Premises EFT and Emotion Assessment. ¹ (Part1)

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Abstract: Emotion is seen as foundational in the construction of the self and is a key determinant of self–organization. People, as well as simply having emotion, also live in a constant process of making sense of their emotions. In Emotion-focused therapy (EFT), distinctions between different types of emotion provide therapists with a map for differential intervention. EFT therapists are trained to identify markers of different types of problematic emotional processing problems and to intervene in specific ways that best suit these problems.

A major premise of EFT is that emotion is fundamental to the construction of the self and is a key determinant of self-organization. At the most basic level of functioning, emotions are an adaptive form of information-processing and action readiness that orient people to their environment and promote their well-being (21, 2, 22, 23). Emotions are seen by contemporary emotion theorists as significant because they inform people that an important need, value, or goal may be advanced or harmed in a situation. Emotions, then, are involved in setting goal priorities (24) and are biologically-based tendencies to act that result from the appraisal of the situation based on these goals, needs, and concerns (23, 2).

Emotion is a brain phenomenon vastly different from thought. It has its own neuro-chemical and physiological basis and is a unique language in which the brain speaks. The limbic system is fundamentally involved in basic emotional responses (25). It governs many of the body's physiological processes and thereby influences physical health, the immune system and most major body organs. Le Doux (25) found that there are two different paths for

producing emotion: The shorter and faster amygdala pathway which sends automatic emergency signals to brain and body, and produces gut responses, and the longer, slower neo-cortex pathway which produces emotion mediated by thought. This developed because clearly it was adaptive to respond quickly in some situations, but at other times better functioning resulted from the integration of cognition into emotional response by reflecting on emotion.

EFT suggests that the developing cortex added to the emotional brain’s in-wired emotional responses the ability for complex learning and to form internal organizations (neural networks) that produced emotional responses to learned signs of what had evoked emotion in a person’s own life experience. Emotional memories of lived emotional experience are seen as being formed into emotion schemes (5, 26, 27). By means of these internal organizations or neural programs people react automatically from their emotion systems, not only to inherited cues, such as looming shadows or comforting touch, but also to cues that they had learned were dangerous, like fear of one’s father’s impatient voice, or life enhancing, like a loved symphony, and these reactions are rapid and without thought. Emotion schemes are organized response- and experience-producing units stored in memory networks.

Thus rather than being governed simply by biologically and evolutionarily-based affect motor programs, emotional experience is formed by the synthesis of highly-differentiated structures that have been refined through experience and are bound by cultural learning into emotion schemes (5, 28) Emotion schematic processing is the principal source of emotional experience and the target of intervention and therapeutic change in emotion-focused therapy (5, 26).

Emotion schemes are seen as being formed from emotional events such as betrayals or abandonments that result in emotional reactions. The emotion will fade unless it is “burned” into memory. The more highly aroused the emotion the more the experience and the evoking situation will form a memory. An emotion scheme is thus formed by emotions being
connected to memories of the self in the situation. As a result the emotional response can be recreated again and again long after the event. Then a memory of the painful event or a reminder of it stimulates an emotional response.

Changing the emotion schematic memory structures in therapy most likely occurs through the recently investigated process of memory reconsolidation (29, 30). The classic view of memory suggests that immediately after learning there is a period of time during which the memory is fragile and labile, but that after sufficient time has passed, the memory is more or less permanent. During the consolidation period, it is possible to disrupt the formation of the memory; once this time window has passed, the memory may be modified or inhibited, but not eliminated. Recently however an alternative view of memory has been developed suggesting that every time a memory is retrieved, the underlying memory trace is once again labile and fragile – requiring another consolidation period, called reconsolidation. This reconsolidation period allows another opportunity to disrupt the memory. The possibility of disrupting a previously acquired emotion schematic memory by blocking reconsolidation has important clinical implications.

A Dialectical Constructivist View: Integrating Biology and Culture

As well as simply having emotion, people also live in a constant process of making sense of their emotions. An integration of reason and emotion is achieved via an ongoing circular process of making sense of experience by symbolizing bodily-felt sensations in awareness and articulating them in language, thereby constructing new experience (31, 32, 5, 33, 28, 34, 35, 36). How emotional experience is symbolized influences what the experience becomes in the next moment. Therapists therefore need to work with both emotion and meaning making and facilitating change in both emotional experience and the narratives in which they are embedded (37).
**Emotion Assessment**

We have proposed a system of process diagnoses in which it is important to make distinctions in the therapy session between different types of emotional experiences and expression that require different types of in-session intervention (26, 38). *Primary emotions* are the person’s most fundamental, direct initial reactions to a situation, such as being sad at a loss. *Secondary emotions* are responses to one’s thoughts or feelings rather than to the situation, such as feeling angry in response to feeling hurt or feeling afraid or guilty about feeling angry.

The next crucial distinction to be made is between primary states that are adaptive and are accessed for their useful information and primary states that are maladaptive and need to be transformed. *Maladaptive emotions* are those old, familiar feelings that occur repeatedly and do not change. They are feelings, such as a core sense of lonely abandonment, the anxiety of basic insecurity, feelings of wretched worthlessness, or shameful inadequacy that plague one all one’s life. These maladaptive feelings neither change in response to changing circumstance nor provide adaptive directions for solving problems when they are experienced.

Primary adaptive emotions need to be accessed for their adaptive information and capacity to organize action, whereas maladaptive emotions need to be accessed and regulated in order to be transformed. Secondary emotions need to be reduced by exploring them to access their more primary cognitive or emotional generators.

**Therapy**

EFT intervention is based on two major treatment principles: The Provision of a therapeutic relationship and the Facilitation of therapeutic work (5). The relational style is Person centered (39), which involves a way of being with patients characterized by entering the clients internal frame of reference, and empathically following the clients experience. This is combined with a more guiding, process directive Gestalt therapy style (40) of engaging in
experiments to deepen experience. The overall therapeutic style thus combines being with doing and following with leading.

The hallmark of EFT is that in addition to providing an empathic relationship the therapist also guides clients emotional processing in different ways at different times. In this process certain client in-session states which are markers of underlying affective/cognitive processing problems are seen as offering opportunities for differential interventions best suited to help facilitate productive work on that problem state.

**Markers and Tasks**

A defining feature of EFT is that intervention is *marker guided and process directive*. Research has demonstrated that clients enter specific problematic emotional processing states that are identifiable by in-session performances that mark underlying affective problems and that these afford opportunities for particular types of affective intervention (5). Client markers indicate not only the type of intervention to use but also the client’s current *readiness* to work on this problem. EFT therapists are trained to identify markers of different types of problematic emotional processing problems and to intervene in specific ways that best suit these problems. Each of the tasks has been studied both intensively and extensively and the key components of a path to resolution and the specific form that resolution takes has been specified. Thus models of the actual process of change acts as a map to guide the therapist intervention.

The following main markers and their accompanying interventions have been identified (5):

1) *Problematic reactions* expressed through puzzlement about emotional or behavioral responses to particular situations. For example a client saying “on the way to therapy I saw a little puppy dog with long droopy ears and I suddenly felt so sad and I don’t know why”.

Problematic reactions are opportunities for a form of intervention that involves vivid
evocation of experience to promote re-experiencing the situation and the reaction to finally arrive at the implicit meaning of the situation that makes sense of the reaction (5). Resolution involves a new view of self-functioning.

2) An *unclear felt sense* in which the person is on the surface of, or feeling confused and unable to get a clear sense of his/her experience, “I just have this feeling but I don’t know what it is” An unclear felt sense calls for *focusing* (41) in which the therapist guides clients to approach the embodied aspects of their experience with attention and with curiosity and willingness, to experience them and to put words to their bodily felt sense. A resolution involves a bodily felt shift the creation of new meaning.

3) *Conflict splits* in which one aspect of the self is critical or coercive towards another aspect, for example a woman in therapy says “I feel inferior to them, Its like “I’ve failed and, I’m not as good as you”. Self-critical splits offer an opportunity for *two-chair work*. In this two parts of the self are put into live contact by dialoguing with each other. Thoughts, feelings and needs within each part of the self are explored and communicated in a dialogue to achieve a softening of the critical voice. Resolution involves an integration between sides and self-acceptance.

4) *Self-interruptive splits* arise when one part of the self-interrupts or constricts emotional experience and expression, “I can feel the tears coming up but I just tighten and suck them back in, no way am I going to cry”. *Two chair enactment* is used to make the interrupting part of the self-explicit. Clients are guided to become aware of how they interrupt and to enact the ways they do it, be it by physical act (choking or shutting down the voice), metaphorically (caging), etc., or verbally (“shut up, don’t feel, be quiet, you can’t survive this”), so that they can experience themselves as an agent in the process of shutting down. They then are invited to react to and challenge the interruptive part of the self. Resolution involves expression of the previously blocked experience.
5) An *unfinished business* marker involves the statement of a lingering unresolved feeling toward a significant other such as the following said in a highly involved manner, “my father, he was just never there for me. I have never forgiven him, deep down inside I don’t think I’m grieving for what I probably didn’t have and know I never will have”. Unfinished business toward a significant other calls for an *empty-chair intervention*. Using an empty-chair dialogue, clients activate their internal view of a significant other and experience and express their unresolved feelings and needs. Shifts in views of both the other and self occur. Resolution involves holding the other accountable or understanding or forgiving the other.

6) *Vulnerability* is a state in which the self feels fragile, deeply ashamed, or insecure, “I just feel like I’ve got nothing left. I’m finished. It’s too much to ask of myself to carry on”. Vulnerability calls for *affirming empathic validation*. When a person feels deeply ashamed or insecure about some aspect of his/her experience, above all else, clients need empathic attunement from the therapist who must not only capture the content of what the client is feeling but also note the vitality affects of the client mirroring the tempo rhythm and tone of the experience. In addition the therapists need to validate and normalize the client’s experience of vulnerability. Resolution involves the strengthened sense of self that results from empathic attunement to affect.

A number of additional markers and interventions such as, trauma and narrative retelling, alliance repair at ruptures, self-compassion at markers of self-contempt, self-soothing at anxious dependence, meaning making at markers of emotional high distress, and clearing a space at markers of confusion, and more, have been added to the original six markers and tasks (see 42, 12).

**References** (Including Reference Part 2 & Part 3)


