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## 20 Emotion-focused therapy

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### Introduction

Emotion-focused therapy (EFT) is an integrative, humanistic, empirically supported approach, based on a programme of psychotherapy research dating back to the 1970s (Rice and Greenberg, 1984; Elliott et al., 2013). Emotion-focused therapy emerged from the person-centred tradition and in particular its experiential branch (i.e. late Rogers and Gendlin). It integrates active process-guiding therapeutic methods from Gestalt therapy and focusing within the frame of a person-centred relationship, but gives emotion a central role in therapy as a source of meaning, direction, and growth (Greenberg et al., 1993; Elliott et al., 2004). When developed in the late 1980s and early 1990s, this approach was referred to as process-experiential therapy (Greenberg et al., 1993), first because it is process-oriented and second to distinguish it from related experiential therapy approaches (e.g. Gendlin, 1996). The couples version of EFT was originally referred to as *emotionally* focused therapy (Greenberg and Johnson, 1988) in order to distinguish it from the then-prevalent behavioural couple therapy (Jacobson and Margolin, 1979). However, since the late 1990s, the simpler term ‘emotion-focused therapy’ has come to be applied to the individual therapy (Greenberg and Paivio, 1997) and some versions of the couples therapy (Greenberg and Goldman, 2008).

In this chapter, we describe the core assumptions and values of emotion-focused therapy, EFT emotion theory and practice principles, and some of the main kinds of therapeutic work in EFT (‘markers and tasks’). We conclude with a summary of EFT emotion change principles and a brief case example.

Like other humanistic therapies, EFT is based on a set of core assumptions and values (Elliott et al., 2004), which it strives to foster as a matter of ethical and practical priority:

- *Experiencing* is central and emerges out of a continuous, dynamic synthesis of multiple emotion processes.

- Humans are fundamentally social beings and have strong attachment needs, which require human contact in the form of *presence* and *authenticity*.
- *Agency or self-determination* is an evolutionarily adaptive motivation to explore and master situations.
- *Pluralism/diversity* within and between persons is inevitable and needs to be unconditionally accepted, validated, and even celebrated, leading to relationships based on equality and empowerment.
- A sense of *wholeness* is adaptive and is mediated by emotion. However, this does not take the form of a single executive self; instead, wholeness comes from friendly contact among different aspects.
- *Growth* occurs over the entire lifespan and is supported by innate curiosity and adaptive emotion processes, tending towards increasing differentiation and adaptive flexibility.

Emotion-focused therapy began as an individual therapy for depression and as an intervention for couples with relationship problems. Since then, it has continued to evolve, driven by work with clients suffering from abuse (Paivio and Greenberg, 1995), trauma (Elliott et al., 1998), complex trauma (Paivio and Pascual-Leone, 2010), and more recently with anxiety (Elliott, 2013; Shahar, 2013) and eating difficulties (Dolhanty and Greenberg, 2007). Application to these new client populations has led to the development of new therapeutic tasks, which has in turn led to more general understandings of core change processes and the process of emotional deepening and change (Pascual-Leone and Greenberg, 2007). At the same time, organized EFT training has been developed in many parts of the world, which has also helped bring greater clarity to its theory and practice.

## EFT emotion theory

Emotion-focused therapy uses several sets of concepts in its theory of function and dysfunction, including emotion schemes, emotion response types, and emotion regulation.

### Emotion schemes

In EFT, emotions are conceptualized as organizing networks of interrelated experiences known as emotion schemes (Elliott et al., 2004). These networks consist of five types of elements: (1) *situational-perceptual* experiences, including affectively tinged memories and immediate appraisals (e.g. noticing that one is alone and isolated from others and remembering oneself as a lonely child); (2) *bodily sensations and expressions* (e.g. a sinking feeling in the stomach accompanied by quivering lips); (3) *verbal-symbolic* representations, including stock phrases and self-labels (e.g. 'No one will ever really love me because I'm unlovable'); (4) *motivational-behavioural* elements, including needs, action tendencies and actions (e.g. wanting another person's affirming presence, while at the same time withdrawing from contact). When activated and attended to, this produces a conscious emotional experience, which can be considered

as a fifth, emotional element (e.g. an old familiar painful sadness at feeling abandoned and unloved).

### Emotion response types

Four types of emotion response are distinguished in EFT (Greenberg et al., 1993). *Primary adaptive* emotion responses are our first, congruent, natural reactions to the current situation that would help us take appropriate action. For example, if someone is violating another individual, anger is an adaptive response, because it helps that individual to take assertive action to end the violation by drawing a boundary; primary adaptive sadness, on the other hand, indicates loss and motivates the need for connection. (Here, the word 'adaptive' simply means useful in the current situation, while the word 'primary' means first.) *Primary maladaptive* emotion responses are also initial, direct reactions to situations; however, they involve overlearned responses, based on previous, often traumatic experiences, but have become incongruent in the sense that they no longer fit their situation. For example, a client with a fragile process may have learned when they were growing up that any caring offered was usually followed or preceded by physical or sexual abuse. As a result, the therapist's empathy and caring take on the meaning of violation for the client and are therefore responded to with anger, a response that is no longer useful for the client in their current situation. With *secondary reactive* emotion responses, the person reacts to their initial primary emotional response (which can be either adaptive or maladaptive), so that it is replaced with a second (hence 'secondary') emotion. For example, a client who encounters danger and begins to feel fear may become angry about the fear, even when angry behaviour increases the danger. (This means that secondary emotion responses are also problematic or not useful.) Finally, *instrumental* emotion responses are strategic displays of an emotion for their intended effect on others, such as getting them to pay attention to us or to approve of us. Common examples include 'crocodile tears' (instrumental sadness), 'crying wolf' (instrumental fear), intimidation displays (instrumental anger), and faking unconditional positive regard when you don't feel it (instrumental compassion).

### Emotion regulation

People's emotion regulation capacities include both being able to soothe one's own anxiety and emotional pain as well as increasing the general level of emotional arousal in order to function adaptively (Greenberg, 2002; Elliott et al., 2004). In EFT, the inability to properly regulate one's emotions is a general form of difficulty. Emotion regulation difficulties include problems of both under-arousal and over-arousal. If you are *over-aroused* for the task you are trying to accomplish, you will become disorganized and unable to accomplish what you set out to do. When your therapist asks you to imagine your father in the empty chair, your heart will start to pound and you may freeze up and forget what you meant to say. Alternatively, if you are *under-aroused*, you will not display your best performance. You will feel like you are droning on and on or talking in circles in your therapy, not getting to what is important. In EFT terms, when people are under-aroused, they are not able to access the emotion schemes they need to guide

their actions, and their behaviour lacks direction and focus. Moreover, people often alternate between under- and over-arousal, particularly when dealing with traumatic or painful experiences (Paivio and Pascual-Leone, 2010).

## **EFT practice principles**

Building on the neo-humanistic values and assumptions outlined earlier, the actual practice of EFT is based on a set of six general treatment principles. These include both relationship and task principles, and together define the ethical and practice stance taken by EFT therapists (Greenberg et al., 1993; Elliott et al., 2004):

### **Empathic attunement**

The foundation and starting point of EFT is careful empathic attunement to the client's immediate experiencing as it unfolds moment by moment. From the therapist's point of view, empathic attunement is an active, embodied process that grows out of the therapist's psychological presence and basic curiosity about the client's experiencing. At different times it involves orienting towards the main meaning expressed by the client, attending to what they want to work on in the session, what is most poignant, what it is like to be them more generally, what is unclear or emerging, and so on.

### **Therapeutic bond**

Following Rogers (1957), the therapeutic relationship is seen as a key curative element. For this reason, the therapist seeks to develop a strong therapeutic bond with the client, characterized by communicating the three intertwined attitudes of empathy, unconditional acceptance/prizing, and genuineness/presence. Empathy is expressed in many ways, including reflection and exploration responses and appropriate tone of voice and facial expression. Acceptance is the general 'baseline' attitude of consistent, genuine, non-critical interest and tolerance for all aspects of the client, while prizing goes beyond acceptance to the immediate, active sense of caring for, validating, and appreciating the client as a fellow human being, especially at moments of client vulnerability (Greenberg et al., 1993). The therapist's genuine presence (Geller and Greenberg, 2002) to the client is also essential, and includes being in emotional contact with the client, being authentic (congruent, whole), and being appropriately transparent or open in the relationship (Lietaer, 1993).

### **Task collaboration**

An effective therapeutic relationship also involves active collaboration by both client and therapist in identifying, symbolizing, and agreeing both overall goals for therapy and immediate within-session tasks (Bordin, 1979), with the aim of engaging the client as an active participant in therapy. In general, the therapist accepts the goals and tasks presented by the client, working actively with the client to explore the emotional processes involved in these (Greenberg, 2002). In addition, the therapist offers the client

bits of orienting information about emotion and the therapy process at appropriate moments, to support the client in working with their emotions generally, and to provide a rationale for specific therapeutic activities, such as two-chair work.

### **Emotional processing**

A key insight in EFT is the understanding that clients have different ways of working productively with their emotions at different times (Greenberg et al., 1993; Elliott et al., 2004). A common sequence is for clients to start by attending to external events, then move back and forth between reflection on meaning and accessing and expressing emotions (Angus and Greenberg, 2011); sessions usually end with allowing the client space to reflect on the meaning or value of the work they have done. To help clients work in different ways at different times, EFT therapists ask exploratory questions or make process suggestions.

### **Emotional deepening through work on key therapeutic tasks**

In each session, EFT therapists help clients identify what is most important to them to work on at that moment, such as a self-criticism; then, they offer clients a way of working with this task, such as enacting a conversation between an internal critic voice and another part of the self that is being made to feel bad by this ('two-chair work'). A given therapeutic task may last from a couple of minutes to most of the session, during which therapists will gently persist in offering clients opportunities to come back to them when distracted or side-tracked. In doing so, therapists are partly guided by their knowledge of the natural deepening process within particular tasks (Pascual-Leone and Greenberg, 2007), for example, giving the Critic in two-chair work an opportunity to soften. It is also important for the therapist to be flexible and to follow the client when they switch to an emerging task that is more alive or central for them.

### **Self-development**

EFT therapists emphasize the importance of clients' freedom to choose their actions, in therapy as well as outside therapy. Beyond their general stance of treating clients as experts on themselves, therapists support clients' potential and motivation for self-determination, mature interdependence with others, mastery, and self-development. For example, the therapist might hear and reflect the assertive anger implicit in a depressed client's mood, or they might offer a hesitant client the choice not to go into exploration of a painful issue. We have found that clients are more willing to take risks in therapy when they feel they have the freedom to make therapy as safe as they need it to be.

### **Markers and tasks**

A defining feature of EFT is that it is *marker guided*. Research has demonstrated that there are specific patterns of in-session client statements and actions that mark specific emotional issues that require attention in sessions. These markers indicate that

the client is likely to be in an immediate state of readiness to work on the particular emotional issue, referred to as a *task*. Picking the marker up, the therapist offers the client an opportunity to work on the task, using a variety of different ways of working (Greenberg et al., 1993; Elliott et al., 2004). EFT therapists are trained to identify markers of different types of difficult emotional processing issues and to intervene in specific ways that best suit these issues.

Based on previous research, models of the process of client change in different tasks act as rough maps to guide therapists. Some of the most common of these include the following (Greenberg et al., 1993; Elliott et al., 2004).

### **Problematic reactions**

Problematic reactions are expressed through puzzlement about emotional or behavioural responses to particular situations. For example, one client said: '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 way of working involves proposing that the client vividly re-experience the situation and their emotional reaction to it, in order to explore the connections between situation, perceptions, and emotional reactions, thus helping the client to arrive at the implicit meaning of the situation that makes sense of the reaction.

### **Unclear felt sense**

An unclear felt sense occurs when the person is confused about a feeling or unable to get a clear sense of their experience ('I have this feeling but I just can't put my finger on it'). This marker calls for *focusing* (Gendlin, 1996), in which the therapist guides clients to approach the embodied aspects of their experience with attention and curiosity, in order to experience them and to put words to their implicit, often subtle feelings. Resolution involves creation of new meaning, release of bodily tension, and perhaps a sense of a way forward.

### **Conflict splits**

Conflict splits involve one aspect of the self being critical, coercive or interruptive towards another aspect. (In person-centred terms, they represent the self-imposition of conditions of worth on the person.) For example, a woman quickly becomes hopeless and defeated but also angry as the prospect of being seen as a failure by her sisters: 'I feel inferior to them: It's like I've failed and I'm not as good as them.' There are many different kinds of conflict split. *Self-critical conflict splits* like the example above offer opportunities for *two-chair work*, in which the therapist proposes to the client that they enact a dialogue between two parts of the self by putting these into live contact with each other in separate chairs. Thoughts, feelings, and needs within each part of the self are explored and communicated in a real dialogue to achieve integration of the two sides through a softening of the critical part and a deepening in the other part. Resolution involves an integration of the two sides. *Self-interruptive conflict splits* are also common and 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 this case, the therapist helps the client to enact and make explicit how the interrupting part of the self does this, for example by physical act (choking or shutting down the voice), metaphorically (caging) 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, and express the previously blocked experience.

### **Unfinished business**

An unfinished business marker involves the statement of lingering unresolved feelings towards a significant other, such as the following said in a resentful manner: 'My father, he was just never there for me. I have never forgiven him, deep down inside I think maybe I'm grieving but then I just tell myself, "what's the point, there's no use dwelling on the past"'. Unfinished business towards a significant other calls for an *empty-chair intervention*. The therapist proposes that the client imagine the other present in the other chair in order to activate their internal view of them and then to experience, express, and explore their painful emotional reactions to the other. Resolution involves holding the other accountable or understanding or forgiving the other.

### **Stuck, dysregulated anguish**

Stuck, dysregulated anguish is a marker that occurs in the face of strong emotional pain or a powerful unmet existential need (e.g. for love or validation): 'No one will ever understand me. I'm all alone.' Anguish calls for *compassionate self-soothing* (Ito et al., 2010; Goldman and Zurawic, 2012; Sutherland et al., 2014). Expressing compassion towards oneself is a way of changing painful emotions (e.g. shame, fear, sadness) by internally confronting them with a different emotion. In this task, the therapist first helps the client deepen their sense of anguish so that they can access their core existential pain and express the unmet need associated with it. Then, the therapist offers a two-chair process to the client in which they enact providing what is needed (e.g. validation, support, protection) to themselves.

Several additional markers and interventions have been added to the five markers and tasks identified above, including: alliance rupture and repair; feeling overwhelmed and clearing a space; meaning protest and meaning-making; and more (see Elliott et al., 2004).

### **Helping clients with their emotional deepening process**

Recently, following the work of Pascual-Leone and Greenberg (2007), a model of emotional deepening in EFT has been developed in order to describe the common change process in different tasks. First, according to this integrative model, clients may start from undifferentiated emotions (i.e. feeling 'bad' or 'frustrated'). Second, they differentiate their initial global distress into secondary reactive emotions. Third, after this, they access the primary maladaptive emotions that precede or are implicit in the



secondary emotions. Fourth, following their pain compass, they then work their way towards what hurts the most: their fundamental primary maladaptive emotions ('core pain'). Fifth, by accessing what that core pain needs, they are able to locate one or more primary adaptive emotions, and to make use of the information contained in this. At this final stage, the client is engaged in *productive expression* of previously constricted primary emotions (Greenberg, 2002; Auszra et al., 2013).

Much of what the therapist does to facilitate client deepening comes from knowing: when to tentatively open a door for the client (perhaps by finding the right moment to ask an exploratory question); when to support new, emerging client experience (by offering it solid empathy that helps the client to stay with it); and when to get out of the client's way, for example by not deflecting them away from their emerging experience.

### Clinical illustration

The various processes, practices, and principles that we have been describing can be seen in the case of Carol (see MacLeod et al., 2012), an unmarried Scottish working-class woman in her mid-fifties, who had been unemployed for ten years following a psychiatric breakdown. At the beginning of therapy she was very socially isolated and spent most days hiding in bed. She met the diagnostic criteria for severe social anxiety, centring on fears of social situations, especially weddings and parties. She had a history of alcohol misuse but had been sober for at least fifteen years, and had had previous unsuccessful cognitive behaviour therapy. She had a childhood history of emotional and sexual abuse.

In the early stage of therapy, Carol's therapist used empathic reflections and exploratory questions to help her explore current experiences of social anxiety, which was a secondary reactive emotion, beneath which there was core primary maladaptive shame about her appearance, awkwardness, and being unwanted. The most common markers offered by Carol pointed to a set of key tasks, which the therapist helped her carry out in sessions: these were empathic exploration, focusing, and several kinds of chair work, including two-chair (for anxiety and self-criticism splits), empty-chair (for unfinished business with her mother and father), and compassionate self-soothing. Through the first half of the therapy, Carol's distress was at high levels as she began to work with her anxiety splits and then moved into work with the deeper self-critical split; during this phase of therapy, her attempts to change led to harsh reprisals from her terrified inner critic, resulting in a deep sense of impasse.

Through the use of these tasks, Carol accessed primary adaptive sadness about the time she had lost and the connections with other people she had missed. Gradually over time and with the help of the therapist, she began to access other primary adaptive emotions, such as curiosity about her own experiences, protective anger about the abuse she had suffered, self-compassion for all she had been through, and ultimately pride about who she was and what she had been able to accomplish in her therapy. Her ability to access, symbolize, and regulate her painful emotions improved, and her sense of self was strengthened, to the point where the critical aspect became less afraid and began to give up some of its power, allowing her to move past her impasse. She was largely improved by session sixteen, but at that point her recent changes still felt fragile, so the last four sessions took place at monthly intervals, as she began

attending social events and working in the profession that she had long trained for but never practised. Her large post-therapy gains were maintained at six- and eighteen-month follow-ups.

## Conclusion

Unsurprisingly, some classical person-centred therapists have criticized emotion-focused therapy as being as too directive. It has also been criticized by interpersonally oriented person-centred therapists as not relational enough and by Gestalt therapists as too technique-oriented. On the other hand, when looking at EFT recordings, some humanistic therapists have complained that there is nothing new in EFT, that they already use chair work and re-experiencing methods in working with clients. We hope that we have made it clear that EFT developed out of and remains firmly within the person-centred therapy tradition, while integrating a range of useful methods from other humanistic therapies. It is true that EFT's rich body of theory and practice can be difficult and does take time to master, particularly the delicate balance between sensitive but active process guiding, and solid, genuine empathy and unconditional positive regard. However, it is our view that the pay-off is worth it, in terms of quality of therapeutic relationship and work, as well as therapy outcome.

## Recommended further reading

Other, more detailed overviews of EFT can be found in: Elliott, R. (2012) Emotion-focused therapy, in P. Sanders (ed.) *The Tribes of the Person-Centred Nation: An Introduction to the Schools of Therapy Related to the Person-Centred Approach* (2nd edn.). Ross-on-Wye: PCCS Books; Elliott, R. and Greenberg, L.S. (2007) The essence of process-experiential/emotion-focused therapy, *American Journal of Psychotherapy*, 61 (3): 241–54; Greenberg, L.S. (2010) Emotion-focused therapy: a clinical synthesis, *Focus: The Journal of Lifelong Learning in Psychiatry*, 8 (1): 32–42.

For more detail and clinical examples, we suggest the following books: Elliott, R., Watson, J.C., Goldman, R.N., and Greenberg, L.S. (2004) *Learning Emotion-Focused Therapy: The Process-Experiential Approach to Change*. Washington, DC: American Psychological Association; Greenberg, L.S. (2011) *Emotion-Focused Therapy*. Washington, DC: American Psychological Association.

For EFT with depression, see: Greenberg, L.S. and Watson, J.C. (2005) *Emotion-Focused Therapy for Depression*. Washington, DC: American Psychological Association.

For EFT for complex trauma, see: Paivio, S.C. and Pascual-Leone, A. (2010) *Emotion-Focused Therapy for Complex Trauma*. Washington, DC: American Psychological Association.

For EFT for couples, see: Greenberg, L.S. and Goldman, R.N. (2008) *Emotion-Focused Couples Therapy: The Dynamics of Emotion, Love, and Power*. Washington, DC: American Psychological Association; Johnson, S.M. (2004) *The Practice of Emotionally Focused Marital Therapy: Creating Connection* (2nd edn.). Philadelphia, PA: Brunner/Mazel.

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