



AN OVERVIEW OF EMOTION-FOCUSED THERAPY

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ABSTRACT

Emotion-focused therapy is an integrative approach based on humanistic-experiential therapy such as client-centered therapy and Gestalt therapy, attachment theory, and family systems theory. Emotion-focused therapy emphasizes the importance of emotions in psychotherapy and emotions are seen as the main components of interventions. It provides a unique framework for working with emotional processes, and use targeted techniques to trigger and transform clients' emotional experiences. This review paper mainly aimed to address the fundamental aspects of emotion-focused therapy and emphasize the importance of emotion-focused therapy for clients and clinicians by providing information about the basic principles of emotion-focused therapy, the stages of the therapy process, fundamental emotion-focused therapy techniques, and the psychological problems in which emotion-focused therapy is effective. Considering that emotion-focused therapy is a relatively less applied approach compared to the other approach and emotion-focused therapy studies are relatively rare in the literature, this review paper may enable emotion-focused therapy to become a more frequently applied approach in clinics in Turkey and increase research on it.

Keywords: Emotion, Emotion Assessment, Emotion Regulation, Emotion Schemas, Emotion-Focused Therapy

DUYGU ODAKLI TERAPİYE GENEL BİR BAKIŞ

ÖZ

Duygu odaklı terapi; hümanistik-deneyimsel terapiye dayalı (örneğin; danışan merkezli terapi, Gestalt terapi, bağlanma teorisi ve aile sistemleri teorisi) bütünleştirici bir yaklaşımdır. Duygu odaklı terapi, psikoterapide duyguların önemini vurgular ve duygular, müdahalelerin ana bileşenleri olarak değerlendirilir. Duygu odaklı terapi duygusal süreçlerle çalışmak için benzersiz bir çerçeve sağlar

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ve danışanların duygusal deneyimlerini tetiklemek ve dönüştürmek için hedefe yönelik teknikler kullanır. Bu derleme makalesi, duygu odaklı terapinin temel ilkeleri, terapi sürecinin aşamaları, duygu odaklı terapi teknikleri ve duygu odaklı terapinin etkili olduğu psikolojik sorunlar hakkında bilgi vererek duygu odaklı terapinin temel yönlerini ele almayı ve danışanlar ve klinisyenler için duygu odaklı terapinin önemini vurgulamayı amaçlamıştır. Duygu odaklı terapinin diğer yaklaşımlara göre nispeten daha az uygulanan bir yaklaşım olduğu ve literatürde duygu odaklı terapi çalışmalarının nispeten az olduğu göz önüne alındığında, bu derleme makalesi duygu odaklı terapinin Türkiye'deki kliniklerde daha sık uygulanan bir yaklaşım haline gelmesini ve duygu odaklı terapi konusundaki araştırmaların artmasını sağlayabilir.

Anahtar Kelimeler: Duygu, Duygu Değerlendirmesi, Duygu Düzenleme, Duygu Şemaları, Duygu Odaklı Terapi

INTRODUCTION

Emotion-focused therapy (EFT) is an integrative approach based on humanistic-experiential therapy such as client-centered therapy and Gestalt therapy, attachment theory, and family systems theory (Vrana & Greenberg, 2018). The model was developed by Leslie Greenberg in the 1980s. The term emotion-focused therapy was initially used to define the couple-therapy approach that focuses on changing the interaction between couples and expressing the underlying fragile emotions to restore the emotional bond between couples. Currently, EFT is also applied in individual psychotherapy (Çelik & Aydoğdu, 2018).

Is there any value of current emotions such as anger, disgust, anxiety, shame or fear? What is the function of emotions in therapy? How are emotions used as a therapeutic material and what is the benefit of such use? These questions can be seen as the starting point of emotion-focused therapy. The answers to these questions are sought from the perspective of emotion-focused therapy in the current review paper. The current review paper mainly aimed to address the fundamental aspects of EFT to provide some directions to psychotherapy research, training, and clinical practice. To reach the aim, first, how emotions are evaluated from the framework of EFT was explained. Next; the different types of emotions, the principles of working with emotions, the general framework of EFT, and the six main markers and tasks of EFT were explained. Lastly, the effectiveness of EFT for several disorders was discussed based on the relevant literature. By doing so, it is aimed to disseminate the EFT model, which is relatively less known by therapists and less applied in clinics in Turkey.

1. Emotions in Emotion-Focused Therapy

In general, in EFT, emotions are seen as the main components of interventions and EFT emphasizes the importance of emotions in psychotherapy. From the perspective of EFT, emotion is seen as an innate and adaptive system that helps people to survive. In other words, emotion is seen as a form of adaptive information processing and action preparation that directs individuals' responses according to their environment and enhances their psychological well-being (Meneses & Greenberg, 2019; Yükcü & Demircioğlu, 2017). EFT also argues that emotions assist individuals to rearrange their negative self-concepts and change their problematic interactions. In particular, EFT argues that psychological problems arise from the discrepancy between emotion and the self or experience. If individuals do not realize this inconsistency, it can cause severe psychological problems (Çelik & Aydoğdu, 2018). That is, EFT emphasizes the central role of emotion in functioning and psychotherapeutic change (Çelik & Aydoğdu, 2018; Meneses & Greenberg, 2019).

To explain in detail, human beings generally tend to avoid emotional pain. Therefore, painful or unwanted emotions are blocked or pushed into the unconscious mind. EFT emphasizes the importance of conscious awareness and acceptance of previously blocked emotions (Greenberg, 2002). An EFT therapist believes that individuals must experience painful emotions to change them (Pos & Greenberg, 2012). Therefore, emotions are transformed by establishing a meaningful connection between emotions and the self or the situation rather than a simple discharge. That is, EFT therapists always emphasize the importance of experiential participation during the sessions, as emotion is seen as the main tool of change (Greenberg,

2002). In addition, EFT focuses on accessing adaptive emotional responses to promote self-development and self-organization (Paivio & Nieuwenhuis, 2001). That is, empowerment of the self, regulation of emotions, and creation of new meanings are the main objectives of EFT (Çelik & Aydoğdu, 2018).

It is also important to add that EFT does not accept the role of therapists as experts in deciding and informing clients about the causes of their problems. According to EFT, the therapist's expert role disrupts the nature of the therapeutic relationship, preventing clients from gaining awareness about their experiences (Goldman & Greenberg, 2015). That is, an EFT therapist is seen as an emotion coach who aims to promote emotional coping by assisting clients to become aware of, accept, and give a meaning of their emotional experience (Greenberg, 2004; 2008). Therefore, this approach aims to improve the differentiation and acceptance of emotions so that emotions can regulate the behavior properly (Greenberg, 2002).

2. Emotion Assessment

In EFT, emotions are grouped as primary, secondary and instrumental emotions. During the therapy sessions, clients are assisted to understand their current emotions and determine the types of the current emotions (Çelik & Aydoğdu, 2018). For EFT therapists, it is important to distinguish between different types of emotions because they need different types of intervention (Greenberg, 2010). These three categories of emotions can be explained as follows.

Primary emotions are individuals' first, direct, and gut-level emotional reactions to current situations (Greenberg, 2010). Primary emotions can be divided into two categories. The first category is primary adaptive emotions. Such emotions help individuals to take appropriate actions. These emotions end when the emotion triggering stimulus disappears. For example, sadness after a loss is a primary adaptive emotion because it motivates a person to seek connection with others or life (Çelik & Aydoğdu, 2018; Vrana & Greenberg, 2018). The second category is primary maladaptive emotions. Primary maladaptive emotions are less reliable guidelines for behavior. Such emotions are familiar and more permanent emotions that appear repeatedly such as a feeling of loneliness or worthlessness that disturbs individuals throughout their lives. Even if the situation changes, primary maladaptive emotions do not change and provide instructions to solve existing problems (Vrana & Greenberg, 2018). In therapy, it is necessary to access primary maladaptive emotions to regulate and transform them into adaptive emotions (Greenberg, 2010).

Secondary emotions are reactions of individuals to their own feelings or thoughts rather than current situations. In other words, these emotions are responses to primary emotions or defenses against them (Greenberg, 2010). Secondary emotions arise as a consequence of the prevention of primary emotions or the inability to tolerate them. That is, such emotions are used to mask a primary emotion and they prevent the flow of adaptive emotions. For example, anger is often used as a mask that conceals the underlying feelings of sadness or weakness. For a therapeutic change, secondary emotions need to be investigated to reach their primary emotional generators (Çelik & Aydoğdu, 2018; Greenberg, 2008; Vrana & Greenberg, 2018).

Instrumental emotions are the strategic images of emotions that are used to change the thoughts, emotions or behaviors of others in a certain way. Crying for attention can be given as an

example (Greenberg & Safran, 1989). These emotions are experienced consciously or unconsciously but can shape personality over time. During the sessions, emotion coaches help clients become aware of the intentions behind such emotions. In this way, clients can find more direct ways to express themselves or their needs to others. Instrumental emotions can be revealed by asking empathic questions such as “Does this emotion serve a purpose?” or “What does this emotion do for you?” (Çelik & Aydoğdu, 2018; Greenberg, 2015; Vrana & Greenberg, 2018).

3. Emotion Schemas

From the perspective of EFT, emotional experience is not only governed by evolutionarily or biologically-based affect motor programs. They are also shaped by emotion schemas that include learned associations, past experiences, and cultural norms (Greenberg, 2004; Vrana & Greenberg, 2018). Emotion schemas are cognitive structures that affect how emotional experiences are interpreted (Elliott & Greenberg, 2007) and emotion schemas are used to predict future outcomes of an experience. In addition, they direct coping strategies with intense emotions (Greenberg, 2008).

Emotion schemas contain four key elements. The first element is situational-perceptual experiences. This element includes immediate evaluation of the current situation or emotionally important memories. The second element is bodily sensations and expressions such as the feeling of sinking in the stomach. The third one is implicit verbal-symbolic representation that encompasses self-labels such as unlovable. The fourth one is motivation-behavioral element that includes needs and action tendencies such as seeking intimacy with others (Vrana & Greenberg, 2018).

If a person is exposed to any of these elements, the entire emotional schema is automatically activated. That is, individuals may relive the emotional experience of that event long after the event because of the emotional schemas. For example, a current rejection experience may be a clue to re-activate old feelings of sadness and hopelessness (Vrana & Greenberg, 2018). It is important to mention that because of false learning and socialization, emotion schemas may become maladaptive responses to emotional experiences (Pos & Greenberg, 2012). For example, if a child's attempts for autonomy is responded to with criticism or rejection from parents, the child may develop a maladaptive emotion schema in which autonomy is associated with fear or shame. In adulthood, when the person is criticized or rejected, this maladaptive schema may be activated unconsciously (Greenberg, 2004). Therefore, investigation of the structure of emotion schemas and, if necessary, the modification of structures are the main goals of EFT interventions to achieve therapeutic change (Greenberg, 2004; Vrana & Greenberg, 2018).

4. Principles of Working with Emotion

EFT provides a unique framework for working with emotional processes, and use targeted techniques to trigger and transform clients' emotional experiences (Pos & Greenberg, 2007). During the EFT sessions, clients are assisted to maintain experiential participation in accessing and symbolizing emotional experiences for reflection and the creation of new meanings (Angus, 2012). That is, emotional processing- experiencing emotions and working with the emotional

meanings of emotional experiences in sessions- provides the desired change in maladaptive emotions, problematic emotional schemas, and distorted self-narratives (Pos et al., 2003). Based on the framework of EFT, Pos and Greenberg (2012) pointed that five principles help the emotional change process in the treatment. The principles are emotional awareness, emotional arousal and expression, emotion regulation, reflection on emotion, and emotion transformation. The principles were explained in detail in the following paragraphs.

4.1. Emotion Awareness

The first and most important principle in the EFT approach is to increase the emotional awareness of clients. Since emotion is a kind of meaning system that provides feedback from the body and mind, people can become aware of the importance of events for their well-being through emotional awareness. Therefore, this approach puts emphasis on the importance of being in touch with emotions and the accurate symbolization of current emotional experiences in the process of change (Greenberg, 2002). In this process, the emotional coach's main task is assisting clients to accept, tolerate, and regulate their emotions. By doing so, clients can accept their emotional experiences and learn to use them in an effective way to improve coping instead of emotional avoidance (Greenberg, 2004). During the sessions, clients are asked to focus on their bodies, and assisted to discover and label their emotions to raise emotional awareness. To raise awareness and define the problem, emotions must be labelled because when emotions are labelled, it is difficult to escape from the reality of them. Thus, it becomes easier to initiate the emotional process and obtain functional information from current emotions (Çelik & Aydoğdu, 2018; Greenberg, 2002; 2008). Therefore, during the sessions, clients are guided to understand the meaning of their emotions and clarify their needs or concerns. Thereby, emotions can gain informational value to act in a purposive way. In other words, once clients gain emotional awareness, they can understand their experiences and these experiences can be assimilated into their self-narratives. That is, the awareness and symbolization of the emotional experience in words provide access to adaptive information for behaviour (Greenberg, 2004).

4.2. Emotional Arousal and Expression

In the second principle, the main focus is on primary emotions. The emotional arousal and expression processes are more than the discharge of secondary emotions. This process involves overcoming avoidance of previously constricted primary emotions (Angus, 2012; Greenberg, 2008). According to EFT, even if some emotions are painful, clients should improve their ability to approach and express these emotions. Only in this way, they can become aware of their real emotions and discover their distorted beliefs or thoughts that they used to avoid their primary emotions (Çelik & Aydoğdu, 2018; Greenberg, 2010).

This principle also aims to help clients to clarify their main concerns and encourage them to achieve their goals. Therefore, first, clients are motivated to approach their undesired emotions. To prevent avoidance, the explicit beliefs should be changed (e.g. men do not show their emotions or fear is a weakness). Second, clients are taught how to get in touch with their emotions. When contact is made with the emotional experience, clients are assisted to investigate and make sense of this experience. It is important to add that the quality of the working alliance impacts the effect of emotional arousal (Angus, 2012; Greenberg, 2008).

4.3. Emotion Regulation

The third principle in the EFT approach is emotion regulation. Although individuals are exposed to emotional experiences at any time, they cannot experience their primary maladaptive emotions in every context or situation. If current emotions are not adaptive or if emotions are not properly expressed, they may cause difficulty in daily life. Emotion regulation refers to how individuals try to affect which emotions they have, and how they experience or display them (Gross & Thompson, 2007). Being aware of the requirements (i.e. social, emotional, and cognitive) of a given situation to reduce, maintain, or increase the intensity of current emotions is essential for emotion regulation (Gross, 2008).

In EFT sessions, emotion coaches aim to improve clients' emotion regulation skills. These skills include understanding and labelling emotions, experiencing and tolerating emotions, increasing desired emotions, decreasing unwanted emotions, self-soothing, breathing, and distraction (Greenberg, 2008; Gross, 2008; Yükcü & Demircioğlu, 2017). During the sessions, the first step in initiating the regulation of emotions is to provide a safe and supportive atmosphere, and empathic therapy environment. Then, the coach helps clients to improve their skills to regulate their uncontrolled secondary emotions and primary maladaptive emotions (Greenberg, 2004; Gross, 2008).

4.4. Reflection on Emotion

The reflection on emotion is the fourth principle of emotional change. Emotion reflection gives clients a new perspective of self, others and the world, and a new way to express their current emotional experiences. In other words, with the reflection of emotions, situations are given new meanings, experiences are revised, and new ideas about self, others and the world are developed (Greenberg, 2008; 2010). This process involves both making meaning of emotions and assimilation of unprocessed emotions into the self-narratives (Angus & Kagan, 2013). The effective use of this process allows clients to understand the underlying causes of their emotional reactions. However, to understand an emotional experience, clients need to symbolize emotion in words and put it into the narrative form. In addition; needs, thoughts, experiences, and goals can be redefined by reflecting emotions and organized into coherent self-narratives (Çelik & Aydoğdu, 2018; Vrana & Greenberg, 2018). This process is essential because verbalizing traumatic memories in words has a beneficial effect on the autonomic nervous and immune systems, and psychological well-being. Therefore, not only emotional experiences but also self-narratives are changed in therapy sessions (Greenberg, 2008; 2010).

4.5. Emotion Transformation

The last principle in the process of emotional change is the transformation of emotions. This last principle involves the transformation of primary maladaptive emotions into primary adaptive ones (Angus, 2012; Greenberg, 2012). Note that, emotion transformation is more than catharsis, exposure or habitation (Greenberg & Pascual-Leone, 2006). In this process, maladaptive emotions are not purged. Instead, they are transformed by undoing them and activating more adaptive emotions. That is, during the sessions, maladaptive emotion schemas are activated and then they are changed by accessing more adaptive emotion schemas (Greenberg, 2008; Pos & Greenberg, 2007). Some of the techniques that can be used to access

new adaptive emotions and change old maladaptive ones are cognitive change, positive imagery, shifting attention, expressive enactment of the emotion, expressing the emotion for the client, remembering another emotion, and accessing needs (Greenberg, 2008).

5. Three Phases of Therapy

The general framework of EFT can be divided into three phases: (1) Bonding and awareness, (2) Evoking and exploring, (3) Emotional transformation. The main aim of the first phase is to raise awareness about emotional experiences. During this phase, clients' emotional responses are evaluated whether they are adaptive or maladaptive (Greenberg, 2010). In addition, cognitive-emotional processes and physical sensations experienced by clients are identified. Note that, such aims can be achieved by helping clients to express their emotions and establish a positive relationship with their emotions. By using Rogerian techniques (e. g. empathy and unconditional positive regard), a rationale can be established to work with emotions (Greenberg, 2010; Vrana & Greenberg, 2018). In the second phase, EFT therapists help clients to experience painful experiences or discover their unpleasant emotions. Thus, distorted emotion schemas can be stimulated and understood by clients (Çelik & Aydoğdu, 2018; Greenberg, 2010; Vrana & Greenberg, 2018). In the third phase, the core dysfunctional emotions are accessed and transformed into adaptive emotions. At this phase, the EFT therapist's tasks include supporting the formation of emotional resources by identifying the primary needs and objectives of clients, providing support for the development of positive attitudes towards the self, developing self-soothing skills, and improving emotional regulation skills (Vrana & Greenberg, 2018). The therapy ends with creating alternatives, strengthening new emotional experiences, and reflecting the aroused emotions to create the meaning of the new self-narratives (Çelik & Aydoğdu, 2018; Greenberg, 2010; Vrana & Greenberg, 2018).

6. Marker and Task

One of the defining characteristics of EFT is that the interventions are marker guided and process directive. That is, clients' current states are seen as markers of underlying emotional problems and these markers guide the therapist to choose the right techniques. If a client wants to work on a specific problem, the EFT therapist decides on the type of intervention or task (Vrana & Greenberg, 2018). The six main markers and tasks are explained below.

6.1. Problematic Reaction Point

Marker: When a client expresses confusion about his/her emotional or behavioral responses to a particular situation, it is seen as a marker for a problematic response. For instance, a client may say "Yesterday I went to school and I felt depressed. I am not sure why I felt that way.". From the perspective of ESM, such statements are considered a sign of a problematic reaction point (Çelik & Aydoğdu, 2018; Vrana & Greenberg, 2018).

Task: The systematic evocative unfolding technique is recommended to work with such problematic reactions (Rice & Saperia, 1984). In this task, the main purpose is to discover the implicit meaning of a situation to make sense of a given response (Vrana & Greenberg, 2018). In this technique, the EFT therapist helps clients to visualize problem scenes (Elliott et al., 2004). To increase the intensity of the emotional responses of the client during visualization,

stimulating reflections and questions are used by the therapist (Vrana & Greenberg, 2018). In this technique, it is important to use concrete and expressive language to facilitate the process (Elliott et al., 2004). The task ends when clients become aware of their ways of responding to a specific stimulus (Vrana & Greenberg, 2018).

6.2. Unclear Felt Sense

Marker: The unclear felt sense means that the client is unable to reach the deep meaning of a particular experience and cannot express this experience by words. Instead, the client experiences discomfort or distress due to this experience (Greenberg et al., 1993). For example, a client might say “There is something wrong about the job but I do not know what it is. It really makes me uncomfortable.”. Such statements are considered a sign of an unclear felt sense (Vrana & Greenberg, 2018).

Task: In the focusing method, the EFT therapist helps the client to understand the ambiguous and complex feelings by focusing on the client’s bodily sensations and verbal expressions (Cornell, 1996; Leijssen, 1998). Through a series of exploratory questions (i.e. Socratic questioning), clients are guided to understand their primary emotions, explore broader connections between their emotions and a particular situation, and create new meanings about a particular situation (Elliott et al., 2004; Vrana & Greenberg, 2018).

6.3. Conflict or Self-Critical Split

Marker: In the case of a self-critical split, one part of the self-expresses a harsh criticism toward another part of the self (Elliott et al., 2004). For example, a client might say “I feel like a failure.” or “I should have gone further in my career so far.”. Similarly, a client may express that there are two opposing aspects of the self. For example, a client might say “One part of me wants to leave school but another part thinks that it is a bad idea.”. Such statements are considered a sign of a self-critical split (Vrana & Greenberg, 2018).

Task: In self-critical splits, the task involves immediate within-session goals. First, the critical aspects of the self are revealed and the critical behaviors are recognized by clients. Then, the EFT therapist helps them to access their suppressed statements that need to be expressed (Elliott & Greenberg, 2007). Two-chair dialogue is a useful technique to solve such conflicts between the two parts of the self or resolve conflicts in which one part of the self dominates the other (Elliott et al., 2004). In this technique, two chairs symbolize each part of the self and these two parts communicate with each other. During the technique, clients are encouraged to symbolize and express their primary emotions such as sadness at a loss (Elliott et al., 2004; Greenberg, 2010). In addition; the thoughts, feelings, and needs of each part of the self are revealed and expressed to the other part. In short, this technique aims to reduce harsh criticism and improve negotiation or integration between the parts (Angus et al., 2008; Goldman et al., 2011).

6.4. Self-Interruptive Split

Marker: In the case of a self-interruptive split, the client reports distress as a result of the constriction such as feeling blocked (Greenberg, 2010). For example, the client might state that “I cannot say it. I feel like I have no voice.”. The self-interruptive split is used to protect the self from the potential negative consequences of experiencing or expressing an emotion. Some

of the feared negative consequences are becoming overwhelmed by the emotion, being unable to live with the emotion, and being abandoned, rejected or victimized by someone else (Vrana & Greenberg, 2018).

Task: Similar to the former one, to solve this conflict, two chair dialogue is used. Each aspect of the self is accepted and their associated thoughts, emotions, and concerns are communicated (Greenberg, 2010). This conflict is solved when the client is able to freely express, accept, and integrate the blocked experiences (Vrana & Greenberg, 2018).

6.5. Unfinished Business

Marker: If a client expresses a suppressed primary emotion or an unresolved emotion toward a significant other, this is evaluated as a marker of unfinished business (Greenberg et al., 1993). In other words, in unfinished business, instead of expressing primary emotion such as anger; clients may express their secondary reactive emotion such as hopelessness (Goldman et al., 2011; Vrana & Greenberg, 2018). For instance, a client may say “I did not forgive my mother for leaving me.” (Elliott et al., 2004). That is, a client may experience unresolved emotion or the primary emotion might be interrupted or restricted which is considered a sign of an unfinished business.

Task: The empty-chair technique is recommended to deal with unresolved emotions such as mourning, anger, and frustration. In this technique, the client explains suppressed emotions to an imaginary significant other that provides the expression of unmet needs. Furthermore, this technique allows clients to evaluate the events from the perspectives of others, thus clients can develop new perspectives on the situation. During the technique, the EFT therapist’s role is not to resolve the conflict between two people. Instead, the therapist helps clients to discover their unresolved primary emotions and express their unmet needs. The conflict is solved and the technique ends when clients feel valued and ready to forgive the other person (Elliott et al., 2004; Goldman et al., 2011; Vrana & Greenberg, 2018).

6.6. Vulnerability

Marker: Vulnerability can be defined as a state in which a client feels fragile, embarrassed or insecure. For instance, if a client says “I feel like I do not have anything. I am done.”, this can be seen as a sign of vulnerability. Note that, clients often tend to hide the vulnerable part of the self from the therapist. Therefore, therapists should be alert for signs of clients’ hidden vulnerability (Greenberg, 2010; Vrana & Greenberg, 2018).

Task: When clients feel embarrassed or insecure about some aspects of their experience, they need empathic attunement from the therapist. In such cases, the EFT therapist should capture the content of the client’s feelings and pay attention to the emotional tone of their experiences (Elliott et al., 2004; Greenberg, 2010; 2017). The EFT therapist’s goal in this task is to help the clients to communicate with the vulnerable aspect of their experiences. The therapist should normalize clients’ experiences of vulnerability and the therapist’s sentences should reflect how clients define their experiences. In this way, clients can recognize that the emotional pain is understood by the therapist that helps to reduce it (Greenberg, 2010). Empathic attunement also

allows clients to feel a stronger sense of self-organization and a low level of isolation (Elliott et al., 2004; Greenberg, 2010; Vrana & Greenberg, 2018).

In addition to the original six markers and tasks, several techniques have been added. Some of these techniques are self-soothing, narrative reconstruction, distraction, establishing a working distance, and breathing (Greenberg, 2008; Vrana & Greenberg, 2018).

7. Effectiveness of Emotion-Focused Treatments

EFT is an empirically-based effective treatment for individuals who are struggling with childhood abuse and trauma, depression, personality disorders, and eating disorders (Ellison et al., 2009). According to Greenberg (2010), these disorders originated from the same underlying processes, including core maladaptive emotion schemas, emotional avoidance, and difficulties in emotion regulation. Therefore, EFT provides an effective framework for working with these psychological disorders. In the following sections, the application of EFT to specific types of disorders is briefly discussed.

7.1. Childhood Abuse and Trauma

Previous studies have revealed the effectiveness of EFT with a variety of traumatized populations, including adult survivors of childhood abuse (emotional, physical, and sexual). (Dalton et al., 2013; Fosha et al., 2009; Greenberg & Pascual-Leone, 2006; Paivio & Nieuwenhuis, 2001). After a traumatic event, individuals may feel intense fear, anxiety or panic. They may construct an emotional schema that generated maladaptive emotional processes associated with the traumatic event. The reminders of this traumatic event may activate the emotional schemas of the vulnerable self and unsafe world. Therefore, traumatized individuals may avoid some particular situations but avoidance may lead to a discontinuity in the meaning-making process of such events (Cucu-Ciuhan, 2015).

Considering that trauma causes unprocessed emotions, so therapy should provide a secure context to address unprocessed emotions. From the perspective of EFT, the therapeutic relationship and the emotional processing of the traumatic memories are the most important mechanisms of change when working with traumatized clients (Dalton et al., 2013; Fosha et al., 2009). From this perspective, an important task in the therapeutic process is to enhance the clients' self-concept, re-establish the idea that the world is trustworthy, and reconstruct their maladaptive emotional schemas (Cucu-Ciuhan, 2015). During the EFT sessions, such clients' emotional schemas are re-established and the gap in the memory is filled by facilitating the expression of emotions associated with the traumatic event. In particular, re-experiencing a traumatic event in the therapy session leads to clarifying unfinished aspects of the event and reduces the traumatized clients' emotional burden (Cucu-Ciuhan, 2015; Ehlers et al., 2014).

Similarly, when working with the victims of childhood abuse, accessing the feelings and memories related to abuse, and exploration and transformation of them are the main aims of EFT sessions. Three therapeutic tasks are especially important in such clients. First, a safe and collaborative working alliance should be established because empathic responses from the therapist may increase self-esteem and decrease distress levels (Holowaty & Paivio, 2012). The second task is the reduction of avoidance and the elimination of defense mechanisms.

Therefore, the therapist should help the client to reduce the feelings of shame and guilt about abuse. In addition, the therapist should help the client to reduce excessive control over emotional experiences. The third task involves the resolution of problems with abusive and neglectful others. In such clients, the marker should be unfinished business and the task should be the empty chair technique to evoke trauma material. Since this technique allows clients to express their constricted feelings to the imagined other, the expression of intense anger and sadness provides recovery. Also, this technique makes it possible to reconstruct the emotional schemas of the victims (Paivio & Nieuwenhuis, 2001).

7.2. Depression

Empirical evidence has shown that EFT is an evidence-based treatment for depression (Angus & Kagan, 2013; Connolly-Zubo et al., 2020; Dessaulles et al., 2003; Greenberg, 2017; Greenberg & Watson, 1998; Goldman, 2006; Watson, 2003). A previous study reported that more than three-quarters of the clients were satisfied with the effect of EFT. The clients reported a decrease in symptoms and an enhancement in their well-being after the treatment. The clients, who have previously received a different type of treatment, also reported that EFT was more effective than the previous one (Ellison et al., 2009).

According to EFT therapists, depression occurs as a consequence of problems in affect regulation. In addition, blocked or unprocessed emotional experiences may lead to depression. To find the source of depression, EFT therapists aim to reveal habitual maladaptive emotional states such as feelings of shame-based worthlessness or powerlessness. Once these maladaptive states are accessed, adaptive emotions are used to transform the maladaptive ones to construct new meanings in life (Angus et al., 2008). At the beginning of the therapy, the emotional experience capacity and the emotional processing style of the client are monitored by the EFT therapist (Goldman et al., 2011). Then, the two-chair dialogue and empty-chair dialogue techniques are commonly used techniques in the EFT sessions for the treatment of depression (Angus et al., 2008; Robinson et al., 2014). The two-chair dialogue technique is preferred to uncover self-critical, self-evaluative, and self-interruptive conflict splits (Ribeiro et al., 2014). The empty-chair dialogue technique is preferred to reveal unfinished business with an important other or unresolved feelings toward a significant person (Goldman et al., 2011). Besides, the systematic evocative unfolding technique is preferred to explore clients' problematic responses to the events. Likewise, the focusing technique is recommended to understand and symbolize implicit experiences of depressive clients (Angus et al., 2008). In addition; emotional arousal and focusing on bodily sensations have been found effective in the reduction of depressive symptoms (Goldman et al., 2011).

When working with depressed clients, the creation of an emotionally compatible self-narratives is also important for the process of change because self-narratives guide future actions and life satisfaction is related to how events fit into the expectations of individuals. If clients do not create an emotionally coherent story of the annoying life events, self-continuity and the sense of control reduce (Angus & Kagan, 2013; Ribeiro et al., 2014). In contrast, if the meaning of a particular emotion triggering event is understood, it can be incorporated within a narrative framework. Thus, it enhances the self-narrative and increases personal awareness or well-being (Angus, 2012). In short, from the perspective of EFT, the creation of new meanings and the

development of new self-narratives can help reduce the severity of symptoms and reduce the likelihood of relapse in depression (Goldman et al., 2011).

7.3. Eating Disorders

EFT provides a framework for understanding the pathogenesis of emotional difficulties in eating disorders (Dolhanty & Greenberg, 2007). Distressing emotions have an important role in the emergence and maintenance of eating disorders. For individuals with eating disorders, emotions are unbearable and dangerous, and must be avoided. For example, emotions are over-regulated, very restricted, and impoverished in anorexia nervosa. Similarly, emotional functioning is chaotic and unmodulated in bulimia nervosa. Therefore, such individuals use problematic eating habits (e.g. vomiting and bingeing) as effective ways to avoid unwanted emotions and have relief (Dolhanty & Greenberg, 2007; Greenberg, 2010). In other words, trying to control the body can be understood as an attempt to regulate emotions, and problematic eating behaviors can be seen as a coping mechanism for unwanted emotions (Kearney-Cooke & Striegel-Moore, 1997). In short, the emotion regulation function of eating disorders arises from the attitudes of people struggling with these disorders towards their emotions. Over time, the desire to escape from painful emotions by controlling the eating behavior often leads to an increase in symptoms (Dolhanty & Greenberg, 2007; Greenberg, 2010).

During the EFT sessions, the main goals of the EFT therapists are to go beyond secondary emotions such as anger or despair, and access to primary maladaptive emotions such as fear and shame. By doing this, maladaptive emotions can be changed with adaptive emotions and dysfunctional behaviour patterns are no longer used to regulate emotions (Dolhanty & Greenberg, 2007; Greenberg et al., 1993). That is, identifying and transforming core maladaptive emotion schemas allows clients to regulate, express and experience their emotions, leading to symptom reduction and recovery (Glisenti et al., 2021). In addition, during the EFT sessions, rather than trying harder to change problematic eating patterns, clients are assisted to improve their stress management, self-soothing and emotion regulation skills (Greenberg, 2010). Some of the recommended EFT techniques for the treatment of eating disorders are empathy, the two-chair dialogue technique, and the empty-chair technique (Dolhanty & Greenberg, 2007).

7.4. Personality Disorders

Several researchers have revealed that EFT techniques are also effective in the treatment of personality disorders (Kramer & Pascual-Leone, 2018; Pos, 2014; Pos & Greenberg, 2012). Clients with personality disorders often experience difficulties in emotional awareness, emotion differentiation, and emotion expression. EFT techniques can help such clients increase their capacity to experience, regulate, understand and express their real emotions (McMain et al., 2008). In particular, EFT draws a framework for increasing self-cognitive awareness, provides emotional activation, and enhances the experience of self-coherence. Therefore, EFT strategies can be used to promote clients' capacity to discover their inner emotional worlds and explain their internal conflicts. In addition, EFT strategies can be used to explore the maladaptive relationships between the self-states in conflict because EFT techniques help clients understand

how their self-states are connected and how they beget each other. That is, with the help of EFT techniques, clients may have a more integrated sense of self (Pos & Greenberg, 2012).

The most frequently used EFT techniques in the treatment of personality disorders are the two-chair dialogue and empty-chair dialogue techniques to deal with self-critical splits (Pos & Greenberg, 2012). The EFT therapists also teach such clients adaptive emotion regulation strategies such as expressing emotion for the client. Considering that people with personality disorders have difficulties in interpersonal relations, the therapist also focuses on reducing feelings of shame, isolation, and helplessness with empathic understanding and unconditional positive acceptance (Pos & Paolone, 2019). In addition, self-soothing techniques are recommended to help clients understand their emotional world. Once they become aware of the situational triggers, their needs, action tendencies, and the distinction between their secondary and primary emotions, the emotional world becomes understandable. By doing so, emotional distress decreases throughout the therapy process, leading to an increase in the integrity of personality and a decrease in the symptoms of personality disorder (Pos, 2018).

CONCLUSION AND RECOMMENDATIONS

The effects of emotions on daily life, social relations and psychological well-being are undeniable, as maladaptive emotions can lead to serious problems in daily life. In addition to problems in daily life, evidence has revealed that avoidance and over engagement with emotions are related to several psychological and physical problems (Gross, 2002; Salovey et al., 2000; Segerstrom et al., 2003). Considering the importance of emotions, the role of emotion in psychotherapeutic change is both crucial and complex. Treatments that focus on eliminating psychological problems by ignoring emotions can lead to the continuation of dysfunctional emotions, thus psychological problems may not be solved effectively. Contrary to such treatments, EFT places emotions at the center of therapy and emotions are used as a driving force in therapy (Çelik & Aydoğdu, 2018). As explained in detail in the previous sections, EFT provides important insight into different types of emotional expression and emotional change in therapy, and different principles of interventions. These explanations allow for a clearer understanding of the role of emotions in psychotherapy and how emotions are involved in therapeutic change (Greenberg & Safran, 1989). Although EFT does not deny the importance of creating new cognitions and making changes in behavior, it emphasizes the importance of emotional awareness and emotional acceptance. That is, EFT argues that emotional change should be the main focus of the interventions to provide a permanent change (Çelik & Aydoğdu, 2018).

Moreover, the tasks and markers of EFT allow therapists to conduct task-focused sessions and assure a faster way to identify and resolve the core difficulties in emotional processing (Goldman et al., 2006). Therefore, EFT's assumptions about emotions and its explanations about the integration of emotions in the therapy process have recently become the focus of other approaches such as cognitive approach, cognitive-behavioral approach, and psychoanalytic theory (Çelik & Aydoğdu, 2018; Foa & Kozak, 1986; Greenberg, 2002; Greenberg & Safran, 1989; Subic-Wrana et al., 2016). Currently, theories have begun to focus more on emotional experiences, both in the therapy setting and in interpersonal relationships (Çelik & Aydoğdu, 2018).

In addition, the EFT perspective not only provides therapists with a framework to work effectively with emotions, but also enables clients to acquire abilities in emotion processing. In particular, EFT aims to enable clients to accept their emotions, differentiate primary adaptive ones from maladaptive ones, and transform maladaptive emotions to optimize the well-being of the clients (Çelik & Aydoğdu, 2018). During the sessions, clients are trained to label, experience, explore, change, and manage their emotions. In other words, clients gain the ability to access significant information and meanings about their experiences and use this information to live adaptively, which reduces the likelihood of similar problems recurring in the future (Greenberg, 2007). In this respect, it distinguishes itself from the traditional approaches and draws a new and effective framework for the treatment of several psychological disorders (Çelik & Aydoğdu, 2018).

To conclude, this review paper mainly aimed to emphasize the importance of EFT for clients and clinicians by providing information about the basic principles of EFT, the stages of the therapy process, fundamental EFT techniques, and the psychological problems in which EFT is effective. Based on the framework of EFT, it is possible to recommend that therapists should use reassurance, opened and closed questions, restatement, and reflection to enhance clients' skills to explore their emotions. To improve insight skills; therapists should use a variety of therapeutic skills such as challenge, interpretations, self-disclosure, and immediacy. To enhance action skills, therapists should provide feedback to clients about the therapy process and direct guidance (Cunha et al., 2012). In addition, regardless of the theoretical approach, it is possible to suggest that if therapists in all theoretical approaches use EFT techniques in an integrated way while working with their clients, they can provide efficient, permanent and effective work with their clients' emotions. Considering that EFT is a relatively less applied approach compared to the other approach and EFT studies are relatively rare in the literature, this review paper may enable EFT to become a more frequently applied approach in clinics in Turkey and increase research on EFT.

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