

I. History & Overview of EFT (Goldman, Chapter 1)

(adapted & modified from Greenberg & Goldman, *Clinical Handbook of Emotion-Focused Therapy*, 2019)

- *Emotion-focused Therapy* (EFT) is in part an historical integration of Person-Centered Therapy (Carl Rogers, PCT) and Gestalt Therapy (Fritz Perls). There are also influences from Existential Psychotherapy and Focusing (Gene Gendlin).
- Leslie Greenberg (York University) immigrated from South Africa to Canada, an MS in engineering, shifted to psychology and worked with Laura Rice, a student of Rogers (PCT). Together with Robert Elliott, they put together what was initially known as *process-experiential therapy* in the early 90s, later formulated into EFT. Greenberg and colleagues (Rhonda Goldman, Sandra Paivio, Antonio Pascual-Leone, Ladislav Timulak, Jeanne Watson to mention a few) have been the main driving force behind the emotion-focused movement.

a. Events-Based Paradigm & Task Analysis

1. *Dodo Bird Verdict*: All therapies equivalent and change attributed to *common factors* vs. specificity. Should we end the horse race? Focus should not be only on outcome but what exactly happens during therapy and outcome. Research shifted to the study of the content of therapy and the *process* in relation to *outcome*—small in-the-moment as well as large overall outcomes. Greenberg called for the study of in-session change process research that considered both the in-session context and relationship factors. This produced a rich picture of the change process and its relationship to outcome.
2. *Task Analysis*: Represents a new, rational–empirical method for the intensive analysis of psychotherapy events and held the promise of providing greater understanding and specification of productive participant performances and the interventions that facilitate them. This provided a way to specify the many markers and experiential tasks interventions that occur in the course of Floorwork.

b. Early Theoretical Developments

1. EFT is built on humanistic–existential principles (the belief that human beings possess the potential of solving their own problems through reason and scientific method; it emphasizes dignity and worth of all people, individual freedom, choice and responsibility, human values and compassion, the need for tolerance and cooperation, and the willingness to face the angst of life and still find personal meaning) inherent in many approaches to psychotherapy (Rogers, Perls, Gendlin, May, Yalom) and the field of emotion theory (Arnold, Fridja, Izard, Tomkins).
2. Emotion is a brain phenomenon vastly different from thought and is understood as a primary source of motivation and regulation. It has its own neurochemical and physiological basis and is a unique language the brain speaks. Emotional responses, not cognitions or beliefs, prompt primary evaluations in regard to attainment of a goal and signal a personal significance of events, and should be the focus of change interventions.

3. A key development was the distinction between different types of emotion. Not all emotions serve the same function and a differential model of emotion was needed. Thus, *primary adaptive* (underlying) emotion responses were seen as direct reactions consistent with the immediate situation that help the person take appropriate action, whereas *primary maladaptive* (underlying) emotions, also direct reactions to situations, were seen as associated with negative learning experiences, and no longer help the person cope constructively with the situations that elicit them. *Secondary reactive* (surface) emotions are covers or defensive emotions that obscure or transform the original emotion and lead to actions which are not entirely appropriate to the current situation. *Instrumental* emotions are emotions expressed to influence or control others.
4. The *working alliance* (degree of agreement on goals and tasks to achieve those goals and the strength of the relationship bond) was recognized as predictors of outcome. Also, it was discovered that task alliance was a stronger predictor of outcome than the bond component or empathy. As a result, it became clearer that the participant was the active change agent and that one must engage participants in the experiential tasks, which centrally involved a deeper experiencing and marker-guided tasks.

c. Initial Developments of EFT for Individuals

1. Of interest became the study of how coaches responded in-session. For example, the evocative function of the coach's use of metaphor and vocal expressiveness was documented as important.
2. Another area of study was participants' experiences within sessions. The method of *task analysis* was developed to study how participants use therapy to solve their emotional and negative thinking (cognitive-affective) difficulties—for example, how participants reexperience events to resolve and make sense out of puzzling personal overreactions (evocative unfolding for a problematic reaction) wherein the steps and stages of working through the task were laid out.
3. *Two-chair dialog* was taken from Gestalt therapy as an experiential process-oriented technique aimed at enacting two conflicting aspects of self, usually a critic ("top dog") and a part that was being criticized or pressured to do something ("underdog").
4. Out of this initial work came six guiding therapeutic principles, a macro-theory of human functioning, and six core therapeutic tasks for specific in-session problem with charts and diagrams that mapped the participant and coach process that lead toward resolution for each task. Emotional experience was understood as the major influence on the mode of processing, guiding attention, and enhancing memory, and guided much behavior in the service of emotional regulation and attachment (security). Two research supported approaches were developed—one for individuals and one for couples. We cover only the one for individuals. (Side note: the emotion processing perspective was first applied to the treatment of depression and to couples' interactions, later to eating disorders, trauma, anxiety, and personality disorders.)

5. The first six process-experiential (later EFT) tasks were defined: (a) two-chair dialogue for negative self-evaluative conflict splits; (b) two-chair dialogue for emotional interruption; (c) empty chair dialogue for unfinished business; (d) systematic evocative unfolding at the presentation of a puzzling, problematic reaction; (e) focusing for an unclear felt sense; and (f) empathic affirmation for a revelation of vulnerability.

○ *Guiding Principles for Working with Emotion*

1. Guidelines for working with emotion were initially set out as was the fundamental change process of moving from secondary through primary maladaptive to adaptive emotions. In the early 2000s, how to work with emotion, its role in functioning, and the principles of emotional change were articulated as was the concept of emotion coaching. The coach was conceptualized as a facilitative coach whose aim is to activate and guide people through emotional processing. There was a shift toward an emphasis on *emotion processing* facilitated by the working through of EFT tasks. Therapy was conceptualized as a co-constructive process; the coach guides but with a non-imposing stance.
 2. Committed to the humanistic–experiential tradition of client-centered and experiential therapies, EFT also integrated constructivist philosophy (the premise that, by reflecting on our experiences, we construct our understanding of the world and generate our own “rules” and “mental models,” which we use to make sense of our experiences), emotion theory, and some aspects of cognitive science.
 3. The basic principles were framed as neo-humanistic and integrative, viewing motivation as the result of multiple forces guiding experience and behavior and influenced by biology and culture. People have the potential for creativity and agency and are capable of awareness and choice. Survival and growth are key motivators as people strive for adaptive viability in their environment.
4. Guiding Principles:
- *Dialectical Constructivism:*
 1. The view that people are dynamic, self-organizing systems in constant interchange with the environment, forming and being formed in mutually regulating ways.
 - *Emotions as a Compass:*
 1. Emotion is considered fundamentally adaptive and provides our basic mode of information processing, rapidly and automatically appraising situations for their relevance to our well-being and producing action tendencies (behavior) to meet our needs. People respond emotionally, in an automatic fashion, to patterns or cues in their environment that signal novelty, comfort, loss, humiliation, etc. Emotions act as a kind of compass, guiding people to what is important and what needs are being met or not.

2. Emotions provide access to needs, wishes, or goals and the associated action tendencies. Every feeling has a need, every emotion scheme provides a direction for action, one that promotes need satisfaction. A key source of pathology is related to a lack of awareness or disavowal of needs. But, when people acknowledge feeling sad, their tacit processing involves an evaluation that they have lost something important and need comfort; it may even involve a cry for connection. The expression of underlying adaptive emotions may be crucial in changing the person's view of oneself.
- *Experiential Constructivist View of Emotion and Change*
 1. People both have emotion and live in a constant process of making sense of their emotions. We are biologically hardwired with innate affective responses, but also develop our affective repertoire in a cultural context and through our lived histories. People are dynamic systems attempting to *maintain the coherence* of their organizing processes by continuous synthesis. Growth is inherently dialectical and dialogical (a kind of internal resolution or a continuing debate between two perspectives).
 2. Constructivist thinking provided an update in the view of how non-aware emotions are conceptualized. This issue has been long debated from different theoretical perspectives. Take the statement "I have been angry but wasn't aware of it." A Freudian would say that the person's anger was repressed (denial), but now the barrier to consciousness was lifted and the person remembers. A Rogerian would say that the person's true self experienced anger, but that it had been inadmissible to the self-concept (Incongruence). A Gestalt follower would see emotion as coming into being only in-the-moment but not explain the process. Gendlin's proposed a change of view from denial or incongruence, stating that a person has been blocked in a state of emerging anger, which is only now being experienced and expressed. It is not a matter of having had the anger all the time, out of awareness, but it is "completing" a feeling blocked from occurring in the first place. A constructivist does not see anger as "out there" or denied or blocked, rather sees anger as only now being realized. Anger is constructed in-the-moment from constituent parts that are there, but not yet *organized* or configured into a coherent form. Rather than blocked anger being realized, the constituent elements of an anger-experience is organized into the experience of anger.
 - *Theory of Emotional Change*
 1. The EFT theory of functioning and dysfunction was an outgrowth of dialectical constructivism and emotion theory. Emotion schemes (see page 9) are a theoretical construct proposed to function at the base of human emotional experience which leads to normal or pathological functioning; their maladaptive development forms the basis of the EFT conceptualization and understanding of pathology.
 2. The basic mode of processing information is seen as fundamentally motivated by emotion, which is set in motion by scheme activation that occurs out of awareness

but influences conscious processing. Emotion schemes develop throughout a lifetime. They represent internal emotion memory structures that synthesize affective, motivational, cognitive, and behavioral elements into an internal organization that is rapidly activated out of awareness by relevant cues. Core emotion schematic autobiographical memories with an internal narrative structure represented in language develop over a lifetime. For example, with fear, once the basic schematic mode of processing has been activated, a person begins to consciously process for sources of danger and then symbolizes in words the appraised danger and generates ways of coping with it. Emotion schematic learning is flexible and adaptive but also capable of becoming maladaptive. For example, people not only learn to flee from predators and get angry at violations, but they also fear their boss's criticism and get angry at self-esteem violations.

3. Implication of this framework: Most productive is to activate emotional processing and the whole scheme and then focus on all of the narrative schematic elements. Particular difficulties occur when the person excludes all or some the elements from awareness, so that experiencing is not completely coherently processed. Maladaptive emotional processing is the focus of work. Disorder results from potentially multiple sources related to emotion: failures in the dyadic regulation of affect, avoidance of affect and fear of expression, traumatic learning, a lack of processing of emotion, and a crisis of existential meaning. *Awareness, regulation, and transformation* through accessing an alternate emotion are "offered" as three overarching empirically supported principles of emotional change.

○ *Construction of Meaning, Narrative Shifts, and the Process of Change*

1. An important theoretical development is the specification of a *meaning-making process* and its contribution to change. The search for meaning is considered core to our survival. The humanistic–existential tradition has long emphasized meaning creation in fostering change. Gendlin's *Focusing* method is an experiential task designed to facilitate emotional awareness and meaning making by exploring the *bodily felt-sense* in the creation of meaning. *Meaning Creation* is an EFT experiential task helpful when facing crises of meaning related to past trauma and loss. Research has validated the importance of a change in *narrative themes* and meaning for positive change outcomes.
2. In addition to an experiential, emotion-focused perspective, change in self-narrative (a cognitive component) is also recognized as important to long-term change, and narrative change is a good indicator of progress at the end of work. The capacity to narrate, understand, and integrate our most important life stories is key to adaptive identity development and the establishment of a differentiated, coherent view of self. The articulation of a more coherent, emotionally differentiated account of self and others facilitates heightened self-reflection, agency, and new interpersonal outcomes. Addressing discrete event stories is important when individual events are associated with trauma or interpersonal conflict, such as an assault or the discovery

that a spouse has been unfaithful. Often in the face of traumatic emotional losses and injuries, people find themselves unable to provide an organized narrative account of what happened, to make meaning of those painful emotional experiences, and because to do so challenges deeply held cherished beliefs about the feelings, concerns, and intentions of self and others.

3. When a middle-aged man, a loving husband and partner, suddenly loses his wife his entire sense of personal identity and understanding of how the world works is shaken to the core. Such events must be described, reexperienced emotionally, and “*restored*” before the trauma or damaged relationship can heal. Through the exploration of emotion and the emergence of new emotion and meanings, individuals come to be able to coherently account for the circumstances of what happened; one gains a more plausible account of the roles and intentions that guided the actions of self and others.
4. In the process of helping another change, there is a *dialectical* tension between when to *follow* the participant and when to *lead/guide* them. Historically, in humanistic approaches to therapy there was established the principle of non-directivity, meaning it is vital to allow the person to find their own way and that your job as the change agent was to only provide an empathic, real, and supportive and caring relationship. EFT seemed to violate that rule. In the end, the conclusion was that EFT was directive in process (or “process guiding”) but not directive in content. This meant that one always maintained an empathic attitude but selectively responded, on a moment-by-moment basis, to the core aspects of what person was communicating. This meant one could specify how and what to listen for in communication. Similarly, the focus of change was understood to be *marker-driven*. Markers are verbal and nonverbal indicators that are respond to with an invitation to engage in different types of *experiential tasks* designed to facilitate helpful types of emotional processing.

d. Emotion Coaching

1. What is the focus of training a good emotion coach? How should the material and learning be organized and unfold? The ideal training for an experiential, emotion-focused approach uses a cross section of didactic, skills training, experiential, and personal growth work.
2. Following is what research has indicated are some of the things a helpful coach does moment-to-moment (called *microprocesses*) with the participant:
 - i. Increases *depth* and *expressiveness* of emotion.
 - ii. Explores emotional material in an *empathic reflective* manner.
 - iii. More than empathically reflect, *empathic conjectures* are offered which speculate, guess, or feel what the other is experiencing, what is sensed about what was not quite expressed.

- iv. *Experiential teaching* is provided when the coach stands back and teaches about emotions and experiencing, although most time is spent emotionally exploring. In these teaching moments, the emotions must be alive or felt (aroused) for the learning to be fully appreciated.
- v. *Experiential questions* appear to occur about 19% of the time with high ratings given to intentions associated with reflections and questions (e.g., conveying empathy, fostering participant exploration, and evoking feelings). However, “out of mode” responses were also quite present, including “interpretation,” “out of session advisement,” “disagreement,” and “confrontation.”
- vi. Related to good outcome, statements high in experiencing influenced the participant’s ability to experience, and the depth of the coach’s experiential focus also predicted outcome. This highlights the importance of the coach’s role in focusing on internal narrative processes.
- vii. *Therapeutic Presence* (covered later) is another important coaching condition related to positive outcome.
- viii. A Coach’s degree of empathy (*therapeutic relationship*) largely influences positive outcome through its ability to help participants regulate their emotions.
- ix. Last, the *working relationship*, aka the *therapeutic alliance*, meaning an agreement or collaboration on the goals and means (tasks) to attain those goals is also related to positive outcome.

d. Participant Processing

1. What happens *within* the participant that leads to positive outcome? Following is what research has indicated occurs moment-to-moment (called *microprocesses*) in the participant:
 - i. The *depth of experiencing* core narrative themes in the last half of work is related to good outcome, predicting reduced symptom distress and increased self-esteem. In other words, deepening experience alone *is* a specific change process technique.
 - o Depth of experience is assessed by considering the degree of attention and awareness of the ongoing flow in the body. The following is one way to measure depth of experience:
 - Stage 1: Participant simply talks about events, ideas or others
 - Stage 2: Refers to self but without expressing emotions.
 - Stage 3: Expresses emotions but only as they relate to external circumstances.
 - Stage 4: Focuses directly on emotions and thoughts about self.
 - Stage 5: Engages in an exploration of inner experience.

- Stage 6: Gains awareness of previously implicit feelings & meanings.
 - Stage 7: On-going process of in-depth self-understanding, which provides new perspectives to solve significant problems.
- ii. The ability or skill to process emotions early-on, although likely an advantage, is not as important as the ability to acquire and/or increase depth of emotional processing throughout work. The *working alliance* is integral to change especially the degree of alliance early-on in work but experiencing is a separate but related process. High emotional arousal plus high reflection on aroused emotion distinguishes good from poor outcome indicating the importance of combining arousal with meaning construction. Also, the degree of mid-therapy arousal predicts better outcome.
 - iii. Participant report of the degree of experienced emotion as opposed to the degree of observed arousal did not relate to positive outcome.
 - iv. Interpersonal difficulties may take longer to resolve than internal issues.
 - v. A frequency of 25% of moderately to highly aroused emotional expression was found to best predict outcome, whereas lower frequencies were associated with poor outcome, and highly aroused emotion was negatively related to good outcome. Achieving an intense level of emotional expression is predictive of good outcome, as long as the participant does not maintain this level of emotional expression for too long a time or too often. Frequency of reaching only minimal or marginal level of arousal was found to predict poor outcome.
 - vi. Research supports that the combination of visible emotional arousal and experiencing was a better predictor of outcome than either index alone, supporting not only arousal of emotion, but also reflection on aroused emotion that produces change. However, the arousal of emotion may be too general to be maximally useful, and the simple venting of secondary emotion is not effective in reducing distress. Here we need to consider when expressed emotion is a sign of distress or a sign of working through the distress. Last to consider is if the emotion we are working with is underregulated or overregulated which affects whether emotion needs to be down-regulated or up-regulated to put it within a constructive *working distance*.
 - vii. Carrying this idea forward, the concept of *emotional productivity* (usefulness) has been developed. Individuals with better outcomes expressed not only more highly aroused emotions but more productive ones concluding that it is the productivity of highly aroused and expressed emotions that is important in facilitating change. By implication, it is not the frequency of highly aroused emotion alone that is crucial but the productivity which goes beyond mere activation and expression of emotional experience. What makes the productive difference is the focus on the processing of primary adaptive or maladaptive emotional experience, the “how” an activated primary emotion is experienced.

- viii. *Emotional productivity* is defined as the ability to access a core, primary emotion, in a “contactfully” aware manner, without being stuck in it or a passive victim of the emotion, and the emotion must relate to a relevant working theme. To be productive, the emotional response must be a primary one, because only primary emotional experience accesses relevant underlying and implicit emotional meaning. The person must experience (be mindfully aware of) the emotion in the present and activate (symbolize) its underlying and implicit emotional meaning. The emotion also needs to be sufficiently regulated otherwise it becomes overwhelming and is not processed adequately. Also, taking responsibility for one’s emotional experience is crucial, owning one’s feeling rather than blaming others. In taking responsibility, one experiences the self, (1) as an agent rather than a victim of emotional experience, (2) willing and motivated to contact the emotion, and (3) actively working. In other words, the person is having the experience rather than the experience having the person, not stuck in emotion. When productive, emotion is fluid, moving forward by transforming emotion, developing new meaning, and related to a personally significant theme like self-criticism or unresolved feeling about another.
- ix. When productive, the primary emotion is handled and accessed in such a way that can (1) extract the useful information inherent in an adaptive emotion in the service of problem resolution, or (2) is in the process of transforming a maladaptive emotion into a more adaptive emotional experience. Depending on whether the primary emotion is adaptive or maladaptive, it is processed in such a manner that leads to either its utilization or transformation.
- x. For good outcome, emotion is processed in such a way as to enhance movement toward the process goals of deepening, clarifying or transforming what is being felt to promote change. In this effort, increasing the depth of experience and raising emotional arousal is important, but arousal alone is not the issue. Certain conditions need to be met for arousal to be productive. First, arousal needs to take place but in the context of a good therapeutic and working alliance (*emotion activation*). Second, the underlying adaptive or maladaptive primary emotions (*emotion type*) needs to be accessed, aroused and expressed so that the information inherent in emotions (needs and wants) are retrieved and voiced. Third, one needs to be fully present with and “contactfully”/mindfully aware of emotions as an agent rather than victim (*manner of processing*), meaning arousal needs to be reflected upon (cognitively processed).
- xi. Contact with emotions is realized by *attending* (aware), *symbolizing* (words), congruence (verbal and non-verbal match), *acceptance* (receptive), *regulating* (working distance & cognitive-affective integration), *agency* (responsibility), and *differentiation* (one into many/new). These processing aspects allow for the extraction and optimal use of information inherent in adaptive emotion in the service of problem resolution (emotion utilization) and for maximum flexibility to change maladaptive emotion into more adaptive emotion (emotion transformation), thereby promoting integration of emotion and cognition.

- xii. It is important to pay attention to the way emotions are processed. In working with emotion, do not treat all emotional expressions as the same but differentiate between different types of emotions, as well as between different ways of processing them. Merely activating emotion is not in itself helpful and should not be an end. One needs *a map* (see xiii below and Fig. 1, p. 16) to distinguish between emotional expressions that promote achieving process goals and change or emotional expressions that are hindering or detrimental to change.
- xiii. The exploration of new emotion and the integration of emotion and meaning-making are key processes on the path toward change. Constructive relationships in EFT are characterized by empathy, high degrees of presence, authenticity, and unconditional positive regard, a strong, collaborative alliance is forged. Coaches, through their actions as well as the implementation of experiential tasks, promote emotional deepening and the exploration of aroused emotion in a productive fashion. Participants move from secondary to primary maladaptive to adaptive, and through the emotion-focused process, changes in emotional meaning occur that lead to changes in the participant's self-narrative.

e. Theoretical Overview of Intrapersonal & Interpersonal Processes of Emotional Change

Intrapersonal Processes of Emotional Change

1. Based on EFT clinical theory and practice, a model or map has been formulated which involves changing emotion with emotion by moving from secondary emotions through primary maladaptive emotions to primary adaptive emotions, has been proposed and tested. Transformation of distressed feelings begins with attending to the aroused bad feelings, such as secondary hopelessness or anxiety, followed by exploring the cognitive–affective sequences that generated the bad feelings. Eventually, this leads to the activation of some core maladaptive emotion schematic self-organizations often based on fear and sadness about abandonment or shame related to inadequacy. At this point in the transformation process, change involves accessing self-organizations linked to emotion schemes, such as adaptive sadness at loss or pride at accomplishment.
2. When participants in states of global distress begin to elaborate and differentiate their thoughts and feelings, they subsequently move in one of two directions: (a) into a core maladaptive self-organization based on maladaptive emotion schemes of fear, stuck sadness of lonely abandonment, or shame; or (b) into some form of secondary expression, often of hopelessness or rejecting anger. More resourceful participants move directly from secondary emotions directly to assertive anger or sadness, but more wounded participants often need first to work through their core maladaptive emotions of fear, shame, and abandonment sadness. Transformation occurs when these maladaptive states are differentiated into adaptive needs, which act to refute core negative evaluations about the self that are embedded in their core maladaptive schemes.

3. The essence of this process is that the core needs (to be connected and validated) embedded in the maladaptive fear, shame, or sadness, when mobilized and validated, act to access more adaptive emotions and to refute that the person is not deserving of love, respect, and connection. The inherent opposition of these two experiences, “I am not worthy or lovable” and “I deserve to be loved or respected,” supported by adaptive anger or sadness, in response to the same evoking situation, overcomes the maladaptive state by access to new self-experience and the creation of new meaning in which a new, more positive evaluation of the self emerges. The path to resolution leads to the expression of the adaptive grief and to empowering anger or self-soothing, which then facilitate a sense of self-acceptance and agency. The model of this core change process has been empirically validated.
4. One type of internal change involves helping the participant transform past experiences, effectively rewriting episodic and schematic memories of important relationships. It has been claimed that reexperiencing old, unsettled difficulties but with a new ending is the secret of all positive outcome results. The actual lived experience of a new solution to old problematic patterns convinces people that new solutions are possible, inducing them to replace their old patterns. Through repetition, these corrected reactions gradually become automatic and evolve into a new higher-level pattern of functioning. Children who have experienced trauma had few alternatives available to them in response to the traumatic situation. In returning to reexperience the early traumatic moments, however, individuals have perspective and more resources available to them with which to respond to and understand what occurred. People bring with them an expanded repertoire of possible emotional responses. The participant also has the coach alongside, to guide the re-experiencing and to promote the development of a new ending. In addition, although the threat system is activated in re-experiencing, the help of the coach provides a containing, calming, and compassionate presence, reducing fear and shame to tolerable levels so that the participant can work effectively with these dreaded feelings to create a difference.
5. Fundamentally, transformation takes place in the body. The coach helps participants focus their attention on their emotional and bodily experience, using questions such as “What emotions are you feeling?” “Where do you feel that in your body?” “What is the sensation?” “What do you need?” Helping people become aware of and label body experiences can aid in providing a clear path to follow back to the source trauma and gives access to adaptive emotions that could not originally be expressed in the situation. An important aspect of the emotional processing is for participants to access, symbolize in narrative form, and act on their expanded emotional repertoire while compassionately recognizing their pain, without blaming the self for the choices made at the time.
6. A key method of promoting emotional processing involves the transformation of an unwanted maladaptive emotion with an adaptive emotion. The method rests on the premise that a person cannot experience two incongruent emotional states simultaneously without a sense of tension and without the emotions affecting each other. For example, if while experiencing an unwanted negative state (e.g., shame), the participant exerts effort

to access a resource state by shifting focused attention or accessing and asserting a need (e.g., deserving to feel validated and loved), the dominance of the unwanted state is supplanted. Similarly, if while in the presence of imagined previously distressing stimuli (e.g., a humiliating situation), one can focus attention on some alternate stimuli (e.g., a comforting idealized parent), the person can evoke an alternate emotional state. Therefore, the person needs to access an adaptive state that is incongruent with the unwanted dysfunctional state. As access to a new state is experienced repeatedly, the process becomes more and more automatic. Transformation occurs best when the person initially is in the problematic emotional state.

7. Emotional experiences of this type allow individuals to experience a difference between the way it was for them originally and the way they are now able to experience it. To experience this new state, however, people need to experience appropriate and healthy support. If internal support (self-soothing) is not available at the moment of re-experiencing a traumatic childhood event, coaches must provide the support, so the participant's child part can have an experience of being supported. That support can come in the form of imagining one of the adults in the child's life at the time (e.g., grandmother, teacher, policeman, older sibling) or alternatively, a make-believe substitute, spiritual connection, or even the participant's own adult self. A preferred option is for the age-regressed person to experience in fantasy a supportive adult who was in the child's life at the time, coming into the traumatic scene to provide safety, nurturing, and bonding. In this way, the individual's child state experiences healthy re-parenting in a manner that comes closest to real life and requires the least suspension of disbelief.
8. For example, a participant had been berated and shamed at age 4 for spilling a glass of milk on the kitchen floor, and the age-regressed 4-year-old boy believed what his father had yelled at him: "You are clumsy, and no good." as a little boy, the participant needed, at the time, to have an appropriately loving and compassionate authority validate that all little boys spill things and his accident did not diminish his value as a person. The coach therefore might ask the regressed participant, "Who in your life at age 4 could come into the kitchen with you and help you feel safe?" and thereby promote an emotional experience of feeling supported in this virtual reality, changing the emotion schematic memory of the past situation.
9. From an EFT view, enduring emotional change in maladaptive emotional responses occurs by generating new emotional responses, not through a process of insight or understanding but by generating new emotional responses to old situations, revising the meaning of specific episodic memories, incorporating these into schematic memory, and thus developing new narratives. EFT works on the basic principle that people must first arrive at a place before they can leave it. When maladaptive emotion schematic memories of past childhood losses and traumas are activated in the therapy session, they become available to be changed by memory reconstruction.

Interpersonal Processes of Emotional Change

1. Interpersonal damage often is healed by new interpersonal experience. When there has been consistently unrepaired mis-attunement in a person's experience growing up, the result is disruption in an ability to enter and maintain healthy close relationships. This generally results in difficulties in forming intimate relationships as an adult. Fortunately, close relationships later in life can compensate for earlier deprivation. New lived experiences with another person (often the coach) are especially important in providing an interpersonal correction. Experiences that provide interpersonal soothing, disconfirm pathogenic beliefs, or offer new success experiences can correct interpersonal patterns set down in earlier times. Interpersonal corrective emotional experiences commonly occur over the course of therapy, whenever the participant experiences the coach as someone who is attuned to and validates the participant's inner world. The empathic relationship with the coach is a major curative element. Empathic attunement experienced in the unique setting and structure of TLT and coach/staff appears to be a predictor of good outcome.
2. The goal of EFT is for participants to experience mastery by reexperiencing and transforming emotions they could not handle in the past, with the help of the more favorable circumstances. The participant then undergoes an interpersonal corrective experience that repairs the damaging influence of previous painful relational experiences, and the consistency of the genuine relationship between the patient and the coach is a corrective emotional experience. Thus, an experience in which a participant faces shame in a helping context while experiencing genuine acceptance (rather than the expected contempt or denigration) has the power to change the feeling of shame. Having one's anger accepted, rather than rejected, by the coach can lead to new ways of being.
3. The coach facilitates corrective experience by creating an environment that is safely contained. The coach helps the participant modulate the intensity of long-buried feelings as they emerge by proposing useful and appropriate methods of doing so, or the coach suggests a time out when the participant begins to feel overwhelmed. The corrective emotional experience comes from the coach effectively providing what the participant needs now and needed originally, namely, genuine empathic attunement, acceptance, support, and help with modulating the participant's activation and expression of previously threatening emotional material. The latter requires that the coach be able to distinguish between productive, contained reexperiencing versus flashback and re-traumatization, and to promote the former and modulate the latter. Providing corrective emotional experiences to repair traumatic shock requires slow and steady reconnection with the participant's inner resources. With enough safety and corrective attachment experiences, the participant's shock can be modulated over time.
4. The types of interpersonal corrective emotional experiences occur predominantly in the helping relationship, although it is recognized that successful experiences in the world enabled by taking risks and engaging in new interpersonal experiences also provide

important corrective experiences. For example, having one's feelings accepted by an intimate partner in life or in couples' therapy is a deeply corrective emotional experience.

f. Conclusion

Through 40 years of development, experiential work emerged from the humanistic tradition and developed into both a flourishing and powerful approach that has increased in breadth and complexity. Research has informed practice and practice to informed research. Initially an integration of client-centered and gestalt, EFT evolved to incorporate and synthesize a theory of emotion that describes and explains how emotion changes through sessions and ultimately through the course of therapy. Emotion change principles have been developed and a theory of case formulation has emerged. After forming empathic relationships and experientially unfolding participant problems, Coaches form a picture that allows them to structure their work in an ongoing fashion, conceptualize the core emotions to form a focus, and guide participants through the emotional change process, with the recognition of markers and the facilitation of tasks designed to promote this.