

Cultivating Emotional Safety with the Highly Anxious Client

By Yuval Berger MSW, RSW

“I need your help,” Emma exclaimed, walking into my office. “My best friend, Kate, referred me to you. She told me that you did excellent work supporting her and Justin during their separation.” Emma was a petite woman with natural blond, straight hair. She could easily have been mistaken for a teenager, dressed in a feminine, flowered sundress and yellow sandals, and clutching a small purse that could not have fit much more than her cell phone and keys.

Emma sat down on the couch, carefully observing the interior of my office. It appeared as if she was searching for familiar objects, looking at my books, art, and even plants. I felt that Emma’s opening statement and her observations were an attempt to create a connection between us. Emma was searching for similarities between our lives as a way of assessing whether I could be a “safe” person to contain her vulnerability. Emma’s distress was evident; her facial expressions and her whole body demeanour suggested that she was under a considerable strain, which she could barely manage. The dark circles under her eyes were the result of, as she said, her “chronic insomnia.”

Her husband, Martin, was the one who initially contacted me by phone, explaining, “Emma was nervous and asked that I make the initial call to you. You were the facilitator in her best friend’s divorce, so she felt most comfortable retaining you for our divorce.”

He shared with me his reasons for leaving the marriage of 15 years, “We grew apart; the love was not there anymore.” I noticed that his emotional narrative of the separation was excessively positive, simplistic, and disingenuous. When I asked Martin about Emma, he used contradictory adjectives, minimizing her response to the separation. For example, during the same brief telephone conversation, he told me, “Emma is doing really well, and she appreciates my decision,” and also, “Last night, she couldn’t control her anger. She pushed me away. Her angry outbursts can sometimes reach the point where I’m concerned she will become violent.” Martin, as much as he tried to present Emma in an objective light, was downplaying her feelings, perhaps trying to distance himself from the emotional whirlwind his decision had triggered.

“Martin, what goals do you have for your divorce?” I asked.

“I want a quick and cheap resolution. I just want to be able to move on as soon as possible. I’ve been over this marriage for years,” he explained, somewhat callously.

Soon after speaking with Martin, I contacted Emma to see how she was doing and to set an in-person meeting. Emma barely spoke during our telephone conversation, so rather than force conversation, I set a time for us to meet.

My gut feeling instructed me to ask Martin and Emma to come in for separate individual meetings. From my brief conversations with them, it seemed that Emma and Martin held two distinctively different narratives about their relationship breakdown and their reasons for ending it. Both narratives needed to be heard and acknowledged, and their stories, at this point, should not have been compared for their experiences to be fully accepted.

One of the most helpful schemes for conceptualizing how to support adults struggling with interpersonal problems is the model of attachment system activation and

associated affect regulation strategies.¹ According to this model, when adults perceive a threat in their close relationship, their attachment system is activated in much the same way as in infancy. However, adults have a longer history of developmental experiences that influence the next stage of the process; namely, a determination whether an attachment figure is available and likely to be responsive. If the person determines that answer is “yes,” she will use security-based strategies to seek comfort and emotional proximity with attachment figures. However, adults who appraise their environment as lacking in available and responsive attachment figures will experience a heightened sense of distress and will engage in two possible strategies. Those who anticipate that seeking closeness with another adult may result in some measure of felt security are likely to engage in hyperactivity attachment strategies, whereas those who believe that closeness seeking is impractical (i.e., would likely add more stress to their life) will engage in a deactivating attachment strategies.² Each of these strategies requires a specific intervention approach in order to lay the foundation for effective working alliances that will eventually support the client during her separation process.

Divorce can disrupt or reaffirm a client’s experience of emotional security or insecurity, as it pertains to one’s close relationships on the deepest level. In this chapter, I describe the unique role of the collaborative divorce coach (“CDC”) as a secure base when working with a client who presents with an anxious attachment style during relationship breakdown.

The idea of a CDC as a secure base has been valuable for my clinical work. While it makes intuitive sense, it is based on Ainsworth’s important contribution to attachment theory, the secure base concept.³ When a mother provides an atmosphere of safety, she raises the “child’s threshold for fear of the unfamiliar.” The CDC’s availability, consistency, sensitivity, counsel, and responsiveness are what allows the client, in the midst of her relational crisis, to re-establish a sense of security in the process and possibly in future relationships. The attunement between the client’s subjective experience of her separation and the CDC’s deep understanding of the client’s experiences results in the client experiencing *felt security*. Felt security is the underpinning of the collaborative process and what differentiates this process from its alternatives. The CDC is often, but not exclusively, the professional who is expected to engage with clients on this deep emotional level, and, therefore, is well positioned to serve as a secure base. The benefits for the clients from this experience are plenty, from immediate stress reduction and acceptance of help in engaging in the exploration of interests and options, to creativity and openness to try new behaviours while being present in difficult negotiations.

Each and every client is different and unique, and therefore, the way in which they experience and react to the loss of their committed relationship is distinctive. The challenge for the CDC is to adjust her skills to her client’s circumstances, personality, ability to self-regulate, and attachment style.

¹ Mikulincer, M., & Shaver, P. R. (2007). *Attachment in Adulthood: Structure, Dynamics, and Change*. Guilford Press.

² Mallinckrodt, B., Daly, K., & Wang, C. C. D. (2009). An Attachment Approach to Adult Psychotherapy. *Attachment Theory and Research in Clinical Work With Adults*, 234-268.

³ Ainsworth, M. D. S. (1967). Infancy in Uganda: Infant Care and the Growth of Love.

Safety at Last

The collaborative process is about creating a brand new experience of safety for the clients. This kind of safety provides an atmosphere for inspired guidance, while at the same time, giving the clients the courage to attempt new behavior when facing the emotional-psychological abyss often encountered at the termination of a close relationship. Although the safety in the process is primarily embedded in the collaborative principles of transparency, cooperation, team approach, and the withdrawal clause, it is the relationship between the professional and the client that nurtures the emotional experience of felt security. During the collaborative process, it is often the CDC who is expected to be attuned to the client's emotional experience and to facilitate her emotional regulation.

People who are hurt by people can repair their hurt by having a supportive, safe relationship with others. It is the experience of felt security which allows a client to calm her nervous system, self-soothe, explore options, make a decision pertaining to her future, and eventually, move on. Felt security is also critical in resetting a client's ability to think rationally, make good decisions, access creativity, use a "big picture" approach, and act empathically.

As mentioned above, the experience of emotional safety or felt security is unique and different for each client and her attachment style. A hyperactivated attachment system requires a different conceptualization and intervention than that of a client who employs deactivation attachment system. Shaver and Hazan described adults with the hyperactivated attachment system as having anxious/preoccupied attachment style.⁴ Although adults exhibiting hyperactivated attachment system seek approval and reassurance from others, this rarely relieves their self-doubt, feelings of powerlessness, and pessimism. In their relationships, adults with the hyperactivated attachment system experience a deep-seated feeling that they are going to be rejected, and this, in turn, causes worry and lack of trust.

Therefore, the main challenge for the CDC working with an adult with anxious attachment style is the formation of a secure relationship, especially since the client has recently experienced rejection in her primary relationship, regardless of whether the client is the one who initiated the separation.

More Than Neutrality

At the end of my initial meeting with Emma, I suggested a two-coach process for her and Martin. I explained to her my rationale and that I would be referring him to a colleague, while I remained her coach during the process. It was my assessment that Emma would feel more secure in an aligned relationship, rather than in a process where she and Martin were being supported by one neutral coach.

⁴ Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of personality and social psychology*, 52(3), 511.

Clinical research supports that people with anxious attachment styles might interpret neutral stances, statements, and facial expressions as threat cues.⁵ An anxious person could mistakenly read the neutral expression as an indicator that the other person (be it a professional or a partner) does not understand her. This may lead the client to feel rejected and disappointed.

I have learned (through countless mistakes) that when I am the coach for the highly anxious clients, I should avoid suggesting that “there are two sides to every breakup” or that “we should search for the win-win solution.” These metaphors, although grounded in the best practices of conflict resolution, could be understood by the anxious client as an attempt to undermine her feelings.

I have noticed that anxious clients feel supported by me when they experience me as continually attempting to understand their unique predicament and their stories. I try to engage in a dialog with the client that accommodates, as much as possible, the client’s subjective experience. During my individual meetings with Emma, I used a soothing tone, made eye contact, and often interrupted our communication with validation of her emotional experience. At the same time, I was carefully treading the fine line between supporting her subjective reality while avoiding blaming Martin exclusively for her predicament.

I described to Emma the principals of the collaborative process and promised her that the whole team and I would “have her back” while supporting her entire family. As soon as I used this metaphor, Emma’s demeanor completely changed, her body relaxed, her shoulders dropped, and her eyes started to tear up. According to my assessment, Emma benefited from a CDC who provided her with an experience of calmness, validation, and emotional containment. I acted as an advocate who was able to relate to her emotional experience, and be patient and available, while setting proper boundaries and expectations. I shared my assessment of Emma’s emotional vulnerability with the team, and, in particular, with her lawyer.

I referred Emma to a lawyer with whom I was familiar. In our practice group, this lawyer has an excellent reputation for supporting anxious clients.

Communication

Adults with an anxious attachment style tend to use many words to describe their hardship, yet their narrative can be confusing and tangential. It often lacks coherence and is

⁵ Chris Fraley, R., Niedenthal, P. M., Marks, M., Brumbaugh, C., & Vicary, A. (2006). Adult Attachment and the Perception of Emotional Expressions: Probing the Hyperactivating Strategies Underlying Anxious Attachment. *Journal of Personality*, 74(4), 1163-1190.
Sheaffer, B. L., Golden, J. A., & Averett, P. (2009). Facial Expression Recognition Deficits and Faulty Learning: Implications for Theoretical Models and Clinical Applications. *International Journal of Behavioral Consultation and Therapy*, 5(1), 31.
Yoon, K. L., & Zinbarg, R. E. (2008). Interpreting Neutral Faces as Threatening is a Default Mode for Socially Anxious Individuals. *Journal of Abnormal Psychology*, 117(3), 680.

based on unsupported generalities. Their description of life events is lacking in balance (often too negative) and tends to use catastrophic metaphors.⁶

Emma fitted this description; her sentences were wordy and drawn-out, and I often found it challenging to follow her. Her description of her emotional state included adjectives that suggested that she was constantly in a state of crisis. For the CDC, this type of communication can be demanding on many levels. I found it challenging to discern what information was relevant to our process and which one of her worries (her children, finance, or the matrimonial home) were her main concern. They all seemed to be of the “highest priority.” My initial tasks as Emma’s CDC were to help her become coherent in her communication with Martin and her lawyer, help her identify her main concerns, and prepare her for our first four-way meeting.

I asked Emma to prioritize her concerns using a simple exercise. I provided her with cue cards and asked her to write down each worry on a separate card. Then I asked her to organize the cards so that the most important concern was placed close to her heart. This technique helped Emma recognize her main concern. It also helped me identify the main emotional theme which I would need to help her express in our joint meetings. Emma’s main emotional theme was her experience of powerlessness.

Emma’s written communication and phone messages were a growing concern to me. Emma wrote lengthy emails, copying the whole team, including detailed descriptions of her feelings, her memories, and what she perceived as “red flags.” I knew that Emma’s story needed to be heard in full; nevertheless, I was concerned about the financial implications of her sending lengthy emails to me and her lawyer, as well as the possibility of splitting between team members.

Recognizing that Emma needed to tell her story more than once, I suggested she write down her stories as a memoir and keep a diary where she could record, on a daily basis, her thoughts, insights, and painful memories. In addition, I advised Emma not to share her painful feelings with Martin in either emails or text messages. I informed her that such actions would trigger her feelings of betrayal and would cause her to feel unsafe. I explained that Martin could not give her, at this time, the emotional validation she needed, and that she was better off seeking support from her friends and family. In preparation for our coming four-way meetings, I coached Emma how to be concise with her description of her emotional experience and how to focus on one topic at the time, while avoiding pleading.

One of Emma’s complaints about the four-way meetings was her experience of not being heard and understood by Martin and his coach. Often, in our regular debrief after the four-way meetings, Emma protested that the meeting was unbalanced and that she was not getting equal “airtime.” This was in spite of my own observation, where I found Emma, at times, dominating the meetings and demanding to be heard, while struggling to listen to Martin’s needs. In an attempt to mitigate this perception, I offered her that the other coach and I would monitor the time allocated to each party to discuss their agenda items.

⁶ Daniel, S. (2014). *Adult Attachment Patterns in a Treatment Context: Relationship and Narrative*. Routledge.

Hope

Offering hope to a distraught client is one of my responsibilities as the CDC, and, yet, when working with the anxious client, the facilitation of hope is not without its challenges. According to Daniel, an anxious client tends to heighten her stress in the face of assistance and is inclined to think negatively about her future. The intensification of negative emotional states has an expressive function and serves to maximize the possibility of receiving the wanted care.

The problem with this approach is that it requires the anxious client to scan for potential disappointment, and she might become rather pessimistic and distrustful about any solution for her predicaments. Stan Tatkin described the anxious person as “allergic to hope.”⁷ Contrary to the common belief that hope can serve as a motivation to overcome a difficult situation, for the anxious person, hope can be a reminder of potential disappointment and the ultimate abandonment. For the coach, the negative outlook and the perceived refusal to “get better” prove to be a real obstacle in ensuring the advancement of the process. It also might impact the relationship between the client and the coach, as well as the relationships among team members.

In my one-on-one meetings with Emma, I prepared her for the ambivalent feelings that she might experience as the process moved forward. I reassured her that if we reached an agreement, it was by no mean an attempt to dilute her emotional experience or to undermine it. Providing Emma with a personal emotional roadmap for the process proved to be a powerful and effective tool. Emma cherished the explanation of the discordance between the progression of the process and her emotional experience. Knowing what to expect in our meeting and having my understanding, helped her adjust her expectations accordingly. I noticed that her safety and trust in the process increased when she was allowed to describe the depth of her emotions while gently navigating her way through the collaborative process with my support. When her feelings were at odds with the agreements we made or with the pace of the meetings, I reassured her that her feelings would not be compromised and that they would never be negotiated.

At the end of our process, when Emma and I met to debrief the outcome of our work, Emma shared with me that my assurance to never negotiate her feelings was a mantra she had adopted through our difficult meetings and negotiations. The mantra helped her feel entitled to her subjective experience while conversing with Martin about the future of their children and their co-parenting relationship.

The Anxious Client and the Team

The coach for the anxious client is responsible for being the bridge between the client’s subjective experience and the team. Explaining the client’s emotional process and her perceived helplessness to the team could lessen the concern about the client’s motivation to resolve her separation and move forward. Emma’s melodramatic presentation, ambivalent stance, and helplessness proved to be confusing not only to me,

⁷ Tatkin, S. (2011). Allergic to Hope: Angry Resistant Attachment and a One-Person Psychology Within a Two-Person Psychological System. *Psychotherapy in Australia*, 18(1), 30.

but also to the collaborative team. The other professionals raised concerns about Emma's readiness to engage in meaningful collaborative negotiations in our team debriefs, including the risk that Emma's ambivalent posture could slow down the process and eventually lead to Martin's loss of trust in the team.

The challenge for the coach (and the team) is not to confuse the "surface" with the reality that lies beneath it. In other words, the challenge is not to take client's helplessness at face value, but rather, as a defense against a deep-rooted fear of perceived abandonment. CDCs (and lawyers) are at risk of falling into the trap of rescuing the client as a way of providing a safe process when working with an anxious client. Yet, when we are tempted into playing this role, we might lose sight of the client's strength and the chance to provide her with a genuinely felt security.

Summary

In this chapter, I described my work with Emma. Emma's state of mind, behavior, and self-regulations indicated that she is an individual with an anxious attachment style. My work with her, as a CDC, was aimed, among other things, at helping her feel "psychologically held" enough to be able to self-soothe and to empower her through the collaborative process.

Emma and Martin completed the collaborative process after six long months of negotiation. In my last meeting with Emma, she revealed, "This process has been one of the most emotionally agonizing, and yet transformative, processes I have ever been through."

"What did you find to be the most helpful in our work together, Emma?"

She thought for a moment, her eyes filled with tears, and then she replied, "When you said to me that my feelings will not be negotiated and that you will always have my back."