal with all of it.

Participant: It's not even that. It's every now and then a girl needs her mum.

Primary: Yeah. Just to have you there.

Participant: The boys mightn't need them. But every now and again a girl does need her mum (crying heavily).

Primary: Yeah. Every girl needs it and I needed it as well. I needed you so much yes in my life. [Here, I am not only empathic, but I also identify with the Participant's pain and feel genuinely moved. I am saddened and wish to undo what happened.]

The Primary's attunement in such moments is an important aspect of the alliance building. The Participant feels held, cared for, deeply understood. Although the experience is painful, the Participant may intuitively feel that it is important that feelings like this are focused on in work so that they can be felt, named, and expressed. The core pain is thus accessed, unmet needs in it are articulated, and the process work can focus on transforming those experiences.

7. *Facilitating Transformation and Encountering its Challenges:*

Once the core painful feelings are accessed and the Participant's experiences of them are differentiated, the Primary's strategy focuses on transforming those painful feelings. This transformation occurs when the Participant experiences adaptive emotions that serve as an antidote to those painful maladaptive emotions. The accessed core painful feelings appear to be mainly experiences of unbearable loneliness, experiences of rejection and shame, and experiences of being unprotected and scared.

These experiences are mainly transformed through experiences of compassion and healthy, protective anger. Compassion is typically directed to the painful experiences and unmet needs embedded in them, and protective anger is aimed at validating the unmet needs in the emotional pain. On one level, it is the Primary who offers their own compassionate responses and validation of the Participant's deserving to have their needs met. On the other hand, in EFT, it is particularly important that the Participant can generate self-compassion and protective anger for oneself. This often happens in experiential imaginary dialogues.

For example, the unmet need for a caring and available mom and a sense of abandonment is eventually met with the compassionate response of the imagined mother or other person (e.g., the Participant's adult self). In a version of the unfinished business chair work, the compassion is then enacted and expressed to the small girl who was missing her mom so profoundly. The experience of expressed and received compassion is further supplemented with the experience of protective anger and the sense of deservedness: "Everybody deserves to have an available mother, I deserved you [mom] to be there for me, it was not my fault that you were not there." Such an experience of protective anger in which the Participant experiences a healthy sense of entitlement is strategically promoted by the Primary (see below).

The EFT Primary is a facilitator and supporter of transformative experiences. The Primary not only offers their own compassion and validation of protective anger, but also actively orchestrates work tasks in a way that increases the likelihood of the Participant experiencing those adaptive emotional experiences. Thus, the Primary invites the Participant, who just expressed the poignant pain and unmet need of not being loved by her mother, to sit in the other chair and have a look at the expressed pain (for instance, as the imagined mother or as

an adult self). The Participant is then invited to see how it feels to see such profound pain and suffering, and such a poignant craving for love.

Furthermore, the Participant is asked to share their inner response to seeing such pain and to describe how they wishes to respond to it. Seeing the pain increases the likelihood of feeling compassionate (although to feel compassion, own it, name it and express it, is often a very long process and is developed in the moment and over time). Also, giving encouragement to accept expressions of compassion increases the likelihood that the Participant will be able to let in compassion. For many Participants, however, it may be equally difficult to accept this compassion just as it is to express compassion toward themselves, so Primarys often need to focus on helping Participants to allow themselves to feel being cared for. This may be accomplished by gently encouraging the Participant to try to let in the compassion.

A moving example of a compassionate exchange from a work session is an imaginary dialogue of a Participant with her very judgmental and often very undermining, punitive, and cold mother. In the final imaginary dialogue, the Participant can now access a compassionate response from the imagined mother for the first time.

Primary: Okay, so if you were her now, yes, you are your mum and you see Tina, yes, there, what would you say to her? What would you like to say to Tina?

Participant: I love you. You know I do really, don't you, you know cuz she would. [This is the very first time that the Participant as the imagined mum responds with compassion.]

Primary: Yeah, so can you sense that love? [I want the Participant to savor the feelings.]

Participant: Yeah . . . I know, I know I've been wrong to you. I know, I know I was wrong to you in a lot of ways but you know I love you really, don't you?

Primary: Yeah, okay, so it's like I'm really sorry, yes, about how I was.

Participant: Yeah, I'm really sorry for the way I was with you. Just, that's what I feel, you know, she would, she was like that at the end. [The Participant is elaborating on the Primary's responses, which shows that she is fully immersed in the experience of compassion.]

Primary: So it's really "I love you and I'm sorry," these are the things, yes, and "I so much want to be with you, yes, and I'm so sorry for everything that I did or that I didn't, yes, that we missed out on or something."

Primary: Yeah, yeah, yeah.

Participant: And it's this sadness, yes, and love that comes across somehow yeah. . . So it's almost like "forgive me for it," yes, or something. [I am highlighting the emotional quality that is conveyed in the expression of love, both love and sadness.]

Primary: Yeah, come here, yes. . . How is it to hear it?

Participant: Yeah, it's good. I don't actually feel that anxious now, you know.

Primary: Okay, can you let it in yes? Like "I love you, I'm sorry, forgive me, yes, I should have done it differently, I missed you yes, I'm proud of you."

Participant: Well, yeah, of course, of course I forgive you.

Primary: Can you yeah? [I am checking whether this expression is truly authentic.]

Participant: Yeah, ah yeah.

Primary: Can you say it to her?

Participant: I can forgive you, of course I can.

Similarly, as the Primary in EFT works on transformative compassion, they work on the promotion of healthy and protective anger that transforms unbearable pain. For instance, the Primary increases the likelihood of the Participant being able to stand up for the self by highlighting (or asking the Participant to enact) the abusive or neglecting behavior of the other (or self-harming behavior in instances of a profound negative self-treatment) and inviting the Participant to see whether she or he can stand up to it—“And what will you do if she will keep putting you down?” On other occasions, the Primary may, for instance, promote the protective anger through the highlighting of the unmet need—“Tell her what you needed”—or invite the Participant to express the things that she resents in the other’s behavior—“Tell her what you resent in her behavior.” This, together with encouragement and permission from the Primary to experience a healthy anger, increases the likelihood that the Participant can generate, own, and express protective anger.

An illustration of an emerging resilient self is visible in the example below. The Participant, who easily collapses into an overwhelming sense of shame when criticized by others (e.g., a harsh father) or through her own self-contempt, for the first time shows not only signs of collapse but also the first offshoots of resilience:

Primary: Come here and be that critic. Again. You. We’ll see whether you can stand up for yourself or not. Put her down again. Yes? How you’re doing it. Yes? [I am facilitating the Participant to enact hurtful behavior, so she could later fight it back.]

Participant: “You’re rotten.”

Primary: “You’re wrong.” Yeah. “You’re too weak” or something?

Participant: “You’re wrong. You’re ...”

Primary: “You’re too small. Too childish.” Yeah?

Participant: Yeah. “Too childish . . . you . . . you behave like a child sometimes that it’s just ridiculous”

Primary: Yeah. Yeah. But it’s like “I’ll be always here and judging you and making sure that you feel miserable about yourself because you’ll never measure up” or something? Yes? “I’ll be always more powerful than you” or something? Yes? [The Primary is highlighting the strength of the criticism.] . . . “I’m the powerful one here.”

Participant: “I’m the strong one and you are just there. That’s it. I’m the strong one.”

Primary: Ok. Tell her again. “I’m the strong one and you are . . .”

Participant: “I’m just . . . you’re just there . . .”

Primary: [Shows the Participant to sit in the experiencer chair.] Ok. “I’m the strong. You’re nothing.” Yes? “You are just there.” Yes? What’s your response to that?

Participant: “You’re right.” [The Participant is collapsing again and resigns in the face of criticism.]

Primary: Yeah. “So I’m just awful upset. When I face you I’ll just collapse.” Tell her. Tell her. Yes? Tell that voice over there. “I always collapse to you.” [The Primary stays close to the Participant experience even when it is not adaptive, thus respecting the Participant’s experience.]

Participant: “I do always collapse. I always crumble.”

Primary: Yeah. But now . . . how is it now? Do you want to collapse in face of this? [I am prompting for protective anger.]

Participant: No. [The Participant is starting to stand up for the self.]

Primary: Ok. So tell her what you want. “I want you . . .” What? “I don’t want to collapse.” Yeah? [I support the protective anger through the assertion of the need to be stronger.]

Participant: “I don’t want to collapse. I . . . I don’t . . .” [The Participant starts to stand up for the self even more.]

Primary: Yeah.

Participant: Want to feel like that kid anymore. I don’t want to feel . . .

Primary: Yeah. Ok. Tell her. [The Primary facilitates expression.]

Participant: “I don’t want to feel vulnerable all the time and I don’t want to . . . be second guessing myself. I want to take this . . .”

Primary: Yeah. So if she says . . . “Just . . . you’re just there. I’m strong.” What do you say to her? To that? [via a paradoxical intervention, I want to see whether the Participant will take ownership and control over her own well-being.]

Participant: “You are strong but I want that strength a different way. I want that strength to be able to be seen as a person and not . . . and not to be walked on all the time . . . and not to be a doormat.”

Primary: Yeah. “I want to be seen as a person.” Say it. [I empathically highlight the gist of the Participant’s statement.]

Participant: “I want to be seen as a person.” [And the Participant owns it.]

Witnessing the Participant’s struggles and accomplishments in being caring, loving, validating, or protective toward the self is a very moving experience for me as a Primary. Often after such transformative sessions, as I am walking around the same or next day, I feel elated and have distinct sense that I contributed to something profoundly healing, which makes the Participant feel relieved and powerful enough to face the adversity in their life. I can then appreciate that my years of training and experience have come to fruition in enabling me to help others. In these moments of transformation, I am inspired by the Participant’s resolve and determination to protect the self and to recognize the importance and validity of their own needs. It is also inspirational to witness the Participant being empowered as fear is replaced by determination and a healthy assertive resolve. Such

inspiration then spurs me to consider how I, too, can address stressful things in my life with resolve and determination.

However, the road to compassion and empowerment can be rocky and difficult for the EFT coach. I often feel stuck and helpless when the Participant is unable to access any compassionate feelings toward their own pain. Sometimes it is out of ingrained (self)-rejection, other times the Participant does not want to invalidate the despair of their own suffering by simply undoing it through self-compassion that, in the context of profound suffering, seems superficial.

Such difficulties in generating self-compassion and protective anger require that the Primary stays patient and persistent while closely following where the Participant is and respecting that place. The EFT coach may need to be creative and flexible at such times and offer the Participant work-enactments that will hopefully at some moment bring some softening toward her own pain. This may occur through witnessing an imagined sufferer (a child) different from the Participant, for sometimes the sources of compassion may be compassion toward real people in the Participant's proximity such as her own children. All of it requires that the Primary stays closely validating of the Participant's experience and respecting that the Participant does not yet feel compassion toward the self. At the same time, however, it is important that the Primary does not lose hope and instead searches for the adaptive and healthy edges of the Participant's experience that can boost the Participant's adaptive self-organizations.

The Primary can experience the same difficulties when trying to facilitate the Participant's experiences of protective anger. Many Participants are terrified to stand up for the self out of fear that they will be further attacked (or rejected) or out of experiences of invalidation (and now self-validation) of their own strength ("I am a mean, hostile, ungrateful person"). The Primary has to be permissive and validating of anger while also trusting that the Participant will be able to learn to access its protective and healthy forms. Sometimes this requires helping the Participant to experience the costs of suppressing healthy protective anger (e.g., resignation, psychosomatic difficulties.) It may require exaggerating the humiliations and put-downs that the Participant experiences, e.g., asking the Participant to express to the oppressor self-denigrating statements such as "I will be your servant/slave forever." Such expressions of self-denigration are typically nonacceptable to the Participant such that the Participant, when confronted with them, fights back and stands up for her own value and esteem.

Overall, the Primary needs to understand the importance of healthy protective anger and to have patience with the Participant who is terrified to generate such anger or unable to access and express it. The Primary also needs to have the confidence to encourage the Participant to try it out and *own* the entitlement to have their own needs met and express righteous anger at appropriate moments. The Primary can often facilitate this expression through highlighting

the violation of the Participant's natural needs (e.g., for love, acceptance, and security) and validating the Participant's right to have them met.

My experience as a Primary is teaching me that witnessing the Participant's empowerment is very inspiring and encourages me to be braver in my own personal life when encountering injustice. Although such inspiration does not always lead me to a courageous act, I feel freer and more ready to take appropriate risks. For example, I am now much more likely to be politically active (e.g., to lodge a formal complaint) if I believe that vulnerable people are being harmed. I am also more likely to publicly voice my opinion on things that matter to me. Experiences of transformation are typically followed by the Participant's grieving past hurts, but with less distress. In work that is evolving well, Participants are often capable of letting go of past hurts and clearly observe and name what happened and what perhaps did not have to or should not have happened.

My experience is that this type of grieving elicits a lot of compassion in me and although sad, I feel very close and connected to the Participants as I witness and share their struggles. In these phases of process work, I often share my perspective on what happened and what should have happened. I validate the Participant by owning my perspective and, for instance, by sharing how affected I am by what I hear. I may, for instance, share how moved and saddened I am when I hear how deprived of a mother's love the Participant was and how scared they were when they were attacked in childhood. I may disclose that it is heartbreaking for me to hear it, that it should not have happened, and how much I would want to be able to undo this hurt while being aware that it is not fully possible. I may share that I hope that the Participant is not totally on their own with their hurt, and that not only I but also other people are there for them and want to reach out to support them.

8. Finishing Work & Saying Goodbye:

Over the course of a successful therapy, it is hoped that the Participant will experience several transformative moments that will build one upon the other and impact her life outside of the sessions. Therapeutic progression, then, naturally evolves toward the ending of work. In an optimal situation, the ending is a sign of natural closure on which the Primary and the Participant agree. Often, in a time-limited context, however, the ending is set by an external boundary (ending of the program or Focus) and may perhaps come earlier than the Primary and the Participant would wish. Occasionally, the ending may be premature, which may be a sign that the work did not take and the Participant did not experience progress or could not engage fully or that there was just not enough time to get to all that is important (and may need to wait until Focus or their individual therapy) or the Participant must leave due to illness or family need. This may be most difficult when the Participant is afraid to approach their own pain or when the Participant is unable to trust that the process work has the potential to transform this pain.

Such premature endings at any time or for whatever reason are disappointing for the Primary and provide an opportunity for reflection and learning in terms of what the Primary could do differently with similar Participants. Since I can be quite self-critical, these awkward

moments of premature termination often leave me reflecting about what I could—or should—have done differently. As difficult as that reflection is, I also remember the transformative moments that occurred with many other Participants, moments that contained substantial healing. Those recollections allow me to be somewhat gentler with my own shortcomings.

The optimal ending in TLT/Focus is characterized by a Participant's greater emotional resilience and flexibility that is visible in their interactions and self-report regarding how they feel and by their experiences in their outside world. This greater emotional resilience and flexibility is visible in the Participant's capacity to move relatively smoothly from the painful (maladaptive) feelings to resourceful and interpersonally connecting adaptive emotional experiences (e.g., of self-compassion and healthy empowering determination).

The progression is also captured in the self-narrative that the Participant has developed with the Primary, the staff, the facilitators, and the program as a whole as when reflecting on their current and past emotional experiences especially during the program. A healthy interplay between the narrative, emotional experience, and the reflection on emotional experience, as well as coherence of the Participant's narrative and its emotional grounding, is characteristic of good outcome and progression. At the end of a successful program, the Participant and the Primary can provide a coherent account of the historical roots and current triggers of the Participant's difficulties, as well as a coherent account of the transformation of these difficulties. These accounts are not only coherent, but the Participant has also a clear sense that they fit her emotional experience.

At the end of a successful TLT and sometimes Focus, the Participant has the experience of both a natural loss, alongside an opportunity to live as a new independent being. The loss is that of a companion (the Primary) with whom the Participant experienced very intimate moments. The new independent functioning, however, normally provides a natural balance to the loss, and the Participant looks forward to being able to test their own capabilities and resources. While the Participant often spontaneously addresses the ending of the program and talks about the loss and trepidation associated with a new independent beginning, the Primary may be focused on the prevention of any setbacks that the Participant may encounter once the program finishes. The ending is also an opportunity for the Primary to reflect on how they experienced the program and what the Primary would suggest and wish for the Participant's independent journey. While the mark that each individual Participant leaves on the Primary differs, each ending is, for the Primary, a good opportunity to reflect on the personal and coaching learning from the journey with the Participant. Optimally, the Primary is becoming more and more skilled with each encounter and thus better able to work with future Participants.

My personal experience of the work with various Participants has been hugely impactful on both a personal and a coaching level. Each program encounter allows for the development of a closeness with the Participant that affects who I am and how I am with others. Each Participant leaves a trace in making me, I believe, more aware of and sensitive to the intricacies of human suffering and pain and the ways in which it may be transformed. I am an avid learner with the drive to understand the world around me, and my coaching work in

particular. The work with my Participants provides me with so many moving and transformative moments that I often catch myself being aware of how grateful I am for this opportunity that allows me to build connections with people as they battle with their personal struggles and injuries to which I can very well relate.

I have a sense that I am maturing through my work, that I can connect with my own hurts and vulnerabilities better, that I have more courage to share them with my close ones, that I can be kinder toward others and myself, and that I am determined to be braver when facing adversity or injustice. For instance, it is somewhat easier now for me to be vulnerable and emotional, and when I feel my eyes welling I can allow tears to come more easily than it would be perhaps few years back. I can do so in the presence of my spouse/partner more easily than anywhere else, but I experience it also in the presence of close ones or strangers, when I am hurt or when I see the hurt in others.

I am also noticing that I am becoming somewhat less fearful. For instance, when I feel anxious about meeting a potentially “difficult” Participant, I can gather courage and the sense of rightness that I am fighting for a worthy purpose, and this supports me and carries me through the difficult exchanges. To fight a worthy reason even against a very “difficult” Participant is then actually exhilarating rather than anxiety provoking.

The way in which I conduct myself in my coaching is also changing with each experience of working with a Participant. I am hopeful that it leaves me more attuned to my Participants, more cognizant and understanding of their struggles, more skillful in reaching out to them and to their pain, and better able to facilitate their growth and transformation. It is an incredible privilege to be an intimate part of another person’s life as they reveal personal stories and confront profound struggles. It is a unique perspective, one typically not experienced in normal day-to-day life. I am deeply grateful to witness the courage that Participants possess as they bring their personal and intimate sufferings to share with me. I am also grateful that, at least in some moments, I can be hopefully be of some help to them.