EMOTIONALLY FOCUSED THERAPY

By JADE Roberts

Emotion-focused therapy (EFT) is a process-experiential model, based on the premise that humans use emotion as a way to give meaning, organise and create action in their world. The therapy assists clients in recognising their adaptive and maladaptive emotions which serve to guide behaviour, understanding how these are either helpful or unhelpful and teaching them how to transform emotions so they become productive (Greenberg & Safran, 1987). In my research, the essence of EFT as it relates to mental health, is that emotions are essential in helping people understand the significance of their experiences, and as a guide to meet their individual needs; so, when emotions are disregarded or trauma occurs, how they view themselves, relate to others, and the meaning they ascribe their world is negatively impacted. Grounded in philosophical and theoretical frameworks, these both provide a comprehension of human nature, psychological distress and the change process, and form the foundation of process-experiential therapy. Neo-humanism, emotion theory and dialectical constructivism will be discussed, as will a critical evaluation of research into the treatment of depression with EFT.

Humanism, or more specifically neo-humanism, is the philosophical basis of EFT and forms the assumption that the experiences of human beings are inimitable and should be viewed subjectively if they are to be truly understood in an empathic therapeutic relationship (Greenberg, Elliot & Lietaer, 2003). Working from the client's frame of reference at all times, humanistic therapies facilitate emotional experiencing using empathy, encouraging the innate human trait of self-reflection, particularly in regards to exploration of meaning, connection and growth. Elliott and Greenberg (2007) describe the six key humanistic principles which EFT adheres to; experiencing (the on-going experience of our internal and external worlds), agency and self-determination (our free will and instinctive ability to seek meaning), wholeness (optimal human functioning occurs when we view ourselves and our experiences holistically), pluralism and equality (we view ourselves as diverse and equal to each other, despite our

differences), presence and authenticity (humans work best when present, and in empathic and sincere relationships with others), growth (constant emotional growth as we develop and age means we remain adaptive. In EFT terms, being able to adaptively respond to our environment in a way that is consistent with the situation being experienced, as opposed to taking action based on a learned response due to our past experiences, undergirds the premise of remaining adaptive.

Neo-humanism offers a broad foundation which EFT evolves from, however the philosophies do not provide enough insight into human nature, psychological distress and the change process when working with clients. Two theoretical frameworks stemming from neo-humanistic principles, and which provide the basis for EFT's processes are Dialectical Constructivism and Emotion Theory. Both these theories provide solid, empirically supported suppositions into human experience and the interpretation of the self, and have provided the values on which the EFT therapist operates.

The main premise of emotion theory is that emotions are, by their essence, adaptive and as mentioned previously, assist human beings in finding significance in their lives. Frijda (1986) describes emotions as directive, which enables humans to sort through and organise information and experiences, and also gives an action tendency – the behavioural manifestation of emotional needs. Within emotion theory there are three main components; emotion schemes, emotion responses and emotion regulation. Emotion schemes are formed when experiences are systematically organised moment-to-moment to provide people with emotion memories, which when activated create action tendencies/behaviours. They are a unique and complex process; occurring on their own or concurrently with other schemes, and contain networking components that are accessed when processing the emotion.

Elliot, Watson, Goldman and Greenberg (2013) describes the first component of an emotion scheme as the perceptual/situational - a specific situation or experience triggering an emotion memory; secondly, the bodily-expressive – physical sensations and bodily expressions associated with the emotion; thirdly, the symbolic-conceptual – internal symbols of the emotion that occur either verbally or visually; and fourthly the motivational-behavioural – the action tendency, or behavioural outcome and specific needs of the person. The fifth element in the emotion scheme is the emotion scheme nuclear process, whereby the four components described are structured around the specific emotion to create the central scheme. Emotion schemes are a self-organisation of thoughts, memories, situations, bodily sensations and behaviours which trigger an emotional response, motivating the person and acting like a compass, for action. When working with clients, counsellors facilitate empathic exploration of these emotion schemes as often they are implicit and clients are unaware not just of their influence on behaviour, but may even be unaware of their existence. These responses are ideally adaptive in nature, however often they are maladaptive and lead to dysfunctional behaviour.

Greenberg and Safran (1987), and Elliot et al. (2013) both outline the four emotion response types in detail. The first is primary adaptive emotion responses which serve as a direct and instantaneous response to a situation where the emotion is appropriate and congruent to the presenting experience, and "emotions such as anger at violation, sadness at loss, and fear in response to danger provide adaptive action tendencies to help organize appropriate behaviour" (Greenberg & Safran, 1987, p. 25). Due to their precipitous nature, these adaptive emotions ensure people seek out their intrinsic needs quickly – for optimal human functioning and survival. In the change process, this response type needs to be activated, explored and strengthened.

The second emotion response type is primary maladaptive emotion responses which although are similar to adaptive responses in that they are immediate and in direct response to a situation, they are a learned reaction and lead to dysfunctional behaviours. These responses hinder human functioning and growth, and can be developed as a consequence of trauma, negative experiencing or misinterpretation of a situation. Within the therapeutic relationship, this response type is activated and explored, and then adapted into helpful processes.

The third emotion response type is secondary reactive emotions which essentially, mask primary adaptive emotions. They are not the person's direct response to an experience, but are used to hide or disguise the underlying primary emotion and generally lead to unhelpful action tendencies. An example of a secondary emotion would be someone experiencing anger when faced with a dangerous situation; however the primary adaptive emotion would be fear as that initiates the fight or flight response and readies the body for appropriate action. Secondary emotions are explored as part of the change process but only to uncover and access the core emotion.

The fourth emotion response types are instrumental emotion responses where learnt emotions are used to influence situations or others in order for the person to get what they want. The instrumental emotion is separate from the original experience and the primary adaptive response, because it is not a direct reaction and "are expressed in order to achieve some intended effect, such as crying in order to evoke sympathy, or expressing anger in order to dominate." (Greenberg & Safran, 1987, p. 25). As part of the change process, instrumental emotions are acknowledged for their effect on others however, only as a way to expose the primary adaptive emotions.

The third part of emotion theory that underpins EFT is emotion regulation. Greenberg (2002) describes this as how people adaptively use their emotions to maintain and support their needs, and the ability to adjust emotions according the presenting situation. Depending on whether emotions are under-regulated or over-regulated, the counsellor works with the client to either enhance or distance the emotion response and helps them to determine an optimal level of arousal. Collaboratively, the client

and counsellor work on a process called self-soothing which "at the more deliberate behavioural and cognitive levels, promoting client's abilities to receive and be compassionate to their emerging painful emotional experience, is the first step towards tolerating emotion and self-soothing" (Greenberg, 2004, p. 10). What is significant in emotion regulation, is merely the recognition and tolerating of emotion contributes to the client's capacity to regulate it.

The second theoretical principle guiding EFT is dialectical constructivism which sits somewhere between relativism and realism, and states the meaning we give to our world is a combination of organising and clarifying emotional experiences, with a process of assimilating internal symbols into language (Greenberg, Rice & Elliot, 1993). These newly constructed experiences idiosyncratically create a person's self-narrative, and "it is the interaction and synthesis of different levels of processing and different emotion schemes that explain human functioning" (Elliot et. al., 2013, p 36). Dialectical constructivism states that how we perceive reality is constructed through our emotional filters, so what is 'true' for one, may not be 'true' for someone else.

The theory proposes there are multiple aspects of the self which act as voices for specific emotion schemes, and dysfunction occurs when these differing aspects of self encounter negativity or domination between them. The causal relationship created between language and experience influences identity formation, however no inauthentic, external or socially enforced symbol can create meaningful life experience, and indeed has the potential to cause maladaptive emotion schemes and behaviours. In a clinical setting as part of the change process, exploration and evocation of these different self facets enables the client to distinguish between, and then bring together these parts of self in a way that allows for new processing responses to take place (Greenberg & Pascual-Leone, 2001).

The theoretical frameworks of EFT provide an explanation of human nature which states that emotions serve to notify us of our immediate experiences and how to take action adaptively, but also that they are entwined with cognition and behaviour so we can find meaning in our world (Safran & Greenberg, 1991); psychological distress can occur when humans are faced with trauma or ignore their emotions, and the complex information processing that takes place to ensure needs are met, results in maladaptive action tendencies; and the change process is facilitated by the client's experiencing and transformation of their emotions from maladaptive to adaptive.

Clinical research into the efficacy of EFT treating depression is positive and promising. A common theme among some of the studies critically evaluated was although EFT tended to perform comparably with the other therapies during the treatment phase, EFT did tend to have greater change in interpersonal problems and in the long-term. Greenberg and Watson (1998) measured client-centred therapy (CCT) with EFT and found no statistical significance between the two groups, however EFT generated more positive change on measures of interpersonal processes and self-esteem. Similar findings were replicated in Goldman, Greenberg and Angus (2006) comparing EFT and CCT. Watson, Gordon, Stermac, Steckley and Kalogerakas (2003) and produced parallel results to above when comparing the two treatment groups of EFT and cognitive-behavioural therapy (CBT), however they also reported a greater change in self-reports post treatment and participants in the EFT group were less likely to relapse over the next 18 months. A similar finding was demonstrated in Ellison, Greenberg, Goldman and Angus (2009)'s study where follow-up at 18 months highlighted a greater effect over CCT with participants having minimal or no symptoms for considerably longer. The positive effects for clients using EFT is enhanced emotional self-regulation, with a focus on emotional intelligence. Elliott et. al. (2013) state "at the heart of the PE approach to depression is accessing core emotional experiences and memories to bring them into awareness, label them, reflect on them, and develop alternative ways of responding, thus making sense of experience in new ways" (p. 294).

Although EFT was efficacious in the majority of the research found, there are several limitations within the EFT clinical literature that needs to be addressed. Firstly, almost all of the studies are conducted with two treatment groups, and no control group, making it hard to determine whether being in a waitlist group would produce similar results over time. Being the recipient of either treatment could potentially produce improvement, regardless of whether one is indeed more effective than the other (Ellison et. al., 2009). Also noted, was the relatively small sample sizes, where the possible implications are the results being attributable to random variation (not a real effect of treatment) and not representative of the general population. Client preference for a particular treatment group could potentially affect the results as well, with the risk of the client feeling disheartened when they are not allocated to their preferred treatment. Ellison et. al. (2009) also highlighted there is often no documenting of past depressive episodes which could influence the prospect of remission or relapse, nor is there intense process analyses of treatment and the follow up periods to determine the particular change processes contributing to the long-term improvements seen with EFT. Watson and Greenberg (1996) was one study that was able to identify a significant correlation between the client's degree of problem solving and depth of emotional experiencing, where they found that continued tenacity throughout treatment yielded a more favourable outcome.

Although clinical research into EFT is not extensive, there is strong evidence and empirical support in favour of the therapy compared to other types. Increasing research can only produce more positive results, with further focus on process analyses leading to lasting change being needed. EFT has a strong theoretical and philosophical framework on which it bases its assumptions for human nature, psychological distress and the change process, and explains how emotion is used to give meaning, organise and create action in our world. The empathic alliance formed between client and counsellor, enables exploration and experiencing to be

used so clients can develop deeper emotional intelligence and live a more adaptive and profound life.

Jade Roberts. Bachelor of Behaviourial Science; Master of Counselling Practice (current). Jade's formal education is in psychology and she has chosen the path of counselling to work alongside people through their difficult life circumstances and issues. Jade strongly believes that people have the ability and the power to make lasting changes in their lives. With encouragement and support, clients are able to unmask and clarify their own potential and capabilities when navigating life's difficulties, build resilience and self-actualise. Being compassionate, grounded and empathic, Jade works beside her client, generating together intentional action leading to transformation. She has been trained in a range of modalities and primarily uses ACT and EFT in her work with clients.

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