Sexual Pleasure as Forbidden Secret: a Single-Case Study into Emotion-Focused Therapy with an Emotionally Avoidant Client who Committed Sexual Offences

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Abstract

A major challenge in offender therapy is to facilitate clients' emotional engagement especially with clients who over-regulate their affect. It has been suggested that treatments that focus on improving clients' affect regulation (AR) and deepen of client's emotional experience during treatment may enhance treatment outcome. In this systematic mixed methods case study the role of Emotion-Focused Therapy (EFT) to change clients' problems with AR during inpatient treatment for individuals who committed sexual offences against children was investigated. It was observed that clients' over-regulation of affect was coupled with a lack of connection to a part of the self that was deemed unacceptable. Over the course of treatment, this hidden part of self that had instigated the misbehaviour became more accepted and integrated. Verbatim clinical vignettes are included to illuminate key interventions, hindrances, and possible mechanisms of change. Quantitative analysis showed significant change in AR based on self-report and observation.

Keywords: emotion-focused therapy, individuals who committed sexual offences, affect regulation, dissociated self-part, systematic case study, experiential

Clinical Implication Statement: The addition of Emotion-Focused Therapy to forensic treatment as usual can increase emotional engagement in clients who are emotionally avoidant. The case study showed transformation of maladaptive shame. Facilitating emotional change led to more acceptance and integration of dissociated parts of self, including needs and desires.

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"Owning one's evil from inside lets one be whole,
rather than the passive victim
of an active part of oneself that is split off."
(Gendlin, 1996, p. 256).

Introduction

Sexual offending behaviour is a hard-to-treat problem. Although recent meta-analyses show a cautiously positive view of the effectiveness of treatment for Individuals who committed Sexual Offences (ISOs) (Kim et al., 2016), there is still room for improvement. Furthermore, until now, outcome research has focused predominantly on the effects of cognitive therapy on changing cognitions and its potential to reduce recidivism. Additional research is required to identify whether other types of therapy are effective with respect to other levels of psychological functioning (e.g. emotional, interpersonal, etc.).

Affect Regulation Difficulties in Individuals who Committed Sexual Offences

Etiological models identify the essential role that Affect Regulation (AR) problems play in the onset of sexual offending (for overview see Gunst et al., 2017). Developmental precursors for AR deficits, such as sexual or physical abuse and poor attachment relationships, are found to be significantly higher for ISOs than for males in the general population (Levenson et al., 2014). AR deficits are linked to several evidence-based risk factors for offending behaviour, such as impulsivity, sex as coping, intimacy deficits, etc. (Gunst et al., 2017). Forensic treatment has long emphasized the need for ISO's to control negative or intense emotions without paying attention to emotional avoidance in some clients. Experiential avoidance, however, is a common factor in many ISOs (Byrne et al., 2014; Ferretti et al., 2021), especially those with narcissistic or avoidant personality traits or disorders. It is therefore important to explore if and how emotionally avoidant clients, who are obliged to follow

treatment, can become engaged in a change process (Day, 2009). The focus in this study was on an ISO against children who experienced specific problems with experiential avoidance and suppression.

Experiential Avoidance and Multiplicity of Selves

The use of deactivating strategies is often learned in childhood in response to ignoring or rejecting reactions from caregivers to inner distress or needs (Crittenden, 2006). As a result, these clients avoid feeling by focusing their attentional resources on thought processes and the external world. Some clients may have problems being aware of and labeling inner experience, a characteristic which is often called 'alexithymia' (Sifneos, 1973). While other clients may suppress specific feelings experienced as non-acceptable (e.g. anger, sadness or excitement) or ward off some parts of their experience so that it remains inaccessible hidden in the shadows. Thus, unbearable experiences are often suppressed, repressed or dissociated to protect the self.

The psychoanalytic therapeutic approach describes repression as a solution for the child to free himself from the grip of terrible anxiety linked to the conflict between personal desires and family restrictions and/or the outside world. Certain desires, wishes and impulses which are considered to be unacceptable are repressed, in order to maintain integrity of the self. In successful repression, one holds a sense of a unified consciousness, although there is a continuation of an inner conflict. In contrast to repression that is carried out by a relatively unitary Ego, dissociation entails splits in the Ego with variations in motives, attitudes and states of consciousness that can be discrepant from each other (Eagle, 2000). The absence of a common stable core can be extreme (e.g. in the case of multiple personality) or relative (e.g. the borderline personality organization), with variations in awareness of the other parts.

In the experiential approach, the self is seen as naturally composed of multiple aspects. In healthy functioning each part continuously constructs itself by integrating many inputs,

including 'silent' or disowned parts (Elliot et al., 2004). Problems arise when some parts live their own life without dialogue with the various parts of self. The experiential parts are split off and become stuck or structure-bound (Gendlin, 1970) and unconsciously determine the client's functioning (Gunst, 2012). These isolated or exiled aspects of mental life can lead to incoherent behaviour (Dimaggio & Stiles, 2007). The degree to which the individual is prevented from taking responsibility for the disowned parts, affects, or impulses, can aggravate the susceptibility to destructive possession by it. Parts that are split off are not necessarily seen as evil, but rather as containing natural, life-giving, underdeveloped, and positive potentialities (Diamond, 1996). When implicit experience is unacknowledged, the person may be exiled from experiencing his/her deepest values, wishes and needs and unable to use emotions as a guide in life (Damasio, 1999; Elliot et al., 2004). This might explain why psychotherapy research found that lower emotional awareness at treatment onset predicts poorer outcomes (Borge et al., 2009; Watson et al., 2011). Therefore, a therapy like Emotion-Focused Therapy (EFT) that promotes more emotional engagement, more effective AR and emotional processing might be a promising avenue to integrate clients' mental life and improve the effectiveness of treatment for ISOs (Dent & Ward, 2021).

Rationale for Emotion-Focused Therapy in forensic treatment

This study investigated the potential contribution of EFT to improve affect regulation in an emotional avoidant client, especially to increase emotional awareness, acceptance and meaning-making. Indeed, the primary focus in EFT is to facilitate the client's moment-by-moment experience in order to improve AR, emotional processing and change behaviour (Greenberg et al., 1993; Watson, 2011).

From an EFT perspective, problems occur when clients have AR difficulties. One goal of treatment is to support clients in developing optimal levels of arousal to make reflection and change possible and facilitate effective AR. When affect is over- or underregulated,

people fail to find meaning in their experience or fail to connect adaptive emotions. Primary adaptive emotions are our first, natural reactions consistent with the current situation and helpful to take appropriate actions in accordance with our needs and wants. Primary maladaptive emotions, however, no longer help to cope constructively with the situation because they are overlearned responses, based on previous, often traumatic, experiences. In reaction to these primary emotions, people can have secondary (maladaptive) emotion responses that obscure or replace the original emotion and lead to deviation from actions that suits underlying needs. A last type of emotional responses are instrumental emotions, strategic displays of an emotion to influence or control others (Elliott et al., 2004; Greenberg, 2015).

Emotional experience is synthesized into emotion schemes that contribute to the development of a sense of self. These internal models are embodied organizations of sets of anticipations and reactions that guide people's reactions outside of awareness. (Elliott et al., 2004; Greenberg et al., 1993; Watson & Greenberg, 2017). Normally, emotion schemes are dynamically reconstructed when people are open to present experience. However, when a client's experience is too overwhelming or warded off, reflection and processing are impeded. The individual has a structured feeling pattern if implicit interaction with fresh details of the present is missing (Gendlin, 1970). People then can get stuck in the 'same old story' and fixed maladaptive emotion schemes (Elliott et al., 2004; Watson, 2011) that are related to negative core beliefs about the self and others, and repeated patterns of maladaptive behavior (Paivio & Angus, 2017). According to EFT theory, the suppression of unacceptable aspects of experience and the avoidance of painful emotions can lead to problematic (sexual) functioning and behavior because healthy growth-oriented resources and needs are disowned (Goldman & Greenberg, 2015). In forensic treatment it is important to identify the fixed emotion schemes that are underpinning the offending behavior.

EFT unite different tribes of the person-centered and experiential therapies: creating a genuinely empathic and prizing therapeutic relationship (Rogers, 1961), the active, task-focused process-guiding style of gestalt therapy (Perls, 1969) and experiential deepening and meaning making of focusing (Gendlin, 1981). So, it is based on a person-centered but process-guiding relational stance. The therapist stays empathically attuned to the client's immediate inner experience, communicating this, and at the same time, the therapist also offers active guidance of the therapeutic process (Elliott, 2012). Empathic reflections and focusing are two techniques used to encourage clients to become aware of and symbolize their bodily experience as well as adaptive primary emotions to effect changes in behaviour (Elliott et al., 2004; Elliott & Greenberg, 2007; Gendlin, 1981). Verbal reflection is stimulated to find meaning in the experience. Through access to new adaptive emotional resources and transformation of maladaptive responses, it becomes possible to construct a new, more coherent narrative of self and others (Pos & Greenberg, 2012). In addition, EFT therapists work with tasks like two-chair-dialogues for negative treatment of self, such as self-blame and self-interruption, or with empty-chair-dialogue for attachment injuries with significant others (Elliot et al., 2004; Greenberg et al., 1993; Watson et al., 2007).

The present study

In this single case study, we examined the emotional change trajectory of an emotionally avoidant client through different phases of psychological treatment using a mixed methods design. The main goal was to delineate the change process in order to make inferences or hypothesis about if and how ISO's can be helped using experiential and emotionally evocative techniques. The first objective of the study was to uncover how adding EFT had impact on the treatment process and to capture some key elements in this client's change process. It is assumed that qualitative data might offer important insights not provided by quantitative data. Because EFT has not yet been investigated as treatment for ISOs, the treatment process will

be described in detail using client and therapist reports and session transcripts. The second objective was to investigate if the treatment effected change in AR and whether EFT, in comparison with treatment as usual, has an incremental effect on change in AR for this client based on self-report and observational data.

Method

This study took place in an inpatient treatment facility for ISOs, which is part of a private psychiatric institution in (country). The present case is taken from a multiple single case study (reference to PhD). The current client was selected because of his emotional avoidance or over-regulation of affect. The treatment consisted of four phases. Phase Ai included the wait time between the initial intake assessment and the actual start of the treatment; phase B was treatment as usual; phase C was treatment with an EFT component added; finally, phase Aii was the follow-up period after the client had been released back into the community.

Treatment as Usual

During phase B, the therapy program consists of cognitive therapy, psychomotor therapy, art therapy, drama therapy and socio therapy, all of which are offered weekly in a group format. The cognitive therapy sessions focus primarily on changing assumptions and attitudes that reinforce problematic behaviour, and secondarily on the development of new skills and strategies to maintain appropriate behaviour. Risk management is combined with a rehabilitation model (the Good Lives Model; Ward & Stewart, 2003) that focuses on the fulfilment of human needs in a prosocial way.

Emotion-Focused Therapy

In phase C, EFT group therapy is added to the treatment as usual program. EFT group therapy is based on the principles of individual EFT and explores intra-psychic and interpersonal problems of the participants (Gunst et al., 2018). The group took place twice a week.

Client

Patrick (a pseudonym) was 50 years old when he was admitted to the treatment unit after three years of detention. He is a White Caucasian man of average intelligence, although he received special education as a child. In contrast to many other clients, Patrick does not refer to adverse childhood experiences during the intake interviews. He grew up in a family with military discipline and harsh punishments, what he described as strict but fair. He believed his parents loved him and gave him everything he needed. He also did not mention any relational or professional problems. He worked as a security guard. However, the narrative of his life contrasts sharply with his offending history. For almost 10 years he molested more than 10 children under the age of three. His wife was school janitor and cared for children in a pre-school service. Despite of the many victims and long offending history, his risk for reoffending is considered 'medium low' on the basis of the Static-99R tool for risk assessment (score 3) (Helmus et al., 2012) in combination with the Stable-2007 (score 4) (Hanson et al., 2007). Dynamic risk factors that were assessed to be in play were sexual deviant interests and sexual preoccupation. Patrick met the DSM-V criteria (American Psychiatric Association, 2013) for Paedophilic Disorder on the basis of his sexual fantasies and behaviours involving very young children. Furthermore, he also met criteria for Narcissistic Personality Disorder (NPD) including significant impairments in self and interpersonal functioning characterized by emotional regulation difficulties that mirror fluctuations in self-esteem (inflated or deflated).

From an EFT perspective, (Goldman & Greenberg, 2015) Patrick could be described as rational and controlling. In the first interview at intake, Patrick showed clear difficulties on all five dimensions of AR (Kennedy-Moore & Watson, 1999; Watson & Prosser, 2004). He had little awareness of his bodily states, except in situations of danger or threat in prison. Consequently, he had difficulty labelling bodily experiences. He over modulated his arousal

and expression of emotion and had difficulties accepting and reflecting on his emotions. Besides the loss of his social role as a result of being in prison, he had no complaints. Inner drives, impulses, needs, distress or vulnerabilities were pushed back. This could reflect the tendency often found in persons with NPD to minimize their suffering, as the vulnerable self is usually concealed (Dimaggio & Attina, 2012). Patrick over-relied on cognitive and external information and was focused on rules and expectations. A core belief that covered his shame-based sense of self, came to the fore at the start of therapy: "I need to behave well and prove myself". This was in sharp contrast with his sexual preoccupation and misbehaviour which was considered as ego dystonic. His extreme avoidant strategies varied from distraction to dissociation of his sexual desires. This lack of integration is indicative of a disturbance in the development of his self-organization.

Therapists

The EFT group sessions were led by two therapists. The first therapist (first author) was a 40-year old White Caucasian woman with fifteen years of clinical experience as a forensic psychotherapist and training in experiential psychotherapy. The second therapist was a 50-year old White Caucasian man with 25 years of clinical experience, including 10 years in a forensic setting and training in experiential psychotherapy. Individual therapy sessions were offered by a 60-year old experiential psychotherapist, also a White Caucasian man, specialized in Pre-Therapy (Prouty et al., 2002), which represents an extension of person-centered therapy.

Process measures

The Post Session Evaluation Questionnaire

The PSEQ is the Dutch revised version (Stinckens et al., 2015) of Llewelyn's (1988) Helpful Aspects of Therapy Form. This brief form contains a series of open-ended questions, filled out by the client, about helpful and hindering events in therapy. A visual analogue scale is used to measure the extent to which these moments were experienced as helpful or hindering.

The Treatment Progress Interview

The TPI, an unstructured form of the Change Questionnaire (Stinckens et al, 2015) and the Client Change Interview (Elliott et al., 2001), was used to assess the way the client experienced the treatment and his progress. To encourage participants to give open and honest answers on the evaluative questions, the interviews were conducted by an independent researcher. The interviewer asked what changes occurred during therapy, which processes that might have brought about these changes, and what aspects of the therapy he experienced as helpful, difficult, hindering, or missing.

Session Recordings and Transcripts

All EFT group sessions were video recorded. The most helpful sessions as indicated by the PSEQ were transcribed.

Outcome Measures

The Difficulties in Emotion Regulation Scale

The DERS (Gratz & Roemer, 2004) is a 36-item self-report questionnaire designed to assess six aspects of emotion dysregulation: Lack of Emotional Awareness, Lack of Emotional Clarity, Nonacceptance of Emotional Responses, Difficulties Engaging in Goal-Directed Behaviour, Limited access to Emotion Regulation Strategies, and Impulse Control Difficulties. Participants rate each item on a scale from '1' (almost never) to '5' (almost always). The measure has shown high internal consistency (Cronbach's alphas between 0.80

and 0.93). DERS scores have been found to be sensitive to change over time (Gratz et al., 2006).

The Observer Measure for Affect Regulation

The O-MAR (Watson & Prosser, 2004) is an observer-rated measure that assesses clients on five dimensions of AR: Awareness and Labelling of emotions, Modulation of emotional Arousal, and Expression, Acceptance, and capacity to Reflect on experience. Each subscale is rated on a 7-point Likert scale, with "1" corresponding to the lowest level of functioning on that particular scale, and "7" corresponding to the highest level. An overall score is calculated as the average of the five ratings. Preliminary findings in an earlier study indicated that the O-MAR has high internal consistency, and acceptable construct and predictive validity (Watson et al., 2011). After a training period, both raters achieved a good inter-rater reliability with the author of the manual (ICC = .93) and between both raters (ICC= .97).

The Stable-2007

This measure assesses dynamic risk factors linked to sexual recidivism (Hanson et al., 2007). It consists of 13 items assessed using a three-point rating scale (from 0 to 2) and organized into five sections: Capacity for Relationship Stability (one item), Intimacy Deficits (five items), General Self-regulation (three items), Sexual Self-regulation (three items), and Cooperation with Supervision. The Stable-2007 has shown high interrater reliability for the total score (ICC = 0.92) and good internal consistency (α = .80).

Procedure

When the client came to the treatment centre for the standard intake assessment, he was informed about the research. Patrick agreed to participate in this study and completed the informed consent form. The study had received prior approval from the research ethics committee.

DERS was completed monthly during both phase A's and weekly during treatment phases B (6 months) and C (16 months). TPIs were conducted at intake, every month during treatment (B+C) and after follow-up. They were used to rate the O-MAR after completion of treatment. The O-MAR also was rated after every EFT session when the client had been verbally active for more than half of the group session (circa once a month). The PSEQ was completed after every session of EFT. All EFT sessions were video recorded. Dynamic risk factors were assessed using the Stable-2007 at the end of Phase A, B, and C.

Calculation of the scores on the questionnaires was postponed until the end of treatment to minimize the tendency of social desirability responding in the client and to avoid any influence on treatment decisions by the therapist and her team.

Data-analysis

In a first step, the TPI's were analysed by a research assistant (student MSc clinical psychology) who was not familiar with the quantitative outcome data. Under the supervision of the first author, the research assistant conducted an Interpretative Phenomenological Analysis (Smith, 2015) and identified four main themes: 1) sexual pleasure as forbidden secret, 2) relationship to affect, 3) approach to rules and expectations, and 4) impact of context and environment (Djurisic, 2018). For the purpose of this manuscript, we will only discuss theme 2 and aspects of theme 1 in the Results section. In a second step, the first author created a qualitative and coherent 'thick description' (Ponterotto & Grieger, 2007) of the change process in the patient during the treatment. The data used in this step were the interviews (TPI), the therapist notes from phase B and C, the client feedback on the PSEQ, and the recorded session transcripts for Phase C. In order to work through this large amount of data in a systematic and purposeful way, the research team first identified significant moments in the treatment process on the basis of the client's ratings of session helpfulness (highest scores on the PSEQ) and critical fluctuations in AR (O-MAR). The 'thick

description' of the change process was then constructed around these significant moments. Literal quotes were used in order to validate the presented findings. The third step encompassed a quantitative investigation of the data after treatment was completed. To examine whether measures of AR changed during the different treatment phases, piecewise linear regression (Center et al., 1985-1986) was performed with R version 3.5.1. to model the change in AR (DERS and O-MAR) in each phase. This allowed for a different intercept and slope in each phase. The significance of change within and between phase B and C was assessed to test whether EFT had an incremental effect on change in AR for this client. Model assumptions of no residual auto-correlation (Durbin & Watson, 1951), normality and homoscedasticity were checked.

Results

Qualitative Description of the Change Process

Phase A: Baseline (6 weeks)

In the first interview at intake, Patrick talked in a rational, controlled way to the interviewer with a monotone voice. Besides some of the fear he experienced in prison and suppressed shame, he did not mention other emotions and often talked in the third person to create more distance**.** The client expressed that he wanted to find out what drove him and learn to deal with his sexual preoccupation. *"Three years ago, I would not have call it like that, a sexual addiction, a burning desire to sex, if you don't experience it as an addiction,* […]*, it was in fact my fantasy world."*

Phase B: First treatment phase – treatment as usual (5,5 month)

The client started treatment with a very non-experiential mode of engagement. He seemed to be a master in hiding thoughts and feelings under a mask of perfection and servitude. His focus was not on himself but on what treatment providers expected. During delict analysis in the cognitive sessions, he could neither find a lack of balance in his life nor traumatic or

negative experiences preceding the offences. There were no negative feelings playing a role in the onset of the abuse, although he recognized that he was anxious about allowing his feelings, losing control and falling into a black hole. He described that his deviant fantasies and urges seem to exist "*on an island isolated from the outside world"* in opposition to his disciplined way of living. Although he claimed the absence of shame, he stated that *"nobody wants to know that part, including me."*

Phase C: Second treatment phase – EFT added (15 month)

Although the treatment as usual continues during phase C (six months after admission), we examine the EFT group intervention that is added during this phase. We will present session material to accurately portray how problems with AR emerged and how the therapist intervened to enhance his emotional functioning.

Phase C, week 30-49: increasing awareness of disconnection from experience. In the interview at the start of phase C (week 31) Patrick was questioning what he was doing in therapy sessions besides struggling about why he did not feel guilty before his detention. In that period, however, he started to recognize the lack of connection with his experience and sudden emotional break-throughs.

There was one remarkable session (week 38, PSEQ= 7.5) illustrating the disconnection to some aspects of self. The EFT-therapist tried to stimulate self-reflection through empathic affirmation and exploration. In that session, Patrick disclosed that for about a period of two years he had not been on speaking terms (literally!) with his teenage daughter because she did not comply with the house rules of not smoking in her bedroom. He even showed her a Royal Decree to convince her that her mother could lose her job (because of the connection to child care). When that still had no effect, he went to the police to ask for help and advice, but they could not do anything. What was striking was that, during that period, Patrick was abusing children that his wife took care of and he did not make the link to it when

discussing the problems with his daughter in the group. It seemed as if he was completely disconnected from it.

T: *It seems still painful when you think about it.*

C: *It is not easy, and in fact, on the one hand, these are, I will not say trivialities, but there are worse things in life than breaking a house rule, it is more how I deal with it* [with rules], *that on the other hand, if you ignore it and say, okay, go on with it, if the other kids follow, you cannot handle it anymore.* […] *It came so far that I said once "if you cannot follow the rules, it does not make sense that I am here."* […]

T: *For me, the expression "if you cannot follow the rules, it does not make sense that I am here." sounds like a question "What do I mean? Do I actually mean something?"*

C: *Probably yes, I could say yes now, probably yes, but I don't know.*

A subtle confrontation by a group member made him silent. Other client: *I can imagine you felt really bad when you got caught, that you broke a rule while you wanted to be a good example for your kids.* Patrick sighed and looked down, hiding in shame for a while, but reacted defensively to further questions.

After bringing his delict analysis to the cognitive group, Patrick got stuck because he was convinced that there was nothing more to find. In his opinion, the abuse only had to do with his great interest in sex since childhood in combination with the extreme taboo at home about sex. It all happened in a secret world because it felt wrong. He acknowledged that it was also a way of thrill seeking, a way of rebelling against somebody (without naming who). His unlimited sexual curiosity seemed to be a kind of escapism. EFT therapists deliberated (week 44) about his standstill and tried to broaden the issue of taboo about sex to more self-exploration. They showed interest in who he was and what went on inside him, because he learned to meet expectations of others and to split off what was inappropriate. For a moment he could recognize the fear remembering the furious reactions of his father. A core emotion

scheme began to emerge about maladaptive shame (about who he truly is) that leads to split off what is unbearable or unwanted. He was relieved by the offer of individual treatment sessions, besides the group treatment, hoping this would help him find what happened inside and how to feel.

Phase C, week 50-61: increasing awareness and finding a workable distance. The individual therapy sessions were very well received by Patrick and perceived as an opportunity to finally move forward. It was also important that this offer was not linked to something he did wrong. His individual person-centered psychotherapist was specialized in Pre-Therapy, developed by Gary Prouty (1994) for clients who are experienced as being "out of contact". Patrick had problems with the first of three kinds of "contact functions" described by Prouty (1994): 1) contact with one self and ones emotions; 2) contact with one's non-social reality; and 3) contact with others. "*Contact reflections*" are used to facilitate development of the clients' capacity for contact: totally literal reflections of the client's verbal as well as non-verbal behaviour. Because Patrick was not a totally pre-expressive client, it was possible for the therapist to empathically guess what was going on in him and to help him connect to and explore his inner frame of reference.

In some EFT group sessions (week 52, PSEQ= 6.6), he could "*not find a balance between following and empathize and otherwise keeping enough distance. It hurts too much"*. He found it real bad that he never thought that he was doing wrong or felt bad when he abused children, not once. Breaking the secrecy and recognizing the harm he caused led to an unbearable feeling of shame and guilt. However, after a while the intense feelings could disappear just as quick. When therapists and other group members tried to explore his experience, a small opening was quickly followed by a shutting down.

C: *Most of my life was okay except that I discovered that I have a distorted view on sexuality.* […] *I've had a very strict prudish upbringing and a strong sexual urge, but that is taboo, unspeakable.* [sec]

T: *And it seems, that's it, I told it now, end of matter. While it makes me curious what that brought to you,* […] *what made it so split off.*

C: *I don't know where I have to look at.* [reacting defensively]

Other C: *How did it feel that there was nobody to speak to about your sexual experiences, did you wrestle on your own, was it a problem that you were so focused on sexuality? That must have been difficult.*

C: *No, it never did stand in the way, up till now. I just could not talk about it.*

Other C: *So, you felt twisted about that.*

C: *No.*

T: *I can't follow, how was it then, when you had a sexual experience, knowing that it was not okay…?*

Subsequently, Patrick told a story about a screw he had to get for his father. He had fallen with his bike with the screw in his hand. The bike was broken but his hand was still wrapped around the screw. He only became aware after he finished his story in the group that he had made a fist while telling. It seemed as if his body remembered the threat. He wanted to emphasize that although he was afraid, it was possible to tell his father that he had fallen. In fact, there was no other choice, but more importantly, it was felt by all the members in the group and perceptible in Patrick's bodily expression how intense the threat of his father was. When someone in the group asked how he had felt, he responded:

C: *I don't know, frightened?, but it is not about that, I could tell him what happened, but not about sex!*

This implied that there was even more threat and anxiety concerning sexuality. Twenty minutes later, another client expressed his feeling that Patrick also hid things from the group. He confirmed this saying that it was very difficult to share feelings with the group. For a moment there was a little opening.

Other client: *Don't you see what is just beneath it? You could share what happened with a lot of anxiety, but thinking "if he should know about my sexual experience, that would be really wrong!"*

C: [quiet for a moment] Y*es* [silence] *I can follow what you say. If it is, since you were little, hammered into you, no, that word is too big, it are the reactions that followed when my brother for example mentioned the word sex.*

Other client: *What did you feel then?*

C: *It is difficult, there definitely will have been anxiety, there were moments that I was anxious when I came home a little too late, but I don't know if that is the same feeling.* [quiet for a moment] *It is gone.*

T: *Yes, I saw something shifting in your expression.*

Anxiety was clear when breaking general rules, while regarding sexuality his feeling in relation to his father could not (yet) be named. In these weeks, there was an increased attention for his feelings and bodily awareness. He recognized that his mind and body were in contrast. Over-regulation alternated with moments of under-regulation. There was a little more openness and reflection about how he was functioning. But some kind of unconscious self-interruption blocked the process, especially when it came to sexuality in relation to his father.

Phase C, week 62-94: working with affect. After one year in treatment (week 62), Patrick had the opportunity to go home in the weekends. With his increased freedom, it was of major importance for Patrick to find a way of being intimate with his wife while also being

focused on his own sexual pleasure. The split named by Freud in 1912 between love and sex was completely irreconcilable for the client. "*For me, you have sexuality in a relationship, and sexuality for pure pleasure, these are really two separate things for me"*. In psychoanalytic terms we could say that the Ego was not able to find a balance between primitive drives (Id) and reality/morality (super-ego). Charged with internalization of the strict and very loaded norms of his father, his sexual drive has been split off as an "emotional part" from his "apparently normal part of the personality" (Van der Hart et al., 2010). Therapy means working on integration of different, silenced parts of self. He tried to give his sexual pleasure some more space during sexual intercourse with his wife. Reflecting on that in treatment brought him to state: "*It is something that is acceptable, that is okay. I know that here* [pointing to his head], *but here it isn't* [belly] […] *there comes a knot in my stomach if I think about this. Although I know it is not wrong, my body gives me signals saying you can't do that.* […] *I need to get it together, because this have led to the abuse, there is tension, an urge for pleasure, sexual pleasure, that I cannot share, it is not allowed, it is forbidden."* (TPI week 62). In a next EFT-group he was invited to speak from both parts (in two-chair work), the part that feels the desire for sexual pleasure ("the experiencer") and the one that tells him that it is not allowed ("the critic/interrupter"). He recognized the latter part as the voice of his father. This caused a blockage. While Patrick is normally alert and active, at that moment he seemed to collapse. When he wanted to speak, the feeling in his stomach increased and he got stuck in speechlessness. Anger and fear were both interrupted. A strong restriction caused a secondary emotion of shame.

A following session revealed a wordless threat by his father in response to innocent games related to body or sexuality. He got in touch with primary maladaptive shame ('being not good as I am') and anxiety. It still caused a kind of nauseous feeling without finding words for it. The threat seemed stored in his body (Van der Kolk, 2014).

C: *I can't …*

T: *I am wondering if this is happening now also, that you are silenced? It seems to really touch you.* [C is nodding] *What is happening now? What comes up?*

C: [quiet, swallowed] *I can't tell it yet without it coming too close, I can't keep distance.*

T: *I would like to understand what is happening.*

C: [C tried to recover] *I can't speak anymore.*

T: *Because a voice that silences you or because you're so touched?*

C: *Touched.*

T: *And do you know what it is about?*

C: *Yes, because I was misunderstood in what I needed that moment.* [silence] *I lost it.* [connection to experience]

T: *There was something in you that was disregarded, that was not okay for your father?*

C: *That's how I took it with me. As long as it is not known, then it is fine. If I have the intention to speak about it, the feeling becomes stronger, as if it may not be named.* […] *I never felt such a protest in my body when I wanted to say something.*

T: *The ban is very powerful* [nodding]*, the reproach is very hard.*

C: *You don't have a clue what is happening inside, how that comes in.* [very touched]

T: *These last words go very deep.*

At the end of the session, he immediately switched to an active mode again. In the PSEQ he wrote: *"I may not talk about it, it is not allowed, I cannot share it, I may not experience it. Sex for pleasure!"* He did not know yet if the session was helpful in a way. One of the following EFT group sessions which he found very helpful (week 71, PSEQ =9), Patrick was able to explore the multi-layered meaning of an unclear feeling about going home. It was also the first session with a higher score on the O-MAR. The therapist invited him to listen to what the knot in his stomach had to tell him (focusing instruction). With the help of the group he made

contact to his wish to look for a new home together with his wife and to do things with the family. He missed a lot while being in prison and therapy. The therapist had the impression that there was more.

T: *I think it is good to feel what's okay and where you want to go to, but it is also important to listen to what feels not okay, what's the meaning of the knot.*

C: *Just telling about it, makes me uneasy.*

T: […] *I hear you say it's a lack, but it seems as if you have no more words, or don't find them, while it is clear …*

C: *I can give words to it.* [touched]

T: *You feel it touches you ha.*

C: *Yes, yes, it is very important, I know I will have to take it up with my wife and children, because it is not only the lack, there is also anger and shame, it is connected to the abuse, there are accusations in it to myself, it is a lot more than missing alone.*

At that point, the client was able to take more responsibility for the harm he caused, also to his family. He felt guilty, angry at himself and ashamed for what he did. At the end of the session the client shared with the group that he learned through his individual therapy to differentiate his experience, like he did in this session.

C: *The fact that I was completely stuck* [in former sessions], *that had a reason, it had nothing to do with your story, but much more, it had to do with your story and with mine, things were mixed up, and with the shame and the guilt about that, one big cocktail, if it overwhelms me, I get stuck, can't say a word. What I have done now is considering the pieces one by one* [in individual experiential treatment]*; the shame and what's beneath it, the guilt, all the parts separately, and that makes it easier to talk about it and to hear stories of others without merging them with mine.*

In week 79 he expressed that his process of the last two months was important. *"If I did not have that change, I could speak about my offences like reciting an essay without being in touch with it."* Despite that progress, he brought in the EFT group (week 81) that, to his dismay, he still inappropriately and excessively sexualized day-to-day stimuli, giving an example of a girl that put up her leg to match shoes in a shop. He still did not know how to overcome it.

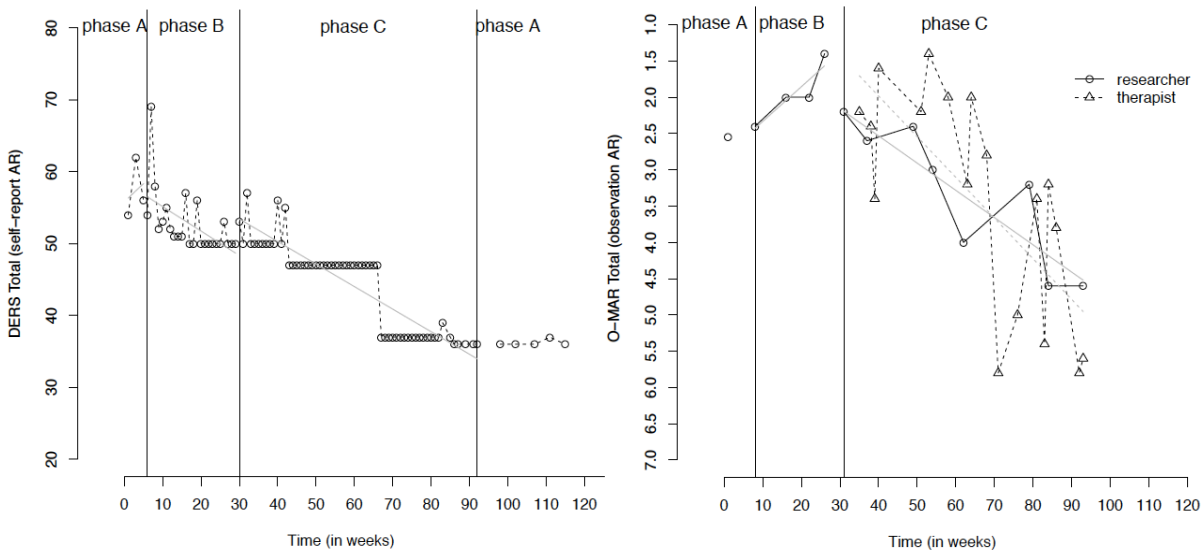
Phase A: Follow-up (6 months)

At the end of treatment, he found a job relatively fast, although he had a gap of several years. He had chosen to be open about his background to the employer to prevent that he would discover it afterwards. It was really important to still have the support of his family and friends.

Six months after discharge, in his last TPI, he looked back on his treatment process. The major shift was related to the start of the individual treatment sessions, after he came to a standstill. It was important to learn to look at himself, questioning things that were self-evident. *"What it was or where it came from, was in fact not important for me, the fact that I recognized it and tried to deal differently with it was more important. I feel calmer.* […] *I also became more aware of my sexual experience, that is a really important aspect. And what is even more important is that I can share it with my wife, because in the past it was a forbidden secret."* He described it as a permanent exercise to stay transparent. He emphasized the need to stay alert not to fall back in an old pattern and to continue professional guidance.

Quantitative analysis outcome data

We examined whether there were changes in AR during treatment (phase B+C) based on self-report and observation. DERS and O-MAR showed a significant decline (Z_{DERS}=-17.1, $p < .001$; $Z_{O\text{-}MAR}$=5.68, $p <.001$) throughout the entire treatment (phase B+C), suggesting that treatment was effective.



Figuur 1.

Observed values of the total scores on the DERS and O-MAR during the waiting phase A, throughout the first treatment phase B and the second treatment phase C, and during follow-up phase A. The graph shows the best fitting separate line for each interval. Higher scores on the DERS mean more self-reported Emotion Regulation Difficulties. The total scores on the O-MAR were rated by the researcher based on the TPI (circles) and by the therapist during the second treatment phase C (triangles) based on EFT sessions. The Y-axis represents O-MAR total scores in descending order. Higher scores on the O-MAR mean better AR. A score of 7 corresponds to optimal emotional functioning.

We examined whether there was a stronger decline in AR problems during phase C when EFT was added, in comparison to treatment as usual during phase B. Although a significant decline in scores was found in phase C on both the DERS ($Z=-16.2$, $p<.001$) and the O-MAR ($Z=4.49$, $p = .004$), the change in slope between phase C and phase B was only significant for the O-MAR ($Z=4.83$, $p<.001$) but not for the DERS ($Z=0.24$, $p=.805$). (see figure 1).

Based on the Stable-2007 his risk for reoffending was considered low (score 2) at the end of treatment. The dynamic risk factors preoccupation with sex and deviant sexual interest diminished during treatment. In combination with static factors measured by the Static-99R, he still had a medium low risk.

Discussion

This case study of an emotionally avoidant client who committed several sexual offences provides evidence for the possibility to facilitate emotional change through intensive forensic treatment that includes EFT. This single case study is based on mixed methods, given the purpose of the study is to gather knowledge and greater understanding of the emotional change process (Dattilio et al., 2010). The change process is described qualitatively assuming that qualitative data might offer important insights about what EFT added to the pattern of change in more detail. Different steps, hindrances and mechanisms are highlighted below.

The quantitative findings are supportive of the observations and information from the qualitative study. We found that it is possible to improve AR as rated by an observer on the O-MAR and as reported on the DERS. In phase C, a significant decline was found in the scores on the O-MAR and the DERS, but the change was significant for the O-MAR only in comparison to phase B. The significant change is a remarkable finding as it is especially difficult to engage in emotional processing for clients with a non-experiential mode of engagement. Our case study adds to the small research basis that confirms the possibility to stimulate emotional engagement in the treatment of ISOs, and clients with a narcissistic or antisocial personality. This is important because emotional processing during therapy sessions is associated with positive outcome in terms of AR, psychopathology and interpersonal problems in a clinical population (Watson et al., 2011).

Steps, Hindrances and Mechanisms of Change in EFT

Awareness of disconnection

Patrick was already a year in treatment (six months phase B + six months phase C) before more adaptive AR strategies were observed. Although the client was motivated for treatment, it was very difficult to reach him emotionally. After he gained insight into the impact of his background on his sexual experience, he got stuck when phase C started, not knowing what

else to look for or work with. Inquiring into the client's subjective experience is an important first step to help the client become aware that he is interrupting his experience (Greenberg, 2015). Recognizing the lack of connection to his experience (week 30-49), he made an effort to meet the expectations of the treatment providers.

Finding a workable distance towards his inner experiences

At some points in time there was a complete breakthrough of overwhelming emotions (week 50-62). Probably, the start of the EFT group in phase C was too big a step. Dimaggio & Attinà (2012) warn to be cautious with clients with narcissistic personality disorder about promoting awareness of the vulnerable self. It might cause withdrawal or even drop-out. A dialogue between Patrick and the EFT therapists led to a decision to offer extra individual experiential sessions in order to overcome this fragile process which is characterized by too high or mostly too low levels of emotional intensity (Warner, 2000). Especially contact reflections (Prouty, 1994) and empathic responding (Elliot et al., 2004; Rogers, 1957) were used to create a safe and solid therapeutic relationship and stimulate awareness of affect and co-regulate intense feelings. Although these contact reflections originate in Pre-Therapy for psychotic patients (Prouty, 194), they seem also useful for clients with a personality disorder characterized by a non-experiential mode of engagement or a fragile style of processing. The individual treatment track fostered his inner relationship and his therapeutic process (in group).

Overcoming maladaptive shame

As it is assumed that insight alone is not enough to promote change (Greenberg, 2015), it is important to emotionally engage the clients in the treatment process. Patrick acknowledged that shame (as secondary emotion) prevented him from speaking freely in the group. There was a strong internalized bodily felt prohibition that (talking about) sexual pleasure is not allowed, linked to a core destructive belief that having desires is bad. So, there was also primary maladaptive shame about being who he is, with all his feelings and desires. This

unacceptable part of himself was split off. He experienced it as a forbidden secret, separated from his relationship. It was remarkable that he had never thought that he was doing wrong when abusing children, especially as rules and laws were sacred for him. This awareness caused an unbearable feeling of shame-based guilt during treatment. He not only felt guilty for his misbehaviour, which would be adaptive as this may lead to taking responsibility and reparative action, like confessing or apologizing (Tangney & Fisher, 1995). His feeling of guilt, however, was fused with feelings of shame, which typically involves a negative evaluation of the global self (Tangney & Fisher, 1995). To facilitate change, the core sense of self had to be accessed by activating episodic memories in which the shame-based sense of self was activated or was formed (Paivio & Pascual-Leone, 2010).

When his exploration process was interrupted by a critic voice linked to his father, an attempt to speak to his father via empty-chair work failed (week 62). Pos and colleagues (2014, 2019) suggest that using these active interventions has the potential danger to activate experiential and interpersonal avoidance in un-individuated individuals (with a personality disorder). They advise the use of two-chair dialogues to prepare clients to work through their unfinished business (empty-chair). They suggest that it is really important to offer an empathic and prizing stance to both parts of the self (Pos, 2014; Pos & Paolone, 2019). The effort of EFT group and individual therapists to direct the client towards his internal experience moved him forward (62-94). Besides the empathic and contact reflections mentioned above, focusing interventions were helpful to create a safe and solid basis and teach clients to attend internally and listen to bodily signs and their meaning (Gunst, 2012; Pos, 2014).

Accepting different experiential parts

As Patrick described in the EFT group in week 71 it was helpful for him to look at his experience as a puzzle with different parts and explore them one by one. For clients with

warded off experiences or parts of the self, a goal of therapy is to "build a part of self that then becomes the observer of the other parts in the scene and their often problematic behaviour" (Dimaggio & Stiles, 2007, p. 124) or a self that can hold the different parts, called 'self-in-presence' (Cornell & McGavin, 2008). According to Gendlin (1996), connection to the body is of paramount importance: "What is split off, not felt, remains the same. When it is felt, it changes. A few moments of feeling it in your body allows it to change. If there is in you something bad or sick or unsound, let in inwardly be, and breathe. That's the only way it can evolve and change into the form it needs (p.16)."

Patrick became able to acknowledge that the desire for sexual pleasure is not wrong and learned to talk about it with his wife, which can be seen as a protective factor to prevent recidivism. However, his body still got stuck in the old belief that it is not allowed to share it. It was obvious that his self collapsed when he only thought about naming it or wanted to stand up to his father. This also happened when somebody said something to him that undermined the person he really is. The client got some experience during treatment that everything that lives inside him is okay as long as he respects the integrity of others. After all, alternate experiences are needed to undo negative views of self, world and others. "Beliefs and construals are language-based representations of core emotion schemes that need to be changed." (Greenberg, 2015, p. 107)

Unfinished business

The treatment providers hoped to work through his emotion scheme of maladaptive shame to strengthen his feeling of worthiness. "The adaptive thrust one tries to support is the need and wish to truly live" (Pos, 2014, p. 133). It was not yet possible to work through the unfinished business with his father to express that he wanted to be valued as a human person with his own ideas, values and sexual desires. Patrick did not believe that being deeply touched in his dignity or his way of being had something to do with the sexual abuse. For him it was enough

that he overcame the split between sexuality in relationship and as pleasure. Although resolution at an emotional level might not have been reached, it was already remarkable that a clinically useful change process was possible with this emotional avoidant client who dissociated from his problems prior to treatment.

Limitations

Besides the several reliable and clinically useful findings regarding the use of a specific therapeutic approach, this systematic single-case study has several limitations.

Although qualitative analysis of the TPI's and PSEQ's was important to find out what was helpful or hindering for the client, the length of treatment with possible influences from inside as well as outside of the therapy made it in turn also more difficult to draw causal conclusions. The mixed methods analysis mitigated to some extend the limitations of quantitative or qualitative analysis is used alone. Relying only on quantitative measures can be problematic. For example, most of the items of the DERS start with "when I am upset…" while our over-regulated client told the interviewer that there was only one time he felt upset in his whole life. Moreover, over-regulated clients are often not aware that they do not pay attention to their inner experience.

The implementation of research in a naturalistic setting impeded the possibility to preplan alternating phases or conditions to compare the effects. Moreover, in the clinical setting where the study took place, it was not possible to make a clear distinction between the treatment phases because phase B is already integrative treatment. Interventions in phase B already focus on improvement of AR, such as art therapy and drama therapy, and team members are trained to listen to experiential clues and to improve AR. Besides that, in phase C Patrick received extra individual experiential therapy sessions because of his fragile processing style. The effect of these interventions makes it more difficult to capture the incremental value of EFT in phase C, or especially for EFT group treatment.

Conclusions

This study specifically focused on facilitating emotional change through the addition of EFT to treatment as usual with an emotional avoidant client who committed sexual offences. It is challenging to get these clients emotionally engaged (Day, 2009; Elliott et al., 2004). This case study demonstrates the possibility to facilitate emotional change through intensive forensic treatment that includes EFT. The focus on emotions as an adaptive source of information could be of value in forensic treatment settings as it is important to find meaning in ones experience in order to acknowledge and fulfil needs in more adaptive ways (Elliott et al., 2004; Gunst et al., 2018).

A thick description of the therapy process made it possible to discover some key challenges to overcome (at least with this client): awareness of disconnection, finding a workable distance towards his inner experiences, overcoming maladaptive shame, accepting different experiential parts, etc.

The client expressed progress by symbolizing maladaptive beliefs ("sexual pleasure is not allowed"). It had been off-limits all his live, trapping him in an emotion scheme of maladaptive shame. Treatment led to an improved acceptance of his desire. The qualitative analysis emphasized the incentive effect and interesting interplay of the different tribes that are united in EFT (person-centered, experiential, gestalt).

At least this specific case study confirms the possibility of stimulating emotional engagement in the treatment of ISOs. AR improved during treatment phase B and C based on observation as well as self-report. The study design did not allow us to make claim about causalities.

More case studies are needed to enhance our understanding of change processes in treatment of ISOs and investigate the possibility of promoting emotional engagement in order to enhance treatment outcome.

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None

Declaration of interest

The authors declare that they have no competing interests.

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