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EMOTION-FOCUSED THERAPY: AN OVERVIEW

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Abstract: As a result of developments in the understanding of the role of emotions in human functioning and in the psychological helping process, emotion is regarded as centrally important in the experience of self, in both adaptive and maladaptive functioning, and in the process of therapeutic change. In spite of this, working with emotions in psychological counseling/therapy still remains a major challenge for many practitioners. Emotion-Focused Therapy (EFT) is an empirically supported and experiential treatment that integrates elements of Person-Centered and Gestalt Therapy practice with modern emotion theory and a dialectical-constructivist meta-theory. Over time, EFT has proven to be an effective and practical approach that can be applied to both individual as well as couple's therapy. This paper summarizes the major tenets of EFT, the application process, and a case discussion from an EFT standpoint.

Key Words: Emotions, EFT, Emotion-Focused Therapy.

Emotion-focused therapy (EFT) (Elliott, Watson, Goldman, & Greenberg, 2004; Greenberg, 2002; Greenberg & Johnson, 1988; Greenberg & Watson, 2006) is an empirically supported experiential treatment (Elliott, Greenberg & Lietaer, 2004) that integrates elements of Person Centered (Rogers, 1961) and Gestalt practice (Perls, Hefferline, & Goodman, 1951) with modern emotion theory and a dialectical-constructivist meta-theory. The approach was originally termed Process experiential therapy (PE) (Greenberg, Rice & Elliott, 1993) reflecting its roots in, and embodying principles of, a humanistic/experiential approach. Emotionally-Focused Therapy (EFT) was used earlier as the name of the couple therapy approach (Greenberg & Johnson, 1988). Overtime developments in the understanding of the role of emotion in human functioning and in therapy led us to see emotion as centrally important in the experience of self, in both adaptive and maladaptive functioning, and in therapeutic change and the change in name reflected this development. Since the late 1990's, the term Emotion-Focused Therapy has come to be applied to both the individual and couple therapy (Greenberg & Paivio, 1997; Greenberg, 2002; Elliott et al., 2004; Greenberg & Watson, 2006, Greenberg & Goldman, 2008).

EFT proposes that emotions themselves have an innately adaptive potential that if activated can help clients change problematic emotional states or unwanted self-experiences. This view of emotion is based on the belief, now gaining ample empirical support, that emotion, at its core, is an innate and adaptive system that has evolved to help us survive and

thrive. Emotions are connected to our most essential needs. They rapidly alert us to situations important to our well-being. They also prepare and guide us in these important situations to take action towards meeting our needs. Emotion thus set a basic mode of processing in action (Le'Doux 1996, Greenberg 2002). Clients are helped in therapy to better identify, experience, explore, make sense of, transform and flexibly manage their emotions. As a result, clients become more skillful in accessing the important information and meanings about themselves and their world that emotions contain, as well as become more skillful in using that information to live vitally and adaptively.

In EFT emotion schemes are seen as the primary source of experience, rapidly and implicitly functioning to automatically produce felt experience and action tendencies. Emotions schemes are based on in-wired emotional responses but couple these with learning into more complex internal organizations which include cognition. In an emotion schematic view of processing people continuously interpret, transform, and derive meaning out of incoming sensory input (from inside the body or from the environment). These sensations are interpreted and attached to other sensations and a larger scheme of meaning is formed. The human mind creates responses, which are aimed at internal satisfaction, as well as harmony with the demands and expectations of the environment. The resulting neural activity becomes a schematic structure that, when activated, creates a cascade of sensorimotor and representational processes that are the core of the flow of the experience. Feeling an emotion involves experiencing body changes in relation to and integrated with the evoking object or situation, as well as past emotional learning. In contrast to a cognitive schema, the emotion scheme includes a large component of nonverbal and affective experience. Emotion schemes form the foundation of the self.

Emotion schemes themselves are not available to awareness. However, they can be understood through the experiences they produce. Experience is available to awareness, and can be attended to, explored, and made sense of by a process of attention and reflection. The way we find ourselves to be in a situation, ie: the feeling of what happens, such as feeling put down, feeling confident or feeling shy, emerges from the dynamic synthesis of implicit emotion schemes that produce these changing self-organizations as a felt referent. Our experience of these states is then constructed into what we consciously feel by referring to the bodily-felt feeling of what happens, symbolizing it in awareness, reflecting on it and forming narratives that explain it thereby creating the self we become in that moment (Greenberg & Watson 2006). We thus are in a continual process of simultaneously discovering and creating who we are who we are. The involvement of focal attention is required for the processing of automatic emotional information into explicit experience and into what will be remembered. The use of focused attention to attend to current bodily felt feelings, to images of the past, and to a painful experience previously avoided thus is a central method in EFT. In addition, narrative is foundational to the inception of change experiences. Successful self-change involves the articulation, elaboration, and transformation of the client's life story. While EFT takes emotion as the fundamental datum of human experience it recognizes the importance of meaning making, and narrative change and ultimately views emotion and cognition as inextricably intertwined.

Emotion schemes are seen as the major internal structure that organizes experience. Briefly, *emotion schemes* are implicit, idiosyncratic internal networks of human experience that serve as the basis for self-organization, including consciousness, action, and identity (Greenberg & Paivio, 1997; Greenberg et al., 1993). In particular, complete emotion schemes contain a variety of elements, including situational, bodily, affective, conceptual and action elements. Dysfunction results when emotion schemes have become maladaptive through traumatic learning and/or when one or more of the elements of the scheme are not symbolized in awareness (Elliott et al., 2004; Leijsen, 1998).

The therapist helps clients understand and transform their emotion schematic experience through careful empathic listening, and evocative or expressive interventions; therapists also help clients reflect on and reevaluate emotion schematic memories and expose these structures to more adaptive emotional responses (Greenberg & Paivio, 1997). Another important characteristic of EFT is its process diagnostic approach to both moment by moment emotion and to different in-session emotional states. With regard to assessment of moment by moment emotions, EFT suggests that these can be organized into four distinct classes of

emotional response - *Primary adaptive emotion, Primary maladaptive emotion, Secondary reactive and instrumental emotion.* (Greenberg & Safran, 1987). These are discussed in detail in the next paper by Hermann & Greenberg (this volume). Given that all emotional experience is not the same, it follows that different kinds of *emotional reactions* benefit from different therapist interventions (Greenberg & Safran, 1989; Greenberg & Paivio, 1997).

Principles of Emotional Change

In EFT the central mechanism of the change in the psychotherapy is emotional processing and the emergent meaning-making processes. From the EFT perspective change occurs through awareness, expression, regulation, reflection, transformation of emotion and corrective emotional experience in the context of an empathically attuned relationship that facilitates these processes. The principles of emotional change are described below

Awareness

Awareness of emotion is the most fundamental principle. Once we know what we feel we reconnect to the needs that are being signaled by emotion, and are motivated to meet our needs. Increased emotional awareness is therapeutic in a variety of ways. Becoming aware of and symbolizing core emotional experience in words provides access both to the adaptive information and action tendency in the emotion. It is important to note that emotional awareness is not thinking about feeling, it involves feeling the feeling in awareness. Only once emotion is felt does its articulation in language become an important component of its awareness.

Clients' ability to articulate what they are experiencing their inner world is thus a central focus of this treatment. The therapist works with clients to help the client approach, tolerate and regulate as well as accept their emotions. Acceptance of emotional experience as opposed to its avoidance is the first step in awareness work. Having accepted the emotion rather than avoided it the therapist then helps the client in the utilization of emotion. Here client learns how to utilize the emotion that they have become aware of and accepted to improve coping. Clients are helped to make sense of what their emotion is telling them and to identify the goal/need /concern which it is organizing them to attain. Emotion is thus used both to inform and to move.

Therapists model approaching and valuing of emotion by attuning to clients' emotionally poignant experience. By making empathically evocative responses to clients' stories, clients' attention is pointed towards the emotional poignancy in their life.

Therapists use language carefully in this process, avoiding theoretical talk or external narrative, instead making empathic conjectures that employ the language of clients' internal worlds, describing particular not general experiences, in sensory not conceptual terms. Over time clients learn to attend inwardly and their awareness of the emotional significance in their experience grows. If emotional experience is blocked, attending inward may also require gaining more awareness of the bodily felt experience connected to emotion. The safe, accepting working relationship, free from worry about therapists' judgment, supports this move inward.

Expression

Emotional expression has recently been shown to be a unique aspect of emotional processing that predicts adjustment to such things as breast cancer (Stanton, Danoff-Burg, Cameron, Bishop, Collins, Kirk, Sworowski, & Twillman, et al., 2000) and interpersonal emotional injuries, including trauma (Greenberg & Malcolm 2002, Paivio, & Nieuwenhuis, 2001, Paivio, Hall, Holowaty, Jellis, & Tran, 2001, Foa & Jaycox, 1999). Expressing emotion in therapy does not involve the venting of emotion but rather overcoming avoidance to strongly experience and express previously constricted emotions (Foa & Kozak 1986, Greenberg & Safran, 1987). Expressive coping may help one attend to and clarify central concerns and serve to promote pursuit of goals.

There is a strong human tendency to avoid painful emotions. Normal cognitive processes often distort emotion and transform adaptive unpleasant emotions such as sadness and anger into dysfunctional behavior designed to avoid feeling. First clients must approach emotion by attending to emotional experience. This often involves changing the cognitions governing their avoidance. Then clients must allow and tolerate being in live contact with their emotions. These two steps are consistent with notions of exposure. There is a long line of evidence on the effectiveness of exposure to previously avoided feelings (Foa & Jaycox, 1998). From the experiential perspective, however, approach, arousal and tolerance of emotional experience is necessary but not sufficient. Optimum emotional processing involves the integration of cognition and affect (Greenberg, 2002; Greenberg & Pascual-Leone, 1995; Greenberg & Safran, 1987). Once contact with emotional experience is achieved, clients must also cognitively orient to that experience as information, and explore, reflect on, and make sense of it. The effect of emotional arousal in therapy however, also depends on the quality of the working alliance. Iwakabe, Rogan, and Stalikas (2000) documented that high arousal predicted good session outcome only when there was a strong alliance.

There can be no universal rule about the effectiveness of arousing emotion or evoking emotional expression. The role of arousal and the degree to which it could be useful in therapy depends on what emotion is expressed, about what issue, how it is expressed, by whom, to whom, when and under what conditions, and in what way the emotional expression is followed by other experiences of affect and meaning (Whelton, 2004). Arousal is necessary but not sufficient for therapeutic progress. Recently Greenberg, Auzra and Hermann (2007) found that it was the degree of productivity of processing of aroused emotions, rather than arousal alone, that distinguished good from poor outcome cases.

Regulation

The third principle of emotional processing involves the regulation of emotion. Facilitating the ability to tolerate and regulate having emotional experience thus is another important change process. It is clear that emotional arousal and expression is not always helpful or appropriate in therapy or in life and that, for some clients, training in the capacity for emotional regulation must precede or accompany it. Any benefits believed to accrue from the intense expression of emotion are generally predicated on the client's overregulation (overcontrol) or suppression of emotion but it is apparent that for some individuals, psychological disorders and situations emotions are under- or dysregulated (Linehan, 1993, Gross, 1999). Important issues in any treatment then are what emotions are to be regulated and how are they to be regulated. Under regulated emotions that require down regulation generally are either such secondary emotions, such as despair and hopelessness, or primary maladaptive emotions such as the shame of being worthless, the anxiety of basic insecurity and panic.

Clients with under-regulated affect have been shown to benefit both from validation and the learning of emotion regulation and distress tolerance skills (Linehan, 1993). The provision of a safe, validating, supportive and empathic environment helps soothe automatically generated under-regulated distress (Bohart & Greenberg, 1997) and helps strengthen the self. Emotion regulation skills involve such things as identifying and labeling emotions, allowing and tolerating emotions, establishing a working distance, increasing positive emotions, reducing vulnerability to negative emotions, self-soothing, breathing, and distraction. Regulation of under-regulated emotion thus involves getting some distance from overwhelming despair and hopeless and/or developing self-soothing capacities to calm and comfort core anxieties and humiliation. Rather than dwelling in these activities, positive experience and support are helpful.

Maladaptive emotions of core shame and feelings of shaky vulnerability also benefit from regulation in order to create a working distance from these rather than become overwhelmed by them. Forms of meditative practice and self-acceptance often are most helpful in achieving a working distance from overwhelming core emotions. The ability to regulate breathing, and to observe one's emotions and let them come and go are important processes to help regulate emotional distress. Mindfulness treatments have been shown to be effective in treating generalized anxiety disorders and panic (Kabat-Zin, Massion, Kristeller, Peterson, Fletcher, Pbert, Lenderking & Santorelli, 1992), chronic pain (Kabat-Zinn, Lipworth, Burney & Sellers, 1986), and prevention of relapse in depression (Teasdale, Segal, Williams, Ridgeway, Soulsby & Lau, 2000). Mindful awareness of emotions coupled with awareness of breathing is helpful in regulating symptoms of depression and anxiety and enhances coping.

Another important aspect of regulation is developing clients' abilities to tolerate emotion and to self-soothe. Emotion can be down-regulated by developing tolerance and by soothing at a variety of different levels of processing. Physiological soothing involves activation of the parasympathetic nervous system to regulate heart rate, breathing and other sympathetic functions that speed up under stress. At the more deliberate behavioral and cognitive levels, promoting clients' abilities to receive and be compassionate to their emerging painful emotional experience is the first step towards tolerating emotion and self-soothing.

It appears that simply acknowledging, allowing and tolerating emotion also is an important aspect of helping regulate it. This soothing of emotion can be provided by individuals themselves, reflexively, by an internal agency, or from another person. As we have seen self-soothing involves among other things diaphragmatic breathing, relaxation, development of self-empathy and compassion and self-talk. Soothing also comes interpersonally in the form of empathic attunement to one's affect and through acceptance and validation by another person. Being able to soothe the self develops initially by internalization of the soothing functions of the protective other (Sroufe, 1996; Stern, 1985). In EFT therapists this helps clients contain and regulate emotional experience by providing a soothing environment. Over time this is internalized and helps clients develop implicit self-soothing, the ability to regulate feelings automatically without deliberate effort.

Reflection

In addition, to recognizing emotions and symbolizing them in words, promoting further reflection on emotional experience helps people make sense of their experience and promotes its assimilation

into their ongoing self-narratives. What we make of our emotional experience makes us who we are. Reflection helps to create new meaning and develop new *narratives to explain experience* (Greenberg & Pascual-Leone, 1997; Greenberg & Angus, 2004; Goldman, Greenberg, & Pos, 2005, Pennebaker, 1995). Pennebaker (1995) has shown the positive effects of writing about emotional experience on autonomic nervous system activity, immune functioning, and physical and emotional health and concludes that through language, individuals are able to organize, structure and ultimately assimilate both their emotional experiences and the events that may have provoked the emotions. This clearly involves conscious conceptual processes.

Exploration of emotional experience and *reflection* on what is discovered thus is another important process in change. Reflection helps make sense of aroused experience. In this process, feelings, needs, self-experience, thoughts and aims of different parts of the self are identified. How parts of the self are connected can be experienced and understood. How a condemning self critical voice leads to feelings of shame and depression is understood, and helps people recognize their agency in the creation of their problematic experience. The meanings of situations that have evoked emotion are made sense of. The result of this reflection is deep experiential self-knowledge.

Transformation

The final and probably most important way of dealing with emotion in therapy involves the transformation of *emotion by emotion*. This applies most specifically to transforming primary maladaptive emotions such as fear and shame (Greenberg, 2002). This principle of emotional change suggests that a maladaptive emotional state can be transformed best by undoing it by activating another more adaptive emotional state. Spinoza (1967) was the first to note that emotion is needed to change emotion. He proposed that "An emotion cannot be restrained nor removed unless by an opposed and stronger emotion" (Ethics IV, p.195). Reason clearly is seldom sufficient to change automatic emergency based emotional responses. Darwin (1897) on jumping back from the strike of a glassed in snake, noted that having approached it with the determination not to start back, that his will and reason were powerless against the imagination of a danger which he had never even experienced. Rather than reason with emotion one can transform one emotion with another. In time the co-activation of the more adaptive emotion along with or in response to the maladaptive emotion helps transform the maladaptive emotion. While thinking usually changes thoughts, only feeling can change emotions. In EFT an important goal thus is to arrive at maladaptive emotion, not for its good information and motivation, but in order to make it accessible to transformation.

It is important to note that the process of changing emotion with emotion goes beyond ideas of catharsis or completion and letting go, exposure, extinction or habituation, in that the maladaptive feeling is not purged, nor does it simply attenuate by the person feeling it. Rather another feeling is used to transform or undo it. Although exposure to emotion at times may be helpful to overcome affect phobia, in many situations in therapy, change also occurs because one emotion is transformed by another emotion rather than simply attenuating. In these instances emotional change occurs by the activation of an incompatible, more adaptive, experience that undoes or transforms the old response. This involves more than simply feeling or facing the feeling leading it to diminish. Rather emotional change occurs by the activation of an incompatible, more adaptive experience that replaces or transforms the old response.

Frederickson (2001) for example has shown that a positive emotion may loosen the hold that a negative emotion has on a person's mind by broadening a person's momentary thought action repertoire. The experience of joy and contentment were found to produce faster cardiovascular recovery from negative emotions than a neutral experience. Frederickson, Mancuso, Branigan & Tugade (2000) found that resilient individuals cope by recruiting positive emotions to undo negative emotional experiences. Thus in the first instance bad feelings appear to be able to be transformed by happy feelings, not in a deliberate manner, by trying to look on the bright side, or by replacement, but by the evocation of meaningfully embodied alternate experience that undoes the physiology and experience of negative feeling.

In grief, laughter has been found to be a predictor of time to recovery. Thus being able to remember the happy times, to experience joy helps as an antidote to sadness (Bonanno & Keltner, 1997). Warmth and affection similarly often is an antidote to anxiety. In depression a protest-filled, submissive, sense of worthlessness can be transformed therapeutically by guiding people to the desire that drives their protest – a desire to be free of their cages and to access their feelings of joy and excitement for life. Isen (1999) hypothesized that at least some of the positive effect of happy feelings depends on the effects of the neurotransmitter's involved in the emotion of joy on specific parts of the brain that influence purposive thinking. Mild positive affect has been found to facilitate problem solving. These studies together indicate that positive emotion can be used to change negative emotion. Davidson (2000) also suggests that the right hemispheric withdrawal related negative affect system can be transformed by activation of the approach system in the left prefrontal cortex.

This principle applies not only to positive emotions changing negative ones but to changing

maladaptive emotions by activating dialectically opposing adaptive emotions (Greenberg, 2002). Thus, in therapy, maladaptive fear, once aroused, can be transformed into security by the activation of more boundary-establishing emotions of adaptive anger or disgust, or by evoking the softer feelings of compassion or forgiveness. Similarly maladaptive anger can be undone by adaptive sadness. Maladaptive shame can be transformed by accessing both anger at violation and self-comforting feelings and by accessing pride and self worth. Thus the tendency to shrink into the ground in shame can be transformed by the thrusting forward tendency in newly accessed anger at violation. Withdrawal emotions from one side of the brain are replaced with approach emotions from another part of the brain or vice-versa (Davidson, 2000). Once the alternate emotion has been accessed it transforms or undoes the original state and a new state is forged.

In EFT transformation thus comes from the client accessing a new emotional state in the session that undoes the old maladaptive emotion. How does the therapist access new emotions? The therapist attends to subdominant emotions that are currently being expressed 'on the periphery' of a client's awareness, and helps the client attend to and experience the more adaptive primary emotions and needs that provide inner resilience. Other methods of accessing new emotion involve using enactment and imagery to evoke new emotions, remembering a time an emotion was felt, changing how the client views things, or even expressing an emotion for the client (Greenberg, 2002). Once accessed, these new emotional resources begin to undo the psycho-affective motor program previously determining the person's mode of processing. This enables the person to challenge the validity of perceptions of self/other connected to maladaptive emotion, weakening its hold on them.

The difficulty in changing emotional experience, and restructuring emotional responses, is that emotional change cannot occur through a rational process of understanding or explanation, but rather, by generating a new emotional response. EFT works on the basic principle that people must first arrive at a place before they can leave it. Maladaptive emotion schemes must be activated in the therapy session in order to change them by accessing other more adaptive emotions.

Corrective Emotional Experience

A final way of changing an emotion is to have a new experience in the world that changes an old feeling. New lived experience with another person (often the therapist) are especially important in providing an interpersonal corrective emotional experience. Experiences that provide interpersonal soothing, disconfirm pathogenic beliefs or offer new success experience can correct interpersonal patterns set down in earlier times. Thus an experience in which a

client faces shame in a therapeutic context and experiences acceptance, rather than the expected contempt or denigration, has the power to change the feeling of shame. Having one's anger accepted by the therapist rather than rejected leads to new ways of being. Now the client can express vulnerability or anger with the therapist without being punished, and can assert without being censured. The undeniable reality of this new emotional experience allows clients to experience that they are no longer powerless children facing powerful adults. Corrective emotional experiences in EFT occur predominantly in the therapeutic relationship although success experience in the world is also encouraged.

The goal in EFT is for clients, with the help of more favorable circumstances in therapy, to experience mastery in re-experiencing emotions they could not handle in the past. The client then undergoes a corrective emotional experience that repairs the damaging influence of previous relational experiences. Corrective interpersonal emotional experiences also occur generally throughout the therapeutic process, whenever the client experiences the therapist as someone who is attuned to and validates the client's inner world. Overall, the genuine relationship between the client and the counsellor, and its constancy, is a corrective emotional experience.

Treatment Principles

The treatment principles that guide the counsellors's relational stance and actions (Greenberg et al., 1993; Elliott et al., 2004) are divided into task and relationship principles. EFT involves a therapeutic style that combines both following and guiding the client's experiential process, and emphasizes the importance of both relationship and intervention skills.

Emotion-Focused Therapy is built on a genuinely valuing, empathic relationship and on the counselor being fully present, highly respectful, and sensitively responsive to the client's experience. The *relationship principles* given below involve facilitation of shared engagement in a safe, task-focused therapeutic relationship, a relationship that is secure and focused enough to encourage the client to express and explore his or her key personal difficulties and emotional pain.

1. *Empathic attunement: enter and track the client's immediate and evolving experiencing.*
2. *Therapeutic bond: communicate empathy, caring, and presence to the client.*
3. *Task collaboration: facilitate involvement in goals and tasks of therapy.*

The three relationship principles above provide a model of the optimal client-counsellor relationship in EFT therapy. These are matched by the three *task principles* below that guide the pursuit of therapeutic

tasks presented by clients. These principles are based on the general assumption that human beings are agentic, purposeful organisms with an innate need for exploration and mastery of their environments. These principles are enacted in the counsellor's attempts to help the client resolve internal, emotion-related problems through work on personal goals and within-session tasks.

4. *Experiential processing: help the client work in different ways at different times.*
5. *Task Completion/Focus: focus on, and facilitate client completion of key therapeutic tasks.*
6. *Self-Development: foster client responsibility and empowerment.*

Intervention

Different types of empathy have been delineated ranging from purely understanding responses through, validating and evocative responses to exploratory and conjectural responses (Greenberg & Elliott 1997). Empathic exploration however is the fundamental mode of intervention in EFT. By sensitively attending, moment by moment, to what is most poignant in clients' spoken and non-spoken (non-verbal) narrative, a counsellor's verbal empathic exploration can capture clients' experience more richly than can clients' own descriptions (Rice, 1974). This helps the client symbolize previously implicit experience consciously in awareness. When a counsellor's response ends with a focus on what seems most implicitly alive in a client's statement, the client's attention is focused on this aspect of his or her experience. The client is encouraged to focus on and differentiate the leading edges of his or her experience. This is exemplified in the segment below where a depressed client is exploring her experience at the end of a romantic relationship:

Client: I keep wondering if he will call,

Counsellor: The image I have is of you sitting there waiting for the phone to ring and even though there is only silence and emptiness it is just so hard to get up and walk away (evocative empathy)... somehow hoping he will call. (exploratory)

Client; I keep hoping he will come back (weeping softly)

Counsellor; So somehow hoping keeps the door open? (exploratory)

Client: Yes I guess I have been reluctant to move on... It makes me feel so sad but I am beginning to realize there is no point in hanging around.

Markers and Tasks

As the treatment unfolds themes emerge and a focus is developed on underlying determinants of presenting problems. The process of developing a focus is helped by counsellor's continuously being attuned to *markers* of client process that point to the underlying determinants of different types of difficulties. This is a defining feature of the EFT approach, that intervention is *marker guided*. Research has demonstrated that in sessions clients enter into specific problematic emotional processing states that are identifiable by clients' in-session statements and behaviors that mark underlying affective problems and that these afford opportunities for particular types of effective intervention (Greenberg et al, 1993; Rice & Greenberg, 1984; Greenberg, Elliott & Lietaer, 1994). EFT counsellors are trained to identify markers of different types of problematic emotional processing problems and to intervene in specific ways that best suit these problems.

The following main markers and their accompanying interventions have been identified: 1) Problematic reactions expressed through puzzlement about emotional or behavioral responses to particular situations. For example a client saying "on the way to therapy I saw a little puppy dog with long droopy ears and I suddenly felt so sad and I don't know why". Problematic reactions are opportunities for a process of systematic evocative unfolding. This form of intervention involves vivid evocation of experience to promote re-experiencing the situation and the reaction to establish the connections between the situation, thoughts, and emotional reactions, to finally arrive at the implicit meaning of the situation that makes sense of the reaction. 2) An unclear felt sense in which the person is on the surface of, or feeling confused and unable to get a clear sense of his/her experience, "I just have this feeling but I don't know what it is" An unclear felt sense calls for focusing (Gendlin, 1996) in which the counsellor guides clients to approach the embodied aspects of their experience with attention and with curiosity and willingness, to experience them and to put words to their bodily felt sense.; 3) Conflict splits in which one aspect of the self is critical or coercive towards another aspect, for example a woman quickly becomes both hopeless and defeated but also angry in the face of failure in the eyes of her sisters, "I feel inferior to them, Its like "I've failed and, I'm not as good as you". Self critical splits like this offer an opportunity for two-chair work. In this two parts of the self are put into live contact with each other. Thoughts, feelings and needs within each part of the self are explored and communicated in a real dialogue to achieve a softening of the critical voice and an integration between sides. 4) Self-interruptive splits arise when one part of the self interrupts or constricts emotional experience and expression, "I can feel the tears coming up but I just tighten and suck them back

in, no way am I going to cry". In the intervention the interrupting part of the self is made explicit. Clients become aware of how they interrupt and are guided to enact the ways they do it, be it by physical act (choking or shutting down the voice), metaphorically (caging), etc., or verbally ("shut up, don't feel, be quiet, you can't survive this"), so that they can experience themselves as an agent in the process of shutting down and then can react to and challenge the interruptive part of the self. 5) An unfinished business marker involves the statement of a lingering unresolved feeling toward a significant other such as the following said in a highly involved manner, "my father, he was just never there for me. I have never forgiven him, deep down inside I don't think I'm grieving for what I probably didn't have and know I never will have". Unfinished business toward a significant other calls for an empty-chair intervention. Using an empty-chair dialogue, clients activate their internal view of a significant other and experience and explore their emotional reactions to the other and make sense of them. Shifts in views of both the other and self occur and 6) vulnerability in which the self feels fragile, deeply ashamed, or insecure about some aspect of his/her experience, "I just feel like I've got nothing left. I'm finished. It's too much to ask of myself to carry on". Vulnerability calls for empathic validation. When a person feels deeply ashamed or insecure about some aspect of his/her experience, above all else, clients need empathic affirmation from the counsellor who must warmly accept the client and both validate and normalize their experience.

Identifying these client markers not only helps focus treatment but also when clients express an in-session marker this signifies to the counsellor that a particular affective processing problem is currently activated and amenable to intervention. The type of marker alerts the counsellor to which intervention will most fruitfully help resolve the emotional processing difficulty. A treatment focus develops by repeated responses to clients' present emotional processing difficulties in the moment from session to session. The focus develops by following what is most alive and painful. The ultimate goal of treatment and these marker-driven interventions is to access primary feelings and in more distressed clients to access maladaptive emotion schemes in order to expose them to adaptive emotions

Phases of Treatment

EFT treatment can be broken into three major phases (Greenberg & Watson, 2006). The first phase of bonding and awareness is followed by the middle phase of evoking and exploring. Finally therapy concludes with a transformation phase that involves constructing alternatives through generating new emotions, and reflecting to create new meaning.

Phase 1: Bonding and Awareness. This phase involves the following four steps 1) Attending to, empathizing with, and validating the client's feelings and current sense of self. 2) Providing a rationale for working with emotion. 3) Promoting awareness of internal experience. 4) Establishing a collaborative focus.

From the first session the counsellor deeply holds a therapeutic attitude of empathy and positive regard to help create a safe environment for the evocation and exploration of emotion that will later take place. In the early phase of therapy it is also necessary to provide clients with a rationale as to how working with emotion will help. This supports clients' collaboration with the aim to work on emotions. For example, the counsellor might say: "Your emotions are important they are telling you that this is important to you. Let's work on allowing them and getting their message". The counsellor also helps the client start approaching, valuing and regulating their emotional experience. The focus of treatment also begins to be established in this early phase. Counsellors and clients collaboratively develop an understanding of the person's core pain, and work towards agreement on the underlying determinants of presenting symptoms. For example, while working with a depressed woman who had been a single parent for five years, the counsellor by following her pain came to focus the client on underlying shame that came from her self contempt for having married a man who had been physically abusive, and for not having left him the first time he hit her.

Phase 2: Evocation and Exploration. This phase involves the following four steps

- 1) Establishing support for emotional experience.
- 2) Evoke and arouse problematic feelings.
- 3) Undoing interruptions of emotion.
- 4) Helping access primary emotions or core maladaptive schemes

During this phase, emotions are evoked, and if necessary, intensified. First however the counsellor must ensure there is sufficient internal and external support for evoking painful emotions. Trust, the ability to regulate, sufficient resilience and the capacity to self soothe all are necessary before evoking emotion. The goal of the evocation and exploration of emotion is to eventually arrive at the deepest level of core primary emotion. Many techniques can be used to do this such as empathic evocation, focusing, and gestalt chair dialogues. Before activating emotion, counsellors assess the client's readiness for evoked emotional experiences, and ensure that the client has the internal resources to make therapeutic use of them. Once assured of this, EFT counsellors during this phase help people experience and explore what they feel at their core.

Interruption and avoidance of emotional experience is also worked through in this phase. Counsellors focus on the interruptive process itself and

help clients become aware of, and experience the cognitive (catastrophic expectations), physical (stopping breath), and behavioral (changing the topic) ways they may be stopping and avoiding feelings (i.e. Counsellor: What's happening now? I see you tighten up. Client: I'm squeezing my stomach and holding my breath. Counsellor: Yeah, do it some more to get a sense of how you do this).

Phase 3: Transformation and Generation of Alternatives. This phase involves the following three steps: 1) Help generate new emotional responses to transform core maladaptive schemes. 2) Promote reflection to make sense to experience. 3) Validate new feelings and support an emerging sense of self

Having arrived at a core emotion the emphasis shifts to the *construction of alternative ways of responding* emotionally, cognitively and behaviourally. This is done both by accessing new internal resources in the form of adaptive emotional responses and reflecting on these to create new meaning. As clients have new experiences of self they start to create new meanings and self-narratives that reflect a more integrated and stronger sense of self. The counsellor acknowledges and validates clients and helps them use their newly found sense of self-validation as a base for action in the world. The counsellor and client collaborate on the kinds of actions that could consolidate the change.

In EFT, the combination of providing a relationship of safety as well being process directive while pursuing in-session tasks leads to a creative tension that makes it possible to combine the benefits of both following and leading while softening the disadvantages of each. Optimal active collaboration between client and counsellor allows each to feel neither led nor followed by the other. It is a synergistic dance. Still, disjunction or disagreement can occur. In such moments we believe that human compassion offers more hope to another than the most sophisticated psychological techniques. Therefore the relationship always takes precedence over the pursuit of a task, and the counsellor always defers to the client's expertise on their own experience. Potential 'disjunctions' are closely attended to not only in clients' verbal statements but also in clients' subtle nonverbal behaviour. The counsellor constantly monitors the state of the therapeutic alliance and the current therapeutic tasks in order to balance responsive attunement and active stimulation.

In this approach *process is privileged over content, and process diagnosis is privileged over person diagnosis.* Case formulation is helpful in facilitating the development of a *focus* and helps fit the therapeutic task to the client's goals thereby aiding in the establishment of a productive working alliance. Case formulation involves the following steps: 1) Identifying the presenting problem and focus for the treatment in collaboration with the client. 2) Listening to and

exploring client's narratives about their presenting problem.3)Gathering information about client's early attachment identity-related histories and current relationships.4) Identifying the painful aspects of client's experience.5) Observing client's style of processing emotional material.6) Identifying the intrapersonal and interpersonal issues that are contributing to the pain.7) Confirming this understanding with the client and suggest tasks that will facilitate resolution of the painful issues.8) Attending and responding to client's moment-by-moment processing in the session to guide interventions.

Case Presentation

At the assessment interview, the client a 39 year woman tearfully reports feeling down and depressed. She reports that she probably has been depressed most of her life but that the past year has been particularly bad, that she has not been working, and has fallen into a pattern of rarely leaving the house or answering the phone or the door. Her relationships with her family of origin members are difficult, and often painful. Her mother is an alcoholic with whom she and her three sisters no longer have contact. Her father is a concentration camp survivor. He has always been emotionally removed from the family, and is often perceived as critical and judgmental. There is a history of physical punishment throughout her childhood.

From the exploration of the first session, the counsellor has a sense that throughout her childhood and into her adult life she has often experienced herself as alone and unsupported. She has internalized the critical voice of her parents and often judges herself to be a failure. Within the context of a physically and emotionally abusive past she often felt emotionally unsafe and abandoned.

The a counsellor nd client spent the first few sessions establishing the major issues and themes for the client that were relating to her current depression. The counsellor listens, using empathic affirmations, explorations, and formulations to communicate his understanding to the client. By the end of the third session, the counsellor was confident in his process formulation. In terms of her emotional processing style, the counsellor observes that the client is able to focus on internal experience, particularly in response to counsellor empathic responses that focus her internally. As she reports, however, she tends to avoid (as many people do) painful and difficult emotions. In fact, there appears to be an identifiable emotional pattern, wherein she moves into states of helpless and hopeless when she starts to feel primary emotions of sadness or anger and in response to her experience of needs for closeness and acceptance. This can be seen as a form of maladaptive emotional processing. She also appeared to have internalized self-criticism related to issues of failure that emerged in the context of her family relationships.

Unfinished business stemming from her early relationship with her father was also evident. She has unexpressed resentment and sadness towards him that affected her own sense of self-worth. The goal of the treatment appeared to be to resolve her self-critical conflict split to resolve her unresolved feelings towards her father

In session three, she recounts the history of the relationship with her father. She describes not having got approval from him: "I believe I'm a bad person, but deep down inside I don't think I'm a bad person... yeah, I'm grieving for what I probably didn't have and know I never will have." The counsellor initiates an empty chair dialogue with her father in this session. In her emotional expression to her imaginary father in the other chair, she begins to voice the meaning she had attached to interactions with her father. "You destroyed my feelings. You destroyed my life. Not him completely, my father was – but you did nothing to nurture me and help me in life. You did nothing at all. You fed me and you clothed me to a certain point. That's about it." The counsellor replies; "Tell him what it was like to be called a devil and go to church every...." She then continued; "It was horrible. He made me feel that I was always bad, I guess when I was a child. I don't believe that now, but when I was a child I felt that I was going to die and I was going to go to hell because I was a bad person."

By the end of session three, the thematic intrapersonal and interpersonal issues have emerged clearly. They are clearly embedded in what the client reports as her most painful experience. First, the client has internalized self-criticism related to issues of failure that emerge in the context of her family relationships. This voice of failure and worthlessness is initially identified as coming from her sisters but clearly has roots in earlier relationships with her parents. This becomes more evident later in therapy. Related to her self-criticism and need for approval is a need for love. Love has been hard to come by in her life. She has learned how to interrupt or avoid acknowledging this need as it has made her feel too vulnerable and alone. She has learned how to be self-reliant but this independence has had a price as it leaves her feeling hopeless, unsupported and isolated. This need for love is related to her unfinished business stemming from her early relationship with her father. She harbors a great deal of resentment toward her father over his maltreatment of her as a child and she has a tendency to minimize it as "being slapped was just normal." She has internalized this as a feeling of worthlessness and as being unlovable. These underlying concerns lend themselves very clearly to the emotional processing tasks of both the two-chair for internal conflict splits and to the empty-chair for unresolved injuries with a significant other.

The thematic issues of the therapy continue to be focused on through work on the emotional processing tasks. In a self-critical dialogue in session four, she connects her bad feelings to the criticism she heard from her parents. In a dialogue with the critic this voice begins to soften and both her grief over having not been loved and a sense of worth emerge. "Even though mom and dad didn't love me or didn't show me any love, it wasn't because I was unlovable, it was just because they were incapable of those emotions. They don't know how to – they still don't know how to love." The client does not experience the hopelessness that had been so predominant in her earlier sessions again.

Later in session 7, the client and the counsellor work to identify the way in which the client interrupts and prevents the feeling of wanting to be loved and protect against the pain of having her needs not met. In session nine she says as her "interrupter" in the other chair she says to herself "You're wasting your time feeling bad cause you want them, and they are not there. So it's best for you to shut your feelings off and not need them. That's what I do in my life. When people hurt me enough I get to that point where I actually can imagine, I literally cut them out of my life like I did with my mother."

They then go on to identify the way in which needing love makes her vulnerable to hurt and pain, and how interrupting these needs have left her vulnerable to isolation and aloneness. In sessions seven through nine, the client continues to explore the two different sides to her experience: the critic that attempts to protect her through controlling and shutting off needs and the experiencing self that wants to be loved and accepted. She continues to define and speak from both voices and expresses a range of sadness, anger, and pain/hurt. The hopelessness that was so dominant in the early sessions now is virtually non-existent. The voice that wants love and acceptance becomes stronger and the critic softens to express acceptance of this part of her. At the same time she is feeling much better and activation of her negative feelings decrease.

The other main theme of the therapy is her interpersonal issue with her father with whom she feels hurt, angry, worthless and unloved. In a key dialogue in session three she speaks to her father:

C: It hurts me that you don't love me-yea-I-guess, you know, but...I'm angry at you and I needed love and you weren't there to give me any love."

She later tells the image of her father about her fear:

C: I was lonely. I didn't know my father. My father-all I knew you as, was somebody that yelled at me all the time and hit me. That's all-I don't remember you telling me you loved me or that you cared for me or that you thought that I did well in school or anything. All I know you as somebody that I feared.

T: Tell him how you were afraid of being hit.

C: Yes, and you humiliated me. I was very angry with you because you were always hitting me, you were so mean and I heard Hitler was mean, so I called you Hitler.

Later in the session, she describes how she interrupts her painful sense of feeling unloved

C: The only way I can handle it is by making a joke of it because it helps-it helps because when I'm too serious about it, I become so depressed I can't function. So I learned to laugh about it and you know I have that sarcastic humor and sort of jaded eye I guess about things.

T: Because underneath the laugh I guess there's a lot of hurt and a lot of hate.

She continues expressing her anger in an unfinished business dialogue:

C: I hate you. I hate you, there's no doubt about that in my mind. I've hated you for years. It angers me when I see you at family functions and I don't feel good being there and you act like nothing ever happened.

Later on in the session, she expresses pain and hurt at her father's inability to make her feel loved: "I guess I keep thinking that yea, you will never be a parent, that you would pick up the phone and just ask me how I'm doing. It hurts me that you don't love me-yea-I guess, you know." She ends the session with a recognition that what she needed was acceptable. "I needed to be hugged once in a while as a child or told that I was OK. I think that's normal".

By accessing both pride and anger and grieving her loss, her core shame is undone (Greenberg, 2002). The client thereby begins to shift her belief that her father's failure to love her was not because she was not worth loving. She says to him in the empty chair. "I'm angry at you because you think you were a good father, you have said that you never hit us and that's the biggest lie on earth, you beat the hell out of us constantly, you never showed any love, you never showed any affection, you never ever acknowledged we were ever there except for us to clean and do things around the house".

Having processed her anger and her sadness and transformed her shame she takes a more compassionate and understanding position to her father. In an empty chair dialogue with her father in session 10 she says "I understand that you've gone through a lot of pain in your life and probably because of this pain, because of the things you're seen, you've withdrawn. You're afraid to maybe give love the way it should be given and to get too close to anybody because it means you might lose them. You know and I can understand that now, whereas growing up I couldn't understand."

She is also able to continue to hold him accountable for the ways that he disappointed and hurt her while also allowing her compassion to be central in the development of a new understanding of his inner struggles. “You know [being a concentration camp victim] had a real impact on you. Instead of being a teenager, you’re a prisoner of war. It obviously had a lasting impact on you and then as life went on and you know your marriage ah you know, I’m sure in the beginning it was good, you know I think at one point, mom and dad did at one point really love, um, each other, but I think with my mother’s drinking, and maybe with some of the anger that you had about your life, and then you lost your child, your son, that um, your way of dealing with things was to be cold, to be unfeeling, to not be supportive, not that you didn’t want to be. I don’t think you know how. I can really understand or I can try to feel your pain and understand that ah, you did the best you could knowing what you knew”.

In talking about the dialogue at the end of the session, the client says “I feel relief that I don’t have this anger sitting on my chest anymore”. The client goes on to describe how she can now accept that he doesn’t have more to give. This leads to feelings of pride and then joy for having overcome these feelings. Her shame-based core maladaptive belief that “I am not worth loving” has shifted to include the emotional meaning that her father experienced his own pain in his life and that this pain led him to be less available to behave in loving ways toward her or her sisters. Needing to be loved no longer triggers hopelessness and giving voice to her strong emotions has validated that she is worth loving, and that she can manage with what her father has to offer at this point in her life. A greater ability to communicate her needs, to protect herself from feeling inadequate and to be close to her sisters has also developed.

Conclusion

The effectiveness of short-term EFT for individuals has been demonstrated in several research projects. EFT is an effective treatment for both depression and emotional trauma (see Greenberg & Watson 2006 for a review, Goldman, Greenberg, & Angus, 2006). EFT activates emotion during treatment in order to make deep change in automatically-functioning emotion schemes that are frequently the sources of problems. EFT combines both following and guiding clients’ experiential process, while emphasizing the importance of both relationship and intervention skills. It takes emotion as the fundamental datum of human experience, but also views emotion and cognition as inextricably intertwined and important to meaning making. Ultimately EFT’s central focus is on accessing and utilizing adaptive emotional functioning within individuals to promote growth and change.

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