**Emotion-Focused Therapy Outline & Summary**

*Adopted & modified from L. S. Greenberg, Emotion-Focused Therapy (Rev, ed. 2017) with additional material contributed by A. Franchi*

1. ***Overview.***
2. *Experiential Psychotherapy.*
	1. an immersive, hands-on, broad family of psychotherapeutic techniques that uses expressive tools, activities, and modalities, such as role-playing, use of props, arts and crafts, music, animal care, guided imagery, or various forms of recreation to re-enact and re-experience emotional situations from past and present relationships to change one’s emotional reactions. The core belief is that true change occurs through direct, active “experiencing” of what one is feeling in the present, at both the surface and at a deeper level, to access and express feelings, experience both present and past life scenes, and they offer perspectives for integrating such experiences into a realistic and healthy self-concept.
3. *Emotion-focused Therapy (EFT): a complex theoretical and experiential approach*.
	1. EFT defined: a Process-Oriented, Emotion-Focused, Experiential, Marker-Guided approach to Psychotherapy based on Neo-Humanistic & Phenomenological Principles, Modern Emotion and Cognition Theory, Systems Theory, and Affective Neuroscience.
	2. EFT acknowledges the central role of emotions in life and in the change process.
		1. Emotions are the primary motivational system.
		2. Emotions are a visceral experience that impacts meaning.
		3. We feel, then we think (but the system is dynamic, everything affects everything else).
		4. Emotions are basically adaptive but can become problematic from:
* Past traumas (adverse childhood experiences, ACE’S).
* Skill deficits (low emotional intelligence, alexithymia, failure of symbolization).
* Overregulated emotions (emotional avoidance).
* Underregulated emotions (emotional excess).
	1. Strategies of an emotion-focused change process.
		1. Awareness/Identifying.
		2. Acceptance.
		3. Understanding/Exploration.
		4. Expression.
		5. Utilization.
		6. Regulation.
		7. Transformation.
		8. Narration.
		9. Corrective Emotional Experience.
1. *Goals of EFT*.
	1. Strengthen the self.
	2. Regulate affect.
	3. Create new meaning.
2. *Core Concepts*.
	1. Neo-humanistic/phenomenological.
	2. Experiential.
	3. Evidenced-based.
	4. Modern emotion theory.
	5. Affective neuroscience.
	6. Integrative (includes cognitive, behavioral, somatic, existential, systems, and psychoanalytic elements).
	7. Emotional change is central to enduring change (historical overemphasis on methods of conscious cognitive control and behavioral change).
	8. Function of emotion.
		1. Innate adaptive potential—when activated in a safe manner can:
* Reclaim unwanted self-experience.
* Change problematic emotional states.
* Change interactions.
	+ 1. Purposive/goal-directive/motivational/informational.
		2. Survival and adaptation—an early warning alert system.
		3. Connects to essential needs/wants and what is good/bad.
		4. Influence perception, cognition, and behavior.
		5. A rapid form of social communication as well as self-related.
		6. Guides action.
		7. Sets up modes of processing.
	+ Fear 🡪 search for danger .
	+ Sadness 🡪 deal with loss.
	+ Anger 🡪 stop violation.
1. Conceptual and experiential knowledge distinction.
	* 1. People are wiser than their intellect alone
		2. Directed awareness—concentrate attention on unformulated emotional experience by focusing on visceral experience which is accepted, intensified, and symbolized in language to produce change. This experience is then integrated into a broader narrative reflecting the story of one’s life.
2. Emotional discernment means.
	* 1. Using adaptive emotion as a guide and changed by its urgings.
		2. Ability to change maladaptive emotions.
		3. Knowing when and how to downregulate overwhelming emotions (underregulated).
		4. Knowing when and how to upregulate inhibited emotions (overregulated).
3. Must experience emotion to be informed and moved by it and to make it accessible to change.
4. Emotions are changed after they are accepted and experienced, transformed when opposed with a different emotion, and reflected on to create new narrative meaning (working with emotions).
5. Integrative focus means problems are seen as having biological, emotive, cognitive, motivational, behavioral, physiological, social, and cultural sources, but emotions is the primary pathway to change.
6. Provision of an empathic relationship.
7. Nuanced exploration of emotions, origins of emotions and their manifestations in current and historical relationships.
8. Encouragement to allow and accept emotions for the information they provide, not simply a cathartic expression.
9. Noting interruptive processes that get in the way of accessing emotions and working with them.
10. Accessing new emotions to change old emotions.
11. Symbolizing and reflecting on emotion to create a new narrative.
12. EFT is not a simple, prescriptive approach. Mastering empathic relationships and emotion stimulating methods requires years of experience.
13. *Conceptual Framework.*
	1. EFT synthesizes Person-Centered (Rogers), Gestalt (Perls), Experiential (Moreno, Gendlin), and Existential (Frankel, Yalom) psychotherapies.
	2. Dialectical-Constructivist metatheory.
	3. EFT originally termed process-experiential psychotherapy.
	4. Humans possess an innate tendency toward maintenance, growth, and mastery embedded in the adaptive emotion system.
	5. Emotions govern the most important aspects of our lives, signal our deepest concerns, and guide our most authentic self.
	6. The participant is the expert on their experience.
	7. Emotion influences thought, and when emotion changes thought in the form of a core belief, it not a simple cognitive change but attitudinal and highly affectively charged
	8. Affective changes toward the self also produce changes in interactions. Conflict can be resolved by changing emotional reactions among/between others
	9. Attending to momentary experience.
	10. Clinical focus is on one’s felt-sense (describes internal bodily awareness that arises from increased awareness without words) and emotions
	11. A paradox in emotion work: change often first involves acceptance of emotion rather than efforts to change. To be fully felt and heard, emotional pain must be allowed and accepted.
	12. At the center of the EFT approach is the I-Thou relationship (Buber). It is characterized by empathy, mutuality, directness, acceptance, presentness, intensity, congruence, and ineffability. It is where we can “be someone with” rather than “do something to” the other. The encounter exceeds the separate individuals. When two people actively and authentically engage in the here and now and truly “show up” to one another, this new relational dimension becomes manifest and is termed “the between.”
	13. People in constant process of making sense of their emotions by identifying and symbolizing internal experience and bodily felt referents which then promote narrative change. Access to and awareness of inner experience and feelings facilitate conscious choice and reasoned action and fosters the creation of meaning that guides one’s life.
	14. Psychological health = ability to creatively adjust to situations; produce novel responses, experiences, and narratives; have access to adaptive emotional responses which guide the process of becoming.
	15. Dysfunction (occurs through a variety of different mechanisms and emotional processing difficulties) = (1) lack of emotional awareness, avoidance, or disclaiming of emotional experience, (2) learned maladaptive emotion schematic memories, (3) emotional dysregulation: (a) overregulated emotions, (b) underregulated emotions (4) overly rigid or dysfunctional narratives or meaning (5) Conflicts between parts of self or self and others (a) conflict between two emotionally based parts of self, and (b) unresolved feelings between self and other.
14. **History**. These are the discoveries that led to the formation of EFT.
15. EFT grew out of Humanistic Approaches (Third Force, 60s & 70s).
	* 1. A more positive and less deterministic view of human nature.
		2. Human being have internal resources.
		3. Capable of awareness and choice.
		4. Potential for agency and creativity.
16. Person-Centered (Rogers), Gestalt (Perls), Experiential (Moreno, many others), and Existential (Yalom, May) therapies.
17. EFT as an experiential approach is based on advances in research on emotion, cognition, neuroscience, and psychotherapy change processes.
18. An overarching theme is the role of emotion in human functioning.
19. Therapeutic change is a function of positive relational conditions (empathy, positive regard, genuineness) and significant change events characterized as cognitive-affective problems marked by entering certain states (markers) amenable to specific interventions (therapeutic tasks).
20. A marker-guided, process-diagnostic approach to differential interventions.
21. Emotion schemes underlie experience.
22. **Theory.**
23. *General Developments.*
24. Emotion is fundamentally adaptive in nature. It is the basis for what is called the Growth Tendency, a desire present in all living things that pushes the organism toward growth. In humans, it is the yearning to express creativity and reach one’s full potential. It is strengthened externally by the quality of the surrounding supportive relationships (you).
25. The mind is not passive but constructs knowledge (Constructivism); we build a representation of us and the world. Therefore, meaning-making is of central importance. The emotion schemes vie for attention and interact (Dialectical) in a self-organizing manner to produce experience and action which eventually forms the self-narrative. Evolution has created emotion as the principal organizing factor. So, there is a bottom-up gut level influence and a top-down cognitive, meaning-making influence that determines how we function.
26. The self-narrating voice attempts to form a coherent story by integrating various aspects of experience and is constantly constructing and integrating experience into meaningful wholes. This processing takes place at three levels: innate sensorimotor, emotional (schematic) memory, and conceptual.
27. Problems arise when experience is not accepted, when maladaptive responses are learned in the wrong place, from being overwhelmed by emotions, from emotions being constricted, from constructing a negative view of self, others, or the world.
28. Personality is made up of parts (voices, roles, me’s, I’s). The parts can be thought of as a scheme, a self-organized collection of thoughts, emotions, and bodily sensations. Parts get activated (triggered, cued) under certain conditions and then pull for certain actions (action tendencies). In EFT, there is really no true self because the self is being constantly formed and reformed. However, when a person experiences an emotion that is real, deep, and true, even if it is for the first time, the person feels something fundamental and will say things like, “I’m able to be myself” or I am discovering who I truly am.” It is more accurate to say, “part of me is angry” than “I am angry,” but it is not how we speak. Therapeutically, it is important to get to know all the parts of us, especially ones like the “critical me” or the blocked part.
29. Emotion is central to therapeutic change and affect has the power to activate particular schemes which guide our processing in functional or dysfunctional ways. When emotion is boosted, the emotion scheme is more amenable to change and can be processed in a way to resolve the problem.
30. For this to occur, the emotion scheme must be emotionally activated; for an emotion scheme to be activated, vulnerability is needed to disclose; for vulnerability to be allowed safety needs to exist in the helping relationship; safety is produced by trust and acceptance; trust and acceptance are engendered by empathy, caring and genuineness.
31. In addition to the positive helping relationship (Therapeutic Alliance) necessary to be vulnerable and access important emotion, the Working Relationship is also an important prerequisite to change. The working relationship is an agreement on (1) the goals of therapeutic work, and (2) the means to achieve those goals (therapeutic tasks). A working relationship contributes to the alliance with the participant by boosting collaboration on tasks.
32. *View of Human Nature & Motivation*.
	1. People are more than biology. Yes, it is about survival but also about growth.
	2. Desire and need push us, but we are also pulled by the potential for curiosity, novelty, creativity, and growth.
	3. We self-regulate to achieve our desires (pleasure) and avoid discomforts (pain) and we help others regulate their desires and discomforts.
	4. Regulation of affect is a core aspect of motivation. Emotion guides us to what is good and bad for us. We decide good and bad based on how we feel, not just determined by a simplistic pain/pleasure outcome (example, seeking pain for a higher good). People do seek meaning.
	5. Human needs are also not simplistic. There are the basic biological needs (hunger, thirst, safety, survival), but there are also higher needs (personal growth, peak experiences, creativity, meaning). Emotions provide the gauge to measure our preferences.
33. *Emotion Theory.*
	1. Emotion affords a basic mode of processing, rapidly and automatically appraising situation for the relevance to our well-being and producing action tendencies to meet our needs (fear-induced flight produces safety, disgust expels a noxious intrusion, sadness creates longing for the lost other.
	2. Emotions act like a compass, guiding us to what is important and if needs are being met or not met.
	3. Emotions provide access to our needs, wishes, or goals and the associated action tendency. Every feeling has a need, and every emotion scheme has a direction for action. When an emotion is acknowledged the need can be accessed.
	4. In the brain, emotions have their own neurochemical and physiological basis and unique language. The limbic system is responsible for basic emotional responses. There are two pathways that produce emotions: one is the shorter and faster amygdala pathway and sends automatic emergency signals and gut responses; the other is longer and shorter neocortex pathway which produces emotion mediated by thought. Both have value.
	5. The cortex added wisdom to emotion, but also the ability to evoke emotions based on memory. So, emotional memories take lived emotional experiences and form them into emotion schemes which then are elicited by familiar cues (triggers). These emotional memories of lived emotional experience are formed into Emotion Schemes and the memories themselves are called Emotional Schematic Memories. The reactions to the cues that trigger these memories are rapid and automatic.
		* 1. *Emotion Schemes.*
				1. Emotion schemes are hypothetical, internal structures that synthesize (construe) affective, motivational, cognitive, somatic, and behavioral element into a coherent organization.



They are activated rapidly, our of awareness, by relevant cues and become coded into memory (emotion schematic memories) and become the elements that form a person’s self-narrative. However, this flexible and adaptive processing is subject to becoming maladaptive. For example, the fear scheme sets in motion the processing for threat but can get distorted as when far is aroused in what was unsafe but now is a safe circumstance, or if some of the elements of the scheme are excluded from awareness, or some elements are neglected such that experiencing in not processed fully.

1. Putting emotions into words is an important process. Problems arise when emotions are not connected to thinking/cognition. Language gives meaning to experience. If emotions are connected to cognition and behavior that does not fit, they will lead to maladaptive responding. Emotions also become problematic when they overwhelm one’s ability to make meaning.
2. When a dysfunctional scheme is coactivated with a more adaptive one, they synthesize together into a higher scheme that now contains element of the more adaptive scheme. For example, when fear and withdrawal are coactivated with empowering anger which motivates approach, a new scheme is formed which contains increased confidence.
3. *Types of Emotion.*
	1. Not all emotion serves the same function. Four types of emotional experience are outlined.
	2. Primary Adaptive emotions are direct reactions consistent with the immediate situation. They rapidly process information, provide feedback about one’s reaction and prepares to take effective action (anger to end threat, fear to avoid or reduce the danger, guilt to correct behavior, sadness to cope with loss).
	3. Maladaptive Primary emotions are also direct reactions, but they do not help one cope, rather they interfere with effective functioning. They are usually overlearned responses to previous trauma (anger and rejection in response to closeness because closeness was followed by physical or sexual abuse as a child).
	4. Secondary Reactive emotions follow more primary emotions. The primary emotion is replaced with a secondary one because one feel less vulnerable. It is a reaction to the reaction which obscures the original emotion to protect it (one fears or is made sad by rejection, so when rejection is experienced, one becomes angry, anger hides the fear or sadness). Other examples are sadness covering up anger, anger covering up hurt, anger covering up shame.
	5. Instrumental emotions are emotions expressed, but not real, used to influence or control others (crocodile tears, anger to let another know not to do something again but one is not really angry). They are a kind of emotional role playing. The instrumental display of expression may be conscious or out of awareness.
4. *View of Dysfunction.*
	1. Dysfunction does not occur from any one mechanism. Dysfunction may occur from lack of awareness, avoidance of internal states, failure in emotion regulation, maladaptive responding on the basis of trauma or developmental deficits, protection against vulnerable emotions, internal conflicts, blocks to the development of meaning or self-narrative.
	2. The initial work with a participant’s current experience attempts to identify the determinants and maintainers of particular problems.
	3. EFT privileges Process Diagnosis of working states over diagnoses of disorders. These difficulties become the focus of work. Four major processing difficulties are outlined: (1) lack of emotion awareness, (2) maladaptive emotion schemes, (3) emotion dysregulation, and (4) problems in narrative construction and existential meaning.
		1. Lack of Awareness is the inability to symbolize bodily felt experience into awareness. The most extreme form is Alexithymia, the inability to name emotions, to label one’s feelings. Nonacceptance of emotion deprives one of valuable adaptive information. The inability to access primary emotions often lead to depression and anxiety.
		2. Maladaptive Emotion Schemes are often learned in interpersonal situations that evoke basic emotional reaction such as anger or shame at violation, fear at threat, sadness at loss. For example, a child who is abused may learn fear and withdrawal from contact, or non-allowance of anger may lead to powerlessness. The present then triggers the past and the emotional reaction is maladaptive to the present situation. (Discuss memory reconsolidation).
		3. Emotion Regulation & Dysregulation reflects the ability to keep one’s emotional reaction within functional limits. If the emotion become too much, then they become dysregulated. The emotions are said to be underregulated. Often one has not learned to self-soothe (breath work and relaxation techniques help here). Emotion regulation involves the ability to tolerate, be aware of, put into words, and use emotions adaptively to regulate distress and promote needs and goals. Note that you as the emotion coach have the ability to coregulate another’s emotional state via empathic attunement.
		4. Narrative Construction & Existential Meaning Making points to the way people make sense of their experience and the narrative accounts of self, other, and the world. A coherent sense of self requires the ability to construct self-narratives and integrate important life stories into an adaptive identity. For example, victim stories or stories of disempowerment promote dysfunction. Also, existential difficulties arise from emotional response to the possibility of nonbeing (death), lack of authenticity, isolation, loss of freedom.
5. **Therapy Process.**
	* + 1. EFT is based on two major treatment principles: (1) provision of a therapeutic relationship and (2) facilitation of therapeutic work. The relationship comes first and has priority over tasks facilitation.
			2. The therapeutic style is one of Following with Guiding. Which combine synergistically into a sense of flow.
			3. The work is a co-constructive process in which both parties influence each other in non-imposing ways to deepen the participant’s experiencing and exploration and promote emotional processing.
			4. *Relationship and Task Principles.*
				1. EFT is guided by three relationship principles: (1) presence and empathic attunement, (2) communication of accurate empathy (deep understanding, mirroring), positive regard (caring, warmth), and genuineness (real, congruent, transparent), and (3) creation of a working alliance (agreement on goals and means to goals).
				2. The relationship itself is curative and affect regulating (self-soothing, coregulating).
				3. Based on this type of optimal relationship allows for the creation of safety and vulnerability that fosters self-exploration and new learning.
				4. EFT is guided by three task principles: (1) differential processing, (2) task completion, and (3) agency and choice.
				5. Different, in-the-moment, problem states are seen as Markers of opportunities for differential interventions best suited to facilitate productive work on that problem state.
				6. The Primary suggest particular work in response to the moment-by-moment experience of the participant.
				7. How much guidance is provided depends on the participant and the degree of emotional dysregulation.
6. *Perceptual Skills.*
	1. Perceptual skills guide the work, guide identification of different type of emotion, problem markers, and intervention skills.
	2. Is there too much or too little emotion.
	3. Nonverbal clues (face, voice, body position) often reveal whether an emotion is primary or secondary and obscuring other feelings.
	4. Congruence among feelings action tendency and need also reveal whether an emotion is primary or secondary.
	5. Awareness of your own response to the participant is an important source of information.
7. *Intervention Skills.*
	1. First decide if the participant has too little or too much emotion.
	2. How to access feelings: encouraging attention to bodily sensations that cue emotions, recall previous emotion episodes, using vivid emotion cues, ask how acts when triggered, exaggerate, or repeat phrases or gestures, and role play.
	3. Types of empathy that help participants access and symbolize emotions: understanding, validating, evocative , exploratory, and conjectural empathic responses.
	4. Encourage participants to focus inward and deepen experience
	5. Attend to moment-by-moment experience.
	6. Guide attention to the body.
	7. If the participant is overwhelmed with emotion can observe emotion, verbalize the feelings, and express them, create a safe distance, offer support and understanding, help self-soothe, distraction, breathe, grounding.
	8. Help recognize core adaptive emotions.
	9. Secondary emotions may need some attention or may be able to discover the emotion underneath and bypass it.
	10. Instrumental emotions are best explored for their interpersonal functions or intended impact.
8. *Principles of Emotional Change*. Working with emotions and helping participants make sense of their emotions.
	1. Awareness: the most fundamental overall goal is awareness of experience. It is not thinking about feeling but feeling one’s feelings.
		1. Help symbolize emotions.
		2. Re-own split off emotions.
		3. The goal is self-acceptance.
		4. Become aware of the trigger.
9. *Expression.*
	* 1. Expression is not a simple venting. One needs to own the emotion and recognize that it is about oneself and while it may also be about someone or something “out there,” it is really only about me at this point. If you deal with your own emotional reaction first, then you will be in a better place to deal with the “outside” other.
		2. Overcome avoidance of emotional expression. You can demonstrate expression.
		3. Remember that the expression in the safe container of the program is different from the expression in life out there.
		4. Expression helps arousal to some optimal point.
		5. Learn to tolerate live contact.
		6. Once contact with emotion is made, need to make cognitive sense and meaning
10. *Regulation.*
	* 1. Some emotions need to be down-regulated.
		2. Needs a calming and validating environment.
		3. Make use of Distress Tolerance skills.
		4. Identify triggers.
		5. Label emotions.
		6. Get a working distance.
		7. Self-soothing and breath work.
		8. Grounding and distraction.
		9. Develop self-compassion.
11. *Reflection.*
	* 1. Explore what has occurred.
		2. Help create new meaning via reflection on emotional experience.
		3. Develop a new narrative.
12. *Transformation.*
	* 1. Most important way to deal with maladaptive emotions.
		2. Transform emotion by undoing it by activating other more adaptive emotional states.
		3. Start, paradoxically, not by trying to change emotion but by fully accepting the painful emotion.
		4. The emotion must be fully felt before attempting to shift it by introducing the adaptive emotion.
		5. You must arrive before you can leave.
		6. Changing emotion with emotion is not catharsis or mere extinction due to repeated exposure, but a transformation by the coactivation of an incompatible emotion. The new undoes the old. (Give examples.)
		7. Help the participant focus on what is really needed by them.
		8. Make use of enactment
		9. Reconsolidation of memory (explain).
13. *Corrective Emotional Experiences.*
	* 1. A new lived experience with another person can create an emotional change.
		2. The person needs to be perceived as valued, safe, genuine, and empathic.
14. *Phases of Work*: three major phases: (1) bonding and awareness, (2) evoking and exploring, and (3) constructing alternatives by generation of new emotions and internal reflection in order to create a new narrative meaning.
	1. Bonding and awareness.
		1. Attending, empathizing, validating.
		2. Providing a rationale for working with emotions.
		3. Promoting awareness of internal experience.
		4. Establishing a collaborative focus.
15. Evoking and exploring.
	* 1. Establish support for emotional experience.
		2. Evoking and arousing problematic feelings.
		3. Undoing interruptions of emotions.
		4. Help participants access primary emotions or core maladaptive schemes.
16. Generating new emotions and creating new narrative meaning.
	* 1. Generating new emotional responses to transform core maladaptive schemes.
		2. Promoting reflection to make sense of experience.
		3. Validating new feeling and supporting an emerging sense of self.
17. *Markers and Tasks.*
	1. Problematic reactions (systemic evocative unfolding).
	2. Unclear felt-sense.
	3. Conflict splits.
	4. Self-interruptive splits.
	5. Unfinished business.
	6. Vulnerability.
	7. Trauma and narrative retelling.
	8. Alliance rupture and repair.
	9. Self-contempt and compassion.
	10. Emotional suffering and self-soothing.
	11. Confusion and clearing a space.