I. Emotion at the heart of relational encounter in counselling
A. Encounter/Moments of Meeting/Relational Depth = significant therapy events involving strong emotional contact
B. Ongoing study by Shaffner of relational depth
   1. Strong, primary emotions
   2. Use direct emotional resonance process (“limbic system to limbic system”)
   3. Point to important concerns (eg existential isolation)
   4. Brief and intense (TS Eliot: “Humankind cannot bear very much reality”)
C. Emotion-Focused Therapy (EFT) and relationship
   1. EFT criticized for focusing too much on internal self-processes
   2. Will argue instead that strong, primary emotion is the basis for all true encounter
   3. Understanding emotion processes will help us connect more effectively with our clients

II. What is Emotion-Focused Therapy (EFT):
A. Process-Experiential/Emotion-Focused Therapy (PE-EFT) Approach
   1. Integration of person-centered & gestalt therapies
      = Person-centred relational base plus gestalt therapy tasks
   2. “Process-Experiential”: process-orientation & emphasis on client experiencing
   3. “Emotion-Focused”: client emotional processes are at the course human function, dysfunction and change

B. Therapeutic Context: Distinctive Features of Process-Experiential/ Emotion-Focused Therapy
   1. Neo-humanistic: Revival/ reformulation of humanistic/ experiential approach to therapy
      (relational presence, experiencing, self-determination, holism, pluralism, growth)
   2. Emotion-focused: Emotional awareness and reprocessing as central to client change
   3. Relational stance: Active following of content with some guiding of process
   4. Exploratory therapist response style: Empathic exploration responses, exploratory questions
   5. Process-differentiation: Extensive description of different kinds of client and therapist process,
      e.g., emotion processes, client task markers & tasks, types of therapist response
   6. Evidence-based: Based on research on client change processes; supported by outcome research

C. Theory in Practice: PE Therapy Principles:
   • Relationship Principles: Facilitate safe, productive relationship:
      1. Empathic Attunement: Enter, track C’s immediate & evolving experiencing
      2. Therapeutic Bond: Express empathy, caring and presence to C (bond aspect of alliance)
      3. Task Collaboration: Facilitate mutual involvement in goals and tasks of therapy (task/goal aspect of alliance)
   • Task Principles: Facilitate work on specific therapeutic tasks
      4. Experiential Processing: Foster relevant client modes of engagement (Process Differentiation)
      5. Task Completion/Emotional Change: Facilitate reorganization of core maladaptive emotion schemes by helping clients resolve key therapeutic tasks
      6. Self-development: Foster client new experiencing, inner strength, agency or empowerment
III. Emotion Theory:

A. Emotion: Fundamentally Adaptive:

1. Why Emotion is important:
   - The way we construct reality is highly emotionally based.
   - Emotion tells us what is personally important (source of information)
   - Emotion helps us to survive by providing an efficient, automatic way of responding rapidly to important situations
   - Emotion integrates experiencing gives it meaning, value & direction
   - Emotion prepares us for action: emotions generate wishes/needs, which generate action:
     - Every feeling has a need; every need has a direction for action

2. Nature of Emotion:
   - Emotions have neurological primacy
   - Emotions often outside of awareness
   - Emotions precede language-based knowing
   - With development, emotion is fused with cognition & guide it

3. Emotion Enhances Motivation:
   - Emotions provide action tendencies, Amplify goal-oriented behavior.
   - We bond because we feel afraid or attracted
   - Without anxiety we would not flee danger
   - Without compassion we would not take care of others
   - Without curiosity we would not explore new things; etc

B. Emotion Scheme Concept

1. Provide implicit higher-order organization for experiencing
   - Both: a representation of experience and a plan of action
   - Self-organizing processes, not things
   - Idiosyncratic (content, expression and organization unique to each person)
   - Complexity: many operate simultaneously
   - Consists of component/elements linked together in a network
     - Activation spreads, components activate each other
   - Implicit/automatic processing of experience:
     - Not available to awareness until activated and/or reflected upon
     - Evocative and exploratory work required to access
   - Complete processing involves all elements

2. Emotion Scheme Elements:
   a. Perceptual/situational: immediate awareness of current situation; memories of specific events (e.g., perception of darkened living room reminds person of a previous trauma).
   b. Bodily/expressive: immediate bodily sensations (e.g., a round, knotted feeling in the gut accompanied by feelings like electrical impulses in arms and legs); nonverbal expression of emotion (e.g., a fearful facial expression and nervous laughter).
   c. Experienced or implicit emotion: The feeling that organizes the emotion scheme; may be in awareness or not, including felt quality and intensity (e.g., intense, trauma-related fear).
   d. Symbolic/conceptual: verbal/visual representations, including verbal statements (e.g., “I could be attacked at any moment”), metaphorical qualities (e.g., “small
and black”), and identities (e.g., “victim”).
e. **Motivational/behavioral**: desires, needs, wishes, intentions (e.g., to be safe from attack) or action tendencies (possible actions; e.g., get rid of the fear by trying to ignore it).

### C. Four Forms of Emotion Response

1. **Primary Adaptive Emotion Responses**: Unlearned, direct response to situation

   - **Situation**: e.g., violation
   - **Primary Emotion**: e.g., anger
   - **Adaptive Action**: e.g., defend self

2. **Maladaptive Emotion Responses**: Learned, direct response to situation

   - **Past Experience**: e.g., childhood abuse
   - **Current Situation**: e.g., therapist offers caring
   - **Activation of Abuse Scheme**: e.g., caring = potential violation
   - **Primary Emotion**: e.g., anger
   - **Maladaptive Action**: e.g., quit therapy, blame therapist

3. **Secondary Reactive Emotion Responses**: Adaptive emotion obscured by a self- or externally-focused reaction to the primary emotion

   - **Situation**: e.g., loss
   - **Interpersonal Intention**: e.g., to get own way
   - **Nonadaptive Action**: e.g., attack, deprive self

4. **Instrumental Emotion Responses**: Emotion displayed for its intended effect, independent of actual emotional experience

   - **Situation**: e.g., not getting own way
   - **Interpersonal Intention**: e.g., to get own way
   - **Manipulative Action: Emotion Display**: e.g., show of sadness: "crocodile tears"

### 5. Implications: Differential Intervention by Emotion Response Type

- **Primary Adaptive** => Access for good information
- **Primary Maladaptive** => Access in order to transform
- **Secondary** => Explore to get to more primary emotion
- **Instrumental** => Awareness of the aim

Common sequence: Secondary => Primary Maladaptive => Primary Adaptive

### D. Emotion Regulation:

1. Necessary for Adaptive Functioning:
   a. Optimal level of emotional arousal or distance
      • Varies with situation/task; too little & too much both dysfunctional
   b. Ability to self-regulate emotion derives from early attachment experiences
   c. Requires both:
      • Ability to access, heighten emotions
      • Ability to moderate or temper an emotional state
2. Adaptive Strategies for Accessing Emotion:

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Examples of Therapeutic Work or Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate level of arousal in order to create</td>
<td>Make a safe Space for attending to emotions</td>
</tr>
<tr>
<td>safety</td>
<td></td>
</tr>
<tr>
<td>Attend to emotion-related bodily sensations</td>
<td>Focusing</td>
</tr>
<tr>
<td>Remember previous emotion episodes</td>
<td>Unfolding; Trauma retelling</td>
</tr>
<tr>
<td>Encounter a vivid emotion triggers</td>
<td>From client or therapist; words or images Unfolding, Meaning Creation</td>
</tr>
<tr>
<td>Enact emotion expression and action tendencies</td>
<td>Two Chairwork, Empty Chairwork</td>
</tr>
</tbody>
</table>

3. Adaptive Strategies for Moderating Emotions:
   - Seek support and understanding from others
   - Self-soothing (relaxing, self-comforting, self-supporting, self-caring)
   - Use containing or distancing language or imagery
   - Distract myself with other activities
   - Symbolize emotion
   - Controlled expression of emotion (letting out a little at a time)

E. Summary of PE Emotion Theory (in “client language”)
   A. Why Emotions are Important:
      1. They tell us what is important to us.
      2. They tell us what we need or want, and that helps us figure out what to do.
      3. They give us a sense of consistency and wholeness.
   B. Three main kinds of problems people have with their emotions:
      1. The most important emotion is sometimes underneath the most obvious emotion.
      2. Sometimes the level of emotion is too much or too little.
      3. Sometimes we get stuck in an emotion because we’re missing an important piece of it.

F. Change Principles of Emotional Processing (Adapted from Greenberg, 2004)
   1. In general, promote emotional awareness/symbolization. (Emotion scheme model)
   2. With overwhelming emotions, promote emotion regulation (calming, containing).

   Useful Sequence:
   3. With avoided or secondary emotions, try to deepen and differentiate the experience: “You have to arrive at an emotion before you can leave it.”
   4. With maladaptive emotions, change emotion with emotion: try to transform or replace the maladaptive emotion with more adaptive emotion that was already there in the background (e.g., Withdrawal <=> Approach emotions; e.g., fear, shame ⇔ curiosity, sadness, love, anger).
   5. With adaptive emotions, promote of expression of emotions to others/self.
   6. After emotion work, promote self-reflection and development of meaning perspective.

IV. EFT Therapeutic Tasks
   A. Task Analysis: From research on human problem-solving
      • Clients bring specific immediate problems (cognitive-affective tasks) to sessions
      • Interpersonal tasks (e.g., resolve dissatisfaction with therapy, obtain support)
      • Intrapersonal tasks (e.g., resolve internal conflict, find a productive focus)
   B. Elements of a Therapeutic Task
      1. Marker (observable sign of experiential state of readiness to work on task)
      2. Client steps to resolution
      3. Therapeutic intervention that facilitates client movement
      4. Resolution or end state
### C. The EFT Task Map (2010)

<table>
<thead>
<tr>
<th>Task Marker</th>
<th>Process</th>
<th>End State</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Empathy-Based Tasks</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Problem-Relevant Experience</strong> (e.g., interesting, troubling, intense, puzzling)</td>
<td><strong>Empathic Exploration</strong></td>
<td>Clear marker, or new meaning explicated</td>
</tr>
<tr>
<td><strong>Vulnerability</strong> (Painful emotion related to self)</td>
<td><strong>Empathic Affirmation</strong></td>
<td>Self-affirmation (feels understood, hopeful, stronger)</td>
</tr>
<tr>
<td><strong>B. Relational Tasks</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Beginning of therapy</strong></td>
<td><strong>Alliance Formation</strong></td>
<td>Productive working environment</td>
</tr>
<tr>
<td><strong>Therapy Complaint or Withdrawal Difficulty</strong> (questioning goals or tasks; persistent avoidance of relationship or work)</td>
<td><strong>Alliance Dialogue</strong> (each explores own role in difficulty)</td>
<td>Alliance repair (stronger therapeutic bond or investment in therapy; greater self-understanding)</td>
</tr>
<tr>
<td><strong>C. Experiencing Tasks</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Attentional Focus Difficulty</strong> (e.g., confused, overwhelmed, blank)</td>
<td><strong>Clearing a Space</strong></td>
<td>Therapeutic focus; ability to work productively with experiencing (working distance)</td>
</tr>
<tr>
<td><strong>Unclear Feeling</strong> (vague, external or abstract)</td>
<td><strong>Experiential Focusing</strong></td>
<td>Symbolization of felt sense; sense of easing (feeling shift); readiness to apply outside of therapy (carrying forward)</td>
</tr>
<tr>
<td><strong>Difficulties expressing feelings</strong> (avoiding feelings, difficulty answering feeling questions, prepackaged descriptions)</td>
<td><strong>Allowing and Expressing Emotion</strong> (also Focusing, Unfolding, Chairwork)</td>
<td>Successful, appropriate expression of emotion to therapist and others</td>
</tr>
<tr>
<td><strong>D. Reprocessing Tasks [Situational-Perceptual]</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Narrative Marker</strong> (internal pressure to tell difficult life stories, e.g., trauma)</td>
<td><strong>Trauma Retelling</strong></td>
<td>Relief, restoration of narrative gaps</td>
</tr>
<tr>
<td><strong>Meaning Protest</strong> (life event violates cherished belief)</td>
<td><strong>Meaning Work</strong></td>
<td>Revision of cherished belief</td>
</tr>
<tr>
<td><strong>Problematic Reaction Point</strong> (puzzling over-reaction to specific situation)</td>
<td><strong>Systematic Evocative Unfolding</strong></td>
<td>New view of self in-the-world-functioning</td>
</tr>
<tr>
<td><strong>E. Enactment Tasks [Action Tendency]</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Self-Evaluative Split</strong> (Self-criticism, tornness)</td>
<td><strong>Two-Chair Dialogue</strong></td>
<td>Self-acceptance, integration</td>
</tr>
<tr>
<td><strong>Self-Interruption Split</strong> (Blocked feelings, resignation)</td>
<td><strong>Two-Chair Enactment</strong></td>
<td>Self-expression, empowerment</td>
</tr>
<tr>
<td><strong>Unfinished Business</strong> (Lingering bad feeling re: significant other)</td>
<td><strong>Empty Chair Work</strong></td>
<td>Let go of resentments, unmet needs re: other; affirm self; understand or hold other accountable</td>
</tr>
<tr>
<td><strong>Stuck, collapsed self</strong> (with strong emotional pain)</td>
<td><strong>Compassionate Self-Soothing</strong></td>
<td>Emotional/bodily relief, self-empowerment</td>
</tr>
</tbody>
</table>
V. Relationship Dialogue for Therapeutic Difficulties:

A. Background:
1. Draws on research in interpersonal therapy traditions:
   - Patient tests (Sampson & Weiss; Control-Mastery theory [=psychodynamic])
   - Alliance “tear and repair (Bordin, Safran)
   - Dialogic gestalt therapy (Yontef et al)
   - Interactional experiential approach (Lietaer)
2. Important with clients who have extensive or severe histories of abuse or other forms of victimization (borderline processes):
   - Unhelpful Other emotion scheme => primary maladaptive emotion responses

B. Therapist Stance:
1. Therapeutic errors, empathic failures and mismatches between client expectations and treatment are inevitable in all therapies:
   - Result: disappointment and sometimes anger in the client
   - If handled properly, becomes a therapeutic opportunity
   - If mishandled (e.g., T responds defensively or counter-attacks) => possibility of harm
2. Alliance difficulties are best seen as a “gift”:
   - Takes courage for clients to raise them
   - Raise important issues that can then be resolved.
3. Different therapeutic difficulties pull for different personal issues for therapists, which must be dealt with. These personal issues are both traps and opportunities for therapists.

B. Varieties of Alliance Difficulty Marker in PE Therapy
Three main kinds:
1. Confrontation: client actively brings problem to therapist
2. Withdrawal: client disengages from therapy activities
3. Therapist-generated (therapist issues intrude)

C. Relationship Dialogue: Task Resolution Model

<table>
<thead>
<tr>
<th>Task Resolution Stage</th>
<th>Therapist Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>0. Pre-Marker identification</td>
<td>•Listen carefully and nondefensively for possible alliance difficulties (alliance difficulty as gift or opportunity)</td>
</tr>
<tr>
<td></td>
<td>•May need to ask directly.</td>
</tr>
<tr>
<td>1. Confirm marker:</td>
<td>•Confrontation difficulties: Acknowledge complaint; begin by offering a solid empathic reflection of the potential difficulty, trying to capture it as accurately and thoroughly as possible.</td>
</tr>
<tr>
<td>Nature of possible difficulty is presented to client</td>
<td>•Withdrawal difficulties: Gently and tactfully raise possibility of difficulty, to see if client recognizes it as a difficulty as well.</td>
</tr>
<tr>
<td></td>
<td>•T manner is slow, deliberate, open, nondefensive.</td>
</tr>
<tr>
<td>2. Task negotiation/</td>
<td>•Suggest to the client that it is important to discuss difficulty, including each person's part in it.</td>
</tr>
<tr>
<td>Initiation: Task is proposed and exploration begun</td>
<td>•Present difficulty as shared responsibility to work on together.</td>
</tr>
<tr>
<td></td>
<td>•Client and therapist begin by each laying their view of what happened.</td>
</tr>
<tr>
<td>3. Deepening: Dialectical</td>
<td>•Model and facilitate process by genuinely considering and disclosing own possible role.</td>
</tr>
<tr>
<td>exploration of each person’s perception of the</td>
<td>•Help client explore what is generally at stake for in the difficulty (emotion scheme).</td>
</tr>
<tr>
<td>difficulty</td>
<td>4. Partial Resolution: Development of shared understanding of sources of difficulty</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>• Summarize, confirm overall shared understanding of nature of difficulty, especially negative interpersonal cycle (e.g., distancer-pursuer)</td>
</tr>
</tbody>
</table>
| 5. Exploration of general issues and practical solutions | • Help client explore and reflect on the more general personal issues raised by the difficulty.  
• Based on shared understanding, encourage client exploration of possible solutions; ask what client needs.  
• Offer possible changes in own conduct of therapy. |
| 6. Full Resolution: Genuine client satisfaction with outcome of dialogue; renewed enthusiasm for therapy | • Encourage processing of dialogue.  
• Reflect client reactions to the work. |

VI. Brief Summary of Evidence on EFT and Person-Centred-Experiential (PCE) Therapies

A. General summary: (Elliott & Friere, 2008; & in progress: 2008 Meta-analysis of PCE Outcome research)

1. First line of evidence: PCE associated with large pre-post client change
2. Posttherapy gains maintained over early & late follow-ups
3. Second line of evidence: Clients in PCE show large gains relative to untreated groups = Therapy causes client change
4. Third line of evidence: PCE therapies in general are statistically equivalent when compared to non-PCE treatments in general
5. PCE therapies in general are slightly but trivially less effective than CBT (ES: -.18sd); may be due to researcher allegiance
6. This small effect appears to be predominantly due to the use of so-called “Nondirective/Supportive” therapies, which have substantially worse outcomes (ES: -.35sd)
7. For the first time in these analyses, pure PCT appears to be statistically equivalent in effectiveness to CBT (ES: -.09sd); even without controlling for researcher allegiance
8. Also, new in this analysis: Process-Experiential/ Emotion-Focused Therapy for individuals or couples appears to be more effective when compared to CBT (ES: .35, but this may be due to researcher allegiance (sample too small))

B. What about Specific Client Problems? Five client problem areas with bodies of literature:

1. Depression: PCE generally effective; strongest evidence for: EFT; PCT for peri-natal depression
2. Trauma and Abuse: EFT has strong evidence
3. Couples problems: EFT-Couples has very strong evidence
4. Anxiety: CBT appears to be better than “nondirective-supportive” therapy
   Virtually no research on PCT or EFT
   • Social Anxiety study: initial results (n=20) PCE: large pre-post effects, comparable to benchmark studies using CBT or mediation; EFT somewhat more pre-post change than PCT, less likely to drop out
5. Severe, Chronic Dysfunctions: promising emerging evidence for: Schizophrenia, severe personality difficulties
6. Health-Related Problems: promising emerging evidence for: “Supportive-Expressive therapy”: Yalom/existential; Cancer; HIV-positive
VII. Where from here?

A. Key books:
   2. Greenberg & Watson, 2006: *Emotion-Focused Therapy for Depression*
   3. Greenberg, Rice & Elliott, 1993: *Facilitating Emotional Change*
   5. Paivio & Pascual-Leone, 2010: *Emotion-Focused Therapy for Complex Trauma*

B. Recommended Videos:
   1. *Emotion-Focused Therapy Over Time* (Les Greenberg, 6 sessions, w/ voice-over commentary; American Psychological Association, 2008; APA.org; US$400)
   2. *Emotion-Focused Therapy for Depression* (Les Greenberg, 2 sessions; American Psychological Association, 2006?; APA.org)

C. Websites:
   - www.emotionfocusedclinic.org [Les’ new website]
   - www.eft.ca [Sue Johnson’s website]

D. Courses:
   - Greenberg workshops (Summer Emotions Institute, York University: Levels 1, 2; also EFT for couples & Eating Disorders)
   - University of Strathclyde: EFT-1 (Aug 2011), EFT-2 (2011-12) & EFT-3 (supervision)