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ORIGINAL PAPER

Emotion-focused Therapy: The Transforming Power of Affect

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Abstract Emotion-focused therapy (EFT) is an empirically supported humanistic treatment that views emotion as fundamental to experience, as contributing to both adaptive and maladaptive functioning, and as essential to therapeutic change. EFT combines both following and guiding the client's experiential process, emphasizing the importance of both relationship and intervention skills. Utilizing markers of particular emotional processing difficulties at the core of client problems, therapists intervene with matched interventions aimed to resolve the emotional processing difficulty. This process helps clients access new adaptive emotional resources, transform maladaptive emotional responses, address emotional interruption and regulation, make sense of experience, and construct new meaning and self-narrative.

Keywords Emotion focused therapy

Emotion-focused therapy (EFT), also known as process experiential therapy (PE) (Elliott, Watson, Goldman, & Greenberg, 2004; Greenberg, 2002; Greenberg & Johnson, 1988; Greenberg & Watson, 2006; Greenberg, Rice, & Elliott, 1993) is an empirically supported humanistic treatment that views emotions as centrally important in the experience of self, in both adaptive and maladaptive functioning, and in therapeutic change. EFT involves a style that combines both following and guiding the client's experiential process, and emphasizes the importance of both relationship and intervention skills. It takes emotion as the fundamental datum of human experience while recognizing the importance of meaning making, and ultimately views emotion and cognition as inextricably intertwined.

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 (Damasio, 1994), 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 wellbeing. They also prepare and guide us in these important situations to take action towards meeting our needs. 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.

EFT theory incorporates a number of humanistic-phenomenological principals (Rogers, 1951, 1957; Perls, Hefferline, & Goodman, 1951) concerning human nature. Five of these are: (1) experiencing is the basis of thought, feeling and action; (2) human beings are fundamentally free to choose how to construct their worlds; (3) people function holistically while at the same time are made up of many parts, or self-organizations, each of which may be associated with quite distinctive thoughts, feelings and self-experiences; (4) people function best and are best helped by a therapist who is psychologically present and who establishes an interpersonal environment that is empathic, unconditionally accepting, and authentic; and finally, (5) people grow and develop to the best of their abilities in supportive environments.

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In EFT, emotion schemes are seen as the main source of experience, rapidly and implicitly functioning to automatically produce felt experience. Emotion schemes themselves are not readily available to awareness. However, they can be understood through the experiences they produce. These *are* available to awareness, and can be attended to, explored, and made sense of by a process of reflection. Our higher order sense of our selves in the world emerges from emotion schemes as they are dynamically synthesized in the moment from their automatically integrated components (perception, sensation, memory, implicit meaning, or conceptual thought). Activated emotion schemes produce changing self-organization. Experience of this is potentially available to consciousness and is constructed by attending to emotion scheme components in the present moment, by symbolizing this experience in awareness, reflecting on it and forming narratives that explain it (Greenberg & Watson, 2006).

EFT also suggests that emotion schemes can be organized into four distinct classes of emotional response (Greenberg & Safran, 1987). Of these four, only one is considered truly adaptive. The other three are considered problematic to adaptive functioning. *Primary adaptive emotion* responses are immediate emotional responses to a situation that help an individual take appropriate action. For example, anger at violation helps one to assertively set boundaries that may prevent future violation. *Primary maladaptive emotion* responses are also immediate, but involve over-learned responses from previous, often traumatic, experiences. Once useful in coping with a maladaptive situation in the past, they no longer are the source of adaptive coping in the present. *Secondary emotional* responses are emotional reactions to primary emotional experiences. For example, a man may feel initially afraid in a dangerous situation (primary adaptive) and then feel ashamed at himself for being afraid (secondary), because he believes it is unmanly. Finally, *instrumental emotion* responses are emotional responses that are used to influence and control others. These may be habitual learned responses, and may or may not be deliberate or conscious. Using anger displays to intimidate, or sadness displays to elicit help are two common ones. These distinctions in emotional responding are important because each emotion category is worked with differently in therapy (Greenberg & Paivio, 1997).

Principles of emotional change

From the EFT perspective, change occurs by means of awareness, regulation, reflection, and transformation of emotion taking place within the context of an empathically attuned relationship.

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. 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.

Regulation

Facilitating the ability to tolerate and regulate emotional experience is another important change process. In EFT the therapist helps clients contain and regulate emotional experience by providing a soothing environment. Over time this helps clients develop self-soothing capacities and to regulate feelings automatically without deliberate effort. Therapists also help clients find words for their feelings. In the process clients learn that words can help regulate feelings and lessen their intensity. Explicit ways of regulating emotional experience are also taught and practiced. Grounding, self-soothing, and safe-place exercises are practiced during a series of graded exposures to emotional arousal. For example, clients may learn to have some deliberate control over the intensity of anxiety they experience by imagining arms around them that may soothe the anxiety as it emerges.

Reflection

Exploration of emotional experience and reflection on what is discovered 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; and how parts of the self are connected is experienced. For example, how a condemning self critical voice leads to feelings of shame and depression can be understood, and this 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 fourth principle is emotion transformation. In EFT a goal is to arrive at maladaptive emotion, not for its good information and motivation, but in order to make it accessible to transformation. In EFT transformation comes from the client accessing a new emotional state in the session that undoes the maladaptive emotion. The therapist facilitates this by attending 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 can also access new emotion such as enactment and imagery, remembering past emotional experiences, or even expressing an emotion for the client. Once accessed, these new emotional resources begin to undo the automaticity of the emotion scheme previously determining the person's mode of processing. This enables the person to challenge the validity of appraisals 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 before they can be changed by accessing other more adaptive emotions.

Relational environment

In EFT the therapeutic environment plays an important role in making the activation of emotion possible and productive. The therapist is fully present, unconditionally accepting, empathic, and genuine (Rogers, 1957; Greenberg & Watson, 2006). These qualities provide real human contact that reduces clients' feelings of isolation, increases the experience of being accepted and enhances interpersonal safety. This creates the optimal environment for focused attention to turn within, and eliminates the client's need to attend to interpersonal processes occurring between them and the therapist (Rice, 1974). Added to this, therapists are in constant empathic attunement with clients' affect and meaning. At all times, the therapist tries to make psychological *contact* with and convey a *genuine* understanding of the client's internal experience (Rogers, 1951, 1957). Therapists enter into clients' internal frame of reference, and guide clients' attentional focus to what the therapist hears as most poignant for the client at a particular moment (Rice, 1974). This again communicates companionship, human contact and safety. Once this safe relational environment is established, various therapeutic interventions or tasks can be employed to activate and work with the client's emotional issues.

Markers and interventions

As themes of treatment emerge therapists are also continuously attuned to markers of client process that point to the underlying determinants of their difficulties. This is a defining feature of the EFT approach, that intervention is *marker guided*. Research has demonstrated that clients engage in specific problematic emotional processing states that are identifiable by clients' in-session statements and behaviors that mark underlying affective problems (Greenberg et al., 1993; Greenberg, Elliott & Lietaer, 1994). EFT therapists are trained to identify common markers of problematic emotional processing problems. To date the following main markers are identified: (1) problematic reactions expressed through puzzlement about emotional or behavioral responses to particular situations, for example a client saying "just yesterday I saw my two year old jump on the sofa and his diaper fell off and I saw his little bum and I felt suddenly so sad I don't know why"; (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"; (3) conflict splits in which one aspect of the self is critical or coercive towards another, for example a woman quickly becomes both hopeless and defeated but also angry in the face of failure, "I feel inferior, I have no self-esteem left and it's like I don't want to try anymore, it's like OK you win, I'm not as good as you"; (4) self-interruptive splits in which one part of the self interrupts or constricts emotional experience and expression, "I can feel tears coming up but I just tighten and suck them back in, no way am I going to cry"; (5) unfinished business involving the statement of a lingering unresolved feeling toward a significant other, "my father, he was just never there for me"; and (6) vulnerability in which the person feels fragile, deeply ashamed, or insecure about some aspect of his/her experience, "I feel like I've got nothing left, it's too much to ask of myself to carry on." Additional markers and sub-markers can be found in Elliott et al. (2004). Establishing focused goals of treatment depends on establishing a collaborative understanding of how one or more of these underlying emotional processing difficulties relate to the client's problems and core pain.

Identifying these markers not only helps focus treatment but also provides opportunities for engaging in particular in-session therapeutic tasks. When client communication contains a marker it signifies to the therapist that a

particular affective processing problem is currently activated and amenable to intervention. This alerts the therapist towards interventions that match the marker and that will most fruitfully explore and resolve the emotional processing difficulty. In this way treatment focus responds to clients' emotional processing difficulties in the moment from session to session. 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.

Once particular interventions are initiated the therapist also attends to and assesses a finer level of in-session micromarkers as interventions proceed. For example, the therapist must also assess whether emotion is secondary or instrumental, as well as distinguish primary adaptive from maladaptive emotional responses (Greenberg et al., 1993). This is essential because each class of emotional response is worked with in a different fashion. Formulation and intervention in EFT are therefore inseparable, span the entire course of treatment, and occur constantly at many levels.

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

From the first session the therapist deeply holds a therapeutic attitude of empathy and positive regard. This helps 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 therapist 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 therapist also helps the client start approaching, valuing and regulating their emotional experience. The focus of treatment also begins to be established. Therapists 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 therapist, by following her pain, came to focus the client on underlying shame that came from her self contempt for not having left her husband the first time he had been physically abusive.

Phase2: Evocation and exploration

During this phase, emotions are evoked, and if necessary, intensified. The evoked emotion is then explored to eventually arrive at the deepest level of primary emotion. Many techniques can be used to do this such as empathic evocation, focusing, and gestalt chair dialogues. Before activating emotion, therapists 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 therapists 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. Therapists focus on the interruptive process itself and help clients become aware of, and experience the cognitive (i.e. catastrophic expectations), physical (i.e. stopping breath), and behavioral (i.e. changing the topic) ways they may be stopping and avoiding feelings.

Phase 3: Transformation and generation of alternatives

Having arrived at a core emotion the emphasis shifts to the *construction of alternative ways of responding* emotionally, cognitively and behaviourally. This is done by accessing new internal resources in the form of adaptive emotional responses. Clients have new transforming emotional experiences from which they start to create new meanings and self-narratives that reflect a more resilient and integrated sense of self. The therapist acknowledges, validates and helps clients use newly found self-validation as a base for action in the world, collaborating on the kinds of actions that could consolidate the change.

During this phase of 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 therapist allows each to feel they are in a synergistic dance, working together harmoniously in a combined enterprise. Still, disjunction or disagreement can occur. In such moments we believe that human compassion offers more hope than the most sophisticated psychological techniques. Therefore, the relationship always takes precedence over the pursuit of a task, and the therapist always defers to clients' expertise on their own experience. The therapist closely attends to potential "disjunctions" expressed in clients' verbal statements and subtle nonverbal behaviour, constantly monitoring the state of the therapeutic alliance during therapeutic

tasks in order to balance responsive attunement and active stimulation.

In addition to the relationship there are two fundamental methods of intervention used in this phase of EFT: (1) empathic exploration, and (2) marker guided task suggestions. Empathic exploration is a fundamental intervention of EFT. By sensitively attending, moment by moment, to what is most poignant in clients' narrative, a therapist's 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 therapist's response ends with a leading focus on what seems most implicitly alive in a client's statement, the client's attention is encouraged towards focusing on and differentiating the edges of their experience.

A therapist's empathic exploration also underlines certain issues as important, and develops an implicit agreement to explore therapeutic issues further. For example, in a second session, a therapist's empathic exploration begins to clarify a shared focus on a client's withdrawal.

T: Somehow, it feels like without their approval, I'm nothing, somehow it's hard to find your own sense of who you are, with or without their approval, and so these comments from your second sister, kind of just really crush you, and then you feel so hurt and you want to withdraw.

C: Yea. It's safe, because if I don't speak to them and they don't know what's happening in my life, they can't make any comments. I guess I'm at a point in my life when I want to be left alone. Just want to get on with my life as best I can but not necessarily with them, you know.

T: So in one way it's just kind of withdrawing from it, with a sense of hopelessness that I'll ever get from them what I need, but also it's like I've had too much disapproval, felt criticism from them, I just don't want it anymore.

The therapist will not directly address particular types of problematic emotional processing styles but does so through empathic responding. For example, in working with the first issue identified above, the client's tendency to access hopelessness is understood as her secondary response to her more primary emotions. The therapist thus reflects the hopelessness when it emerges but also conjectures about related underlying primary anger.

The therapeutic tasks

The use of the different tasks appropriate at different markers of client problems is fully described in detail in various manuals to EFT (Elliott et al., 2003; Greenberg et al., 1993; Greenberg & Watson, 2006). These are briefly described below.

Problematic reactions call for systematic evocative unfolding

This involves vivid reconstructions of experience to promote re-experiencing in order to establish the connections between a situation, thoughts, and emotional reactions, to finally arrive at the implicit meaning of the situation that makes sense of the reaction. As illustrated below, the therapist asks the client to provide a vivid description of the scene in which the client was a participant when their puzzling reaction occurred. The therapist begins to help the client recapture a graphic sense of the situation:

T: So you were standing there at the bottom of the stairs dressed and ready to leave and your wife in her nightgown was looking down at you from above and you just had this feeling . . . maybe a sinking in your stomach or what?

Once the scene has been vividly recreated and the client is focusing on their emotional reaction to it, the therapist guides the client to search for the particularly salient aspect of the situation that triggered the reaction. The client responds:

C: It was just the way she was looking down her nose at me.

After the client identifies what was salient about the situation, the client and therapist explore how he construed the stimulus so as to arrive at an understanding of its personal meaning. This is known as the meaning bridge.

T: so from that height . . . she looks down to you, and somehow . . . in that moment she was above you, you were down there below, you felt . . . .

C: I felt so small, it was like she was saying "you are nothing!"

An unclear felt sense calls for focusing (Gendlin, 1996)

When clients report feeling blocked or unable to get a clear sense of their experience they are guided in mindfully accepting the embodied aspects of their experience and to approach these with curiosity and willingness to experience them. In this process, exemplified in a simple interaction below, the client is asked to put words to the bodily felt sense.

T: So can you pay attention to what you feel inside in that place where you feel your feelings?

C: I just feel this heaviness inside. I feel the weight of all the things I have to do just pushing down on me.

T: Can you put words to that feeling?

C: 'I have no choice.'

Self critical splits call for two-chair work

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. Below a client is confronted by her critical voice, which makes her feel she is a failure. She begins to set a boundary with it. The dialogue begins with her critical side.

C: You're screwing up, I knew you couldn't do it

T: Yeah, it's kind of a mean voice (C: yeah) makes her feel kind of inadequate and (C: right) . . . So how do you do this? Do it some more.

C: I don't know why you even bother trying because you're not going to succeed (T: mm-hm) something's going to go wrong, haven't figured it out yet, but something's going to go wrong.

T: You're going to fail.

C: Yeah, you've fooled everybody that you've got a job with the bank, and everybody's like "wow," but you're going to screw it up.

The client then changes chairs and the criticized self's response is accessed.

T: So you're going to screw it up. How does that feel when you hear that?

C: To hell with you! (laughs) that's what I feel like.

T: So why don't you tell her?

C: I'm really angry. (T: yeah) I don't need the constant failure thrown up in my face, not everything that's gone on wrong in my life is my fault.

Self-interruptive splits call for two-chair work

The interrupting part of the self is made explicit. The client expresses the modus operandi of the interruptive process, how it is done by physical act (i.e. choking or shutting down the voice), metaphorically (i.e. caging), etc., and eventually makes the non-verbal interruption verbal ("shut up, don't feel, be quiet, you can't survive this") so that the experiencing self can become aware of this process, experience and communicate the cost of being 'shut down,' and challenge it.

T: What happens when you try to express your anger?

C: I feel like I'm in a box and I can't come out.

T: OK, can you come over here and put J. in the box. Be the box. What do you say?

C: (as the interrupter) I will not let you out, I am keeping you safe in there, don't' come out, you could get hurt if you even stick your head out a little.

T: OK come over here and as J . . . tell her how it feels to be in the box?

C: I feel kind of claustrophobic in here .. I'm squished . . . I would like to have some room to breathe.

T: She says she's trying to protect you. What do you say to that?

C: Well, I'd like to come out a little . . . I'm not so afraid . . . . I think I can handle whatever will happen.

T: Trying telling her what you want.

C: I want to come out. I want to be free to express my anger.

Unfinished business toward a significant other calls for empty-chair work

Using an empty-chair technique, clients activate their internal view of a significant other and explore the implicit meaning of past events with them. They experience and explore their emotional reactions to the other and make sense of them. Shifts in views of both the other and self may occur. When a client stated: "I believe I'm a bad person, but deep down inside I don't think I am . . . I'm grieving for what I probably didn't have and know I never will have," the therapist initiated an empty chair dialogue with her mother.

C: When I was a child I felt that I was going to die and go to hell because I was a bad person. I was really angry (crying) that nobody was there to help me (T: yeah) Why wasn't my mother there when I needed her?

T: Yeah, do you want to imagine your mother in the chair here, and tell her now?

C: Why weren't you there when I needed you mom? (crying) (T: yeah) Why did you let me go to a stranger's house, and you didn't really know them?

T: Yeah - - tell her what it was like for you . . .

C: It was very scary. (T: yeah) I felt very mad and wrong, and I felt very ashamed and scared and it's like I couldn't trust you again because you didn't protect me.

T: Yeah so I didn't trust you after that . . .

C: And I always felt that I had to meet your needs because you never met mine, I needed to be protected . . . (T: yeah, I was only five) I was so little and you were just so concerned that (blows nose) I was out of your way and not bothering you.

T: Yeah, tell her why you were sad.

C: (blows nose) I resent you for not loving me, (T: mm-hm) and thinking what was wrong with this horrible child of yours who used to be sweet is now horrible, I was never sweet, I was tortured, I was hiding.

T: So I resent you for not seeing my pain (C: Yeah) all those years?

C: And I bottled it so much to the point where it was just exploding and you didn't see any of it, you didn't recognize it.

T: Yeah so you didn't protect me from the abuse, and then you didn't see pain . . .

C: It was very painful.

T: What did you need from her then?

C: I needed it not to happen.

T: Yeah, I needed you to be an adult,

C: And then when it did happen (cries) I needed you to hug me and tell me it was okay, I was just so afraid (blows nose) that if you ever found out you would hate me and throw me out of the house.

T: Uh-huh, so I needed to feel that I could tell you, to feel safe.

Vulnerability calls for empathy

When a person feels deeply ashamed or insecure about some aspect of his/her experience, above all else, clients need secure contact with a non-rejecting other. This always calls for empathic affirmation from the therapist who must warmly accept the client and both validate and normalize their experience.

C: I feel so defective, not worth anything, since I was let go at work.

T: The termination and the way it happened have just been so hard. No wonder it has left you feeling so broken.

C: like damaged goods..

T: the blow of losing the job, but also a deeper wound of being left with this sense of being . . . defective somehow . . . tossed

C: tossed out like garbage..

T: that's hard . . . . being treated that way . . . . anyone would be flattened by that . . . no wonder you feel knocked down by this right now.

Concluding thoughts

Most psychotherapy approaches agree on the importance of targeting clients' emotions in therapy. Emotion schemes (whether called cognitive-affective structures relating to core beliefs in cognitive behavior therapy, or interpersonal relationship templates in a dynamic approach) must be activated in therapy to access implicational meaning, and to generate transforming experiences (Teasdale, 1999; Samoilov & Goldfried, 2000). As a current experiential psychotherapy, EFT provides a theoretical and intervention framework for skillfully working with clients' emotional processes. It offers a clinically meaningful and differentiated view of emotion, and employs effective targeted interventions to activate and work with clients' emotional experience. EFT is also empirically demonstrated as an effective treatment for depression and emotional trauma (Greenberg & Watson, 2006). Clinicians of all theoretical traditions will find EFT relevant to working with emotion productively.

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