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This book is the definitive resource for anyone looking to deepen their understanding of emotion-focused therapy. Elliott, Watson, Goldman, and Greenberg have crafted a richly layered guide that rewards close reading and reflection. Offering practical wisdom for therapists at every level, this is a game-changing addition to any clinician's library.

—Antonio Pascual-Leone, PhD, C Psych, Full Professor, Department of Psychology, University of Windsor, Windsor, ON, Canada; author of *Principles of Emotion Change: What Works and When in Psychotherapy and Everyday Life*; coauthor of *Emotion-Focused Therapy for Complex Trauma: An Integrative Approach, Second Edition*

I have been waiting for this edition! In this volume, the founders of emotion-focused therapy share their clinical wisdom to support therapists who are just learning this approach. Chapters bring to life not only the theory of this therapy but provide guidance on what to do from moment to moment as a session progresses. What is so unique about their approach to training is that the recommendations are not framed in a prescriptive and rigid manner. Instead, cues and markers are described via many transcripts and case examples, so therapists learn from the start to adjust interventions to meet their clients' needs. Because of this sensitivity to process and context throughout, becoming a responsive therapist is at the very heart of *Learning Emotion-Focused Therapy*.

—Heidi M. Levitt, PhD, Professor, Department of Psychology, University of Massachusetts Boston, United States

This is an outstanding book—one of the best books I've read on therapy. For those interested in learning about emotion-focused therapy, it is a treasure. It presents theory in an empathic way, which makes it easy to relate to and use in practice. It maps out detailed, step-by-step instructions for how to empathically respond to client problems and how to use emotion-focused techniques. But more: it integrates in both cultural sensitivity and a sensitivity to social justice issues. Finally, therapists of all persuasions will benefit from its insights into empathic relating, establishing a therapeutic relationship, and sensitive responsiveness to clients.

—Arthur C. Bohart, PhD, Santa Clara University, Santa Clara, CA; Professor Emeritus, California State University Dominguez Hills, Carson, United States

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As leading voices in emotion-focused therapy (EFT), Elliott, Watson, Goldman, and Greenberg offer a masterful update to a foundational text—an exceptional synthesis of clinical wisdom and empirical rigor. This second edition not only refines core EFT principles but also deepens our understanding of emotional processing, making it essential reading for therapists and researchers at all levels.

—J. Christopher Muran, PhD, Dean and Professor, Gordon F. Derner School of Psychology, Adelphi University, Garden City, NY; Principal Investigator, Psychotherapy Research Program, Icahn School of Medicine at Mount Sinai, New York, NY, United States

Effective therapy, regardless of orientation, embraces the profound power of emotion to heal and transform. *Learning Emotion-Focused Therapy, Second Edition* is a brilliant synthesis of decades of research and clinical expertise, offering a clear and compelling guide to the principles and techniques that drive emotional change. With precision and depth, this book illuminates the nuances of process-guiding techniques that optimize therapeutic impact. Whether you're new to emotion-focused therapy or a seasoned practitioner, this essential resource will elevate your practice, enrich the lives of your clients, and inspire your growth into a more skilled, attuned, and flourishing psychotherapist.

—Shigeru Iwakabe, PhD, President, The Society for Psychotherapy Research; Co-Editor-in-Chief, *Counselling Psychology Quarterly*; Professor, Department of Psychology, Ritsumeikan University, Kyoto, Japan

Here is an invitation for curious therapists to step *inside* emotion-focused therapy (EFT) from authors who know it deeply. Their book is rich in specifics that practitioners wonder about: What should I listen for? How do I relate to clients? What could I say or do? What if …? Yet it also conveys the *heart* of EFT, connecting to therapists' own meaning and emotion.

—William R. Miller, PhD, Emeritus Distinguished Professor of Psychology and Psychiatry, University of New Mexico, Albuquerque, United States

With this second edition, the authors have created the most extensive and remarkable presentation of emotion-based psychotherapy ever written. It capitalizes on 20 years of research, practice, and training by four individuals who are the leaders of this therapeutic approach. Readers will be surprised to discover how much there is to learn about facilitating emotional growth.

—Michael J. Lambert, PhD, Emeritus Professor of Psychology, Brigham Young University, Provo, UT, United States

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This book is a precious gift: to practitioners who want to expand and sharpen their clinical skills, to supervisors who want their trainees to become better therapists, and to the entire field of psychotherapy—whose primary mission is to foster the acquisition, implementation, and dissemination of effective strategies to decrease psychological suffering and increase self-actualization. This conceptually sophisticated, empirically based, and clinically oriented book belongs in every private practice, training program, and organization delivering mental health care services.

—Louis G. Castonguay, PhD, Liberal Arts Professor of Psychology, Pennsylvania State University, University Park, United States

This book stands out as the most comprehensive and detailed resource on experiential psychotherapy interventions available today. Authored by the leading experts in the field, it is both authoritative and readable, and brimming with clinical wisdom. The authors effectively break down the complexities of psychotherapy with clear, actionable guidelines, while still honoring the richness and depth of the human encounter. This book will be an invaluable resource for all clinicians, whether they seek to use it as a complete framework or as a source for integrating emotion-focused techniques to deepen their clinical practice.

—Jason Sharbanee, MPsych (Clinical), PhD, Senior Lecturer, School of Population Health, Curtin University, Perth, Australia

Whether you are an experienced emotion-focused therapy (EFT) therapist, are just starting to learn EFT, or are generally interested in psychotherapy, this book is essential. It offers an updated and profound understanding of and appreciation for the humanistic values in psychotherapy, explains the complex nature of emotions and how to facilitate them in psychotherapy, and provides vivid descriptions of how to develop your tools and yourself as a therapist. All in a reader-friendly and academically thorough and humble manner.

—Jan Reidar Stiegler, PhD, Research Director, Norwegian Institute for Emotion-Focused Therapy, Bergen, Norway

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1

Getting Started With Learning Emotion-Focused Therapy

Emotion-focused therapy (EFT; formerly known as process–experiential therapy) is a **humanistic–experiential psychotherapy** (HEP), that is, a therapy that emphasizes a facilitative (empathic, caring, genuine) client–therapist relationship, focuses on client experiencing, and aims to promote self-awareness, personal agency, and growth (Elliott et al., 2013; Elliott, Watson, et al., 2021; Greenberg et al., 1993). More specifically, EFT is aimed at helping clients process their emotions more effectively (Feldman Barrett & Salovey, 2002; Greenberg, 2015; Greenberg et al., 1993) so that they can deal with their problems and live in better harmony with themselves and others. The basic idea behind EFT is that emotions are adaptive, but they can become problematic when people are taught or learn to ignore or dismiss them, often because of past traumas Emotions tell us what is important in a situation and act as a guide to what we need or want; they help us figure out what actions are appropriate (see Chapter 3). Over time, being aware of emotions and learning to manage and use them gives us a sense of consistency and wholeness, and also connects us to each other. However, learning about emotions is not enough; instead, clients need to experience those emotions as they arise in the safety of the therapy session, where they can discover for themselves the value of greater awareness and more flexible management of emotions and ultimately transform **maladaptive emotions** (unhelpful, stuck emotions, primarily about old, painful experiences) into **adaptive emotions** (natural and appropriate responses to a current situation). That is what EFT

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does: It systematically and flexibly helps clients become aware of and transform their emotions.

There are two main branches of EFT today: First, **emotion-focused therapy** (which for present purposes we are going to refer to as "**EFTe**") is the subject of this book and started out as an individual therapy that has always emphasized *emotion* (hence the lowercase "e"). This branch was first presented by Greenberg et al. (1993) and was originally referred to as "process–experiential therapy." Second, **emotionally focused therapy** (we will call it "**EFTa**") is a prominent form of attachment-based couples therapy (the lower case "a" stands for *attachment*), which has evolved from the integrative couples approach originally developed by Greenberg and Johnson (presented in Greenberg & Johnson, 1986, 1988, and evaluated in S. M. Johnson & Greenberg, 1985). Today, EFTa's emphasis on attachment processes is in keeping with its origin as a couples therapy, where the central task is the repair of the attachment bond within couples. We will discuss the two EFTs further in Chapter 17; suffice to say for now that, from our point of view, all these approaches stem from a common source and are overlapping versions of the same "tribe" of the person-centered experiential therapies, integrated with a systemic perspective. Aside from the differences in the people involved, our view is that the differences between the two are relatively minor and differently described by different people. Clearly, both versions stem from the same sources: work on emotion in psychotherapy (Greenberg & Safran, 1984b, 1987), and the integration of humanistic–experiential and systemic perspectives in emotionally focused couples therapy (Greenberg & Johnson, 1988).

GETTING STARTED: THE ESSENCE AND PRACTICE OF EMOTION-FOCUSED THERAPY

EFT (Elliott et al., 2004; Greenberg, 2015; Greenberg & Goldman, 2019b) is an empirically supported, task-based, humanistic treatment, deriving from two main sources: First, via Laura Rice, Carl Rogers' (1951, 1961) **person-centered therapy**, which emphasizes therapist empathy, unconditional positive regard, and genuineness; and, second, via Harvey Freedman, Fritz Perls' (1969; Perls et al., 1951) **gestalt therapy**, which emphasizes authentic relating and in-session therapeutic "experiments" such as empty chair work. EFT integrates these sources and is also informed by elements of **existential therapy** (e.g., Yalom, 1980), which emphasizes human encounters and ultimate concerns such as mortality, freedom, and meaning, and **systemic therapy**, which sees people as embedded in larger relational systems, both internal and external (e.g., Greenberg & Johnson, 1988). However, EFT brings these approaches up to date with contemporary psychological theory. It is based on a 40-year program of psychotherapy research (Elliott & Greenberg, 2002; Elliott et al., 2003, 2013, 2021; Greenberg et al., 1994; Rice & Greenberg, 1984). EFT provides a distinctive perspective on emotion as a source of meaning, direction, and growth. What is most characteristic about EFT is its combination of neohumanistic

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perspective, basis in research, person-centered but process-guiding relational stance, therapist empathic exploratory response style, and marker-guided task strategy.

Neohumanistic Perspective

EFT is a unique integration of humanistic perspectives on human nature, dysfunction, and growth with contemporary emotion theory, along with a philosophical position that we call **dialectical constructivism**, which sees human beings as constituted by multiple parts or processes interacting with each other to create experience. It derives from Piaget's work on human development (see Greenberg & Pascual-Leone, 1995, 2001; J. Pascual-Leone, 1991; J. Pascual-Leone & Johnson, 2021). Thus, we describe EFT as a **neohumanistic** therapy in which therapists hold that experience is central, that people are greater than the sum of their parts, that people are capable of self-determination, that a growth tendency exists in all people, and that therapists need to be authentic and present with their clients. However, EFT therapists reframe all of these concepts in contemporary terms, primarily using emotion theory and dialectical constructivism, with therapy typically involving a dialectic of emotion and reason. For example, therapy often involves supporting a growth-oriented, organismic voice in its conflict with a more dominant negative voice that attempts to maintain the stability of familiar but negative states. (See Chapter 3 for an overview of the theory.)

Basis in Research

EFT developed out of research on **therapy process** (how change occurs) and **therapy outcome** (how much change occurs) and continues to develop through the active research programs of the current authors (e.g., Elliott, 2013; Goldman et al., 2006; Greenberg et al., 2008; Watson et al., 2011) and others, including Angus (e.g., Angus et al., 2017), S. M. Johnson (e.g., S. M. Johnson et al., 2013), Kramer (2019), Paivio (e.g., Paivio et al., 2010), A. Pascual-Leone (e.g., A. Pascual-Leone & Greenberg, 2007), Pos (e.g., Pos et al., 2010), Shahar (e.g., Shahar et al., 2017), Stiegler (e.g., Stiegler, Molde, & Schanche, 2018), Timulak (e.g., Timulak et al., 2017), and others. This research continues to help us refine existing therapeutic tasks, add new tasks, and apply EFT to new treatment populations, such as childhood abuse survivors and people with fragile or borderline personality processes. EFT tries to stay "close to the data," which include both the client's immediate experience and the results of research on therapy process and outcome. (We summarize the available outcome research in Chapter 2.)

Person-Centered but Process-Guiding Relational Stance

EFT is defined by a specific way of communicating with clients. There are different ways of describing this stance: One could say that the therapist

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integrates "being" and "doing" with the client (Greenberg, 2004). This is something like the distinction between "following" and "leading" clients. The therapist follows the track of the client's internal experience as it evolves from moment to moment. Following does not, however, mean mechanically paraphrasing the client's words. Instead, it refers to the therapist's trying to remain empathically attuned to the client's immediate inner experience, checking their understanding of this, and treating the client as the expert on their experience. Fundamentally, the therapist tries to follow the client's experience because the therapist recognizes that the client is human in the same way that the therapist is: another existing human being, an authentic source of experience, an active agent trying to make meaning, accomplish goals, and reach out to others. The therapist prizes the client's initiative and attempts to help the client make sense of their situation or resolve problems, even (especially!) when the client disagrees with the therapist.

At the same time, however, the therapist is also an active guide of the therapeutic process. Guiding does not mean lecturing the client, giving advice, or controlling or manipulating the client. It also does not mean doing the client's work, trying to fix the client's problems, or trying to enlighten the client. The therapist is an experiential guide who knows about subjective terrain and emotional processes. **Process guiding** captures this nicely; the therapist is always actively working toward something with the client, and, as Mahrer (1983) noted, everything the therapist says is aimed at achieving the following simultaneously:

- an immediate response intention (e.g., to communicate understanding and to encourage the client to explore feelings),
- a within-session task (e.g., to help the client understand a puzzling overreaction to a particular situation), and
- an overall treatment goal (e.g., to help the client achieve their goal of resolving their depression about their divorce).

The therapist's responses continually offer the client different opportunities to work with experience. Rainer Sachse (1992), a German person-centered therapist, has referred to this as the offering of "processing proposals" to promote meaning construction. The therapist thus acts as process expert (this is also referred to as "**deontic authority**"; Smoliak et al., 2022).

Following and leading at the same time sounds like a contradiction, but EFT therapists see it as a dialectic (i.e., a creative tension) between two vitally important aspects of therapy. Following without leading can result in therapy going in circles or not progressing. From our point of view, leading without following is ineffective and potentially counterproductive; it undermines attempts to help the client develop as an empowered, self-organizing person. Thus, the EFT therapist tries to integrate following and leading so that the distinction disappears, analogous to a dance in which each partner responds to the other by alternately following and leading. The optimal situation in EFT is an active collaboration between client and therapist, with each feeling neither led

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nor simply followed by the other. Instead, the ideal is an easy sense of collaboration, coexploration, and coconstruction. The therapist constantly monitors the state of the therapeutic alliance and the current therapeutic tasks to judge the best balance of active stimulation with responsive attunement.

Nevertheless, when disjunction or disagreement occurs, the therapist views the client as the expert on their own experience, and the therapist always defers to the client's experience (that is, the client also has "**epistemic authority**"; Smoliak et al., 2022). Furthermore, therapist interventions are offered in a nonimposing, tentative manner as conjectures, perspectives, "experiments," or opportunities, rather than as expert pronouncements or statements of truth. You could say: "The client is always right; even when they are wrong, they are still right." It does not matter if your brilliant interpretation is correct if the client is not ready to hear it. (This relational stance is spelled out in greater detail in Chapter 5.)

Therapist Empathic Exploratory Response Style

At the most concrete level, EFT is marked by a distinctive pattern of therapist responses that is quite different from the typical response style of content-guiding, nonexperiential approaches or even the more nondirective style of some other humanistic–experiential approaches. It is so characteristic that you can generally tell that a therapy is EFT simply by listening to it for a few minutes; its basic style of interaction is very consistent. We describe this type of responding variously as **empathic exploration** and deep **empathic attunement**, and it typically involves the therapist attempting to enter the client's inner experiential world in order to experience it for themselves. It takes several forms. Commonly, this style makes use of various kinds of responses, as in this short example:

CLIENT: I just want enough of who I used to be (Therapist: Yeah) so that I could live like a human being.

THERAPIST: (gently, speaking as the client) It's almost like, "I don't feel like a human being right now . . . I feel somehow like some kind of something else, that's not human." Is that what it feels like?

CLIENT: Just like a paranoid little girl, you know.

THERAPIST: Ouch . . . really painful, and lonely . . .

Exploratory questions are also important, such as, "What is it like inside?" "What are you experiencing right now?" or even "Where is the feeling in your body?" This distinctive form of therapist responding is active, engaged, and often evocative or expressive, but at the same time it is typically tentative and even at times deliberately inarticulate as it tries to model and promote client self-exploration of presently felt experience. (The full range of therapist responses is presented in Chapter 6; more information on empathic exploration can be found in Chapter 9.)

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Marker-Guided Task Strategy

EFT is characterized by its clear descriptions of in-session therapeutic markers and tasks and by its combination of relationship and work principles involving both following and guiding. Markers are in-session behaviors that signal that the client is ready to work on a particular emotion processing issue. An example is a **self-critical split marker**, in which one part of a person (a critic) is criticizing and expressing anger or contempt toward another part (an experiencer). **Therapeutic tasks** involve immediate within-session goals such as resolving the conflict inherent in a self-critical split. EFT also includes particular therapeutic methods that therapists can use to help clients resolve tasks. For example, the therapist might suggest that the client take turns speaking as the critic and the experiencer, moving back and forth between two chairs that represent the two parts (**two-chair work**). The therapist listens for the client to present task markers, then offers interventions to match the tasks that emerge. Using following and guiding language, the therapist first follows the tasks presented by the client in the form of markers, then guides the client in productive ways of working on these tasks. (For more on therapeutic tasks in general, see Chapter 6.)

EMOTION-FOCUSED THERAPY PRACTICE PRINCIPLES

Another way to describe the essential nature of EFT is to lay out the treatment principles that guide the therapist's relational stance and actions (Greenberg et al., 1993). Everything the EFT therapist does is derived from these six treatment principles, which are summarized in Exhibit 1.1. Furthermore, the balance between relationship and task elements of the therapy is reflected in the division of these treatment principles into two groupings. As their ordering implies, the relationship principles come first and ultimately receive priority over the task facilitation principles.

Relationship Principles

In the most general terms, EFT is built on a genuinely prizing empathic relation and on the therapist being fully present, highly respectful, and sensitively responsive to the client's experience. The relationship principles involve facilitation of shared engagement in a safe, task-focused therapeutic relationship, a relationship that is secure and focused enough to encourage the client to express and explore their key personal difficulties and emotional pain.

Empathic Attunement: Enter and Track the Client's Immediate and Evolving Experiencing

Empathy is a complex phenomenon that continues to receive substantial attention from psychotherapists across a range of theoretical orientations (Bohart & Greenberg, 1997a, 1997b; Elliott et al., 2019). Consistent with its

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EXHIBIT 1.1

Principles of EFT Practice

A. Relationship principles: Facilitate a safe, productive therapy relationship.

1. *Empathic Attunement:* Enter and track the client's immediate and evolving experiencing. (Always start with this, and always go back to it.)
2. *Therapeutic Bond:* Offer an empathic, caring presence to client (the emotional bond aspect of working alliance).
3. *Active Task Collaboration:* Offer and facilitate involvement in therapeutic work (the goal and task aspect of working alliance).

B. Task principles: Facilitate therapeutic work on specific therapeutic tasks.

4. *Therapist Responsiveness:* Attend carefully and responsively to different important client processes (tasks, steps within tasks, client microprocesses, and emotion-processing modes).
5. *Emotion Transformation Through Deepening:* Help clients use key therapeutic tasks to move themselves from stuck, problematic emotions to adaptive (useful) emotions through an emotional deepening process.
6. *Client Personal Agency & Growth:* Help clients develop new emotional meaning and a sense of personal agency and forward movement in their lives.

Note. Adapted from *Emotion-Focused Counselling in Action* (p. 10), by R. Elliott and L. S. Greenberg, 2021, Sage Publishing. Copyright 2021 by Sage Publishing. Adapted with permission.

person-centered heritage and the humanistic value placed on experiencing, empathic attunement (particularly with the client's emotions) is the foundation of EFT. From the therapist's point of view, empathic attunement grows out of the therapist's presence and basic curiosity about the client's experiencing. Empathic attunement requires a series of internal actions by the therapist (see also Elliott & Greenberg, 2021; S. M. Geller & Greenberg, 2023; Greenberg & Elliott, 1997; Greenberg & Geller, 2002), including letting go of previously formed ideas about the client, actively entering the client's world, resonating with the client's experience, and selecting and grasping the feelings and meanings that are most crucial or poignant for the client at a particular moment. (For more, see Chapter 5.)

The therapist tries to be present to and maintain an understanding of the client's internal experience as it evolves from moment to moment—particularly their feelings. The therapist does not take the client's message as something to be evaluated for truth, appropriateness, or psychopathology; furthermore, they make no attempt to interpret patterns, drives, or defenses or to challenge irrational beliefs. At the same time, empathic attunement is a complex process involving selection among several different "tracks," including **poignancy** (i.e., emotional evocativeness), content (the main meaning expressed by the client), process (immediate client experience), person (what it is like to be the client in their context), and implicit meaning (what is unclear or emerging; see Chapters 6 and 9).

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Therapeutic Bond: Offer an Empathic, Caring Presence to the Client

Following Rogers (1957) and others, the therapeutic relationship is seen as a key curative element in EFT. For this reason, the therapist seeks to develop a strong **therapeutic bond** (i.e., emotional connection) with the client, characterized by three intertwined relational elements: understanding and empathy, acceptance and prizing, and presence and **genuineness** (openness and authenticity).

First, the therapist attempts to communicate their empathic attunement to the client, both to check its accuracy and to provide the client with the experience of being known by another person. Empathy can be expressed in many ways, including reflection and exploration responses, but also through the sensitive delivery of other responses, such as self-disclosure, and appropriate tone of voice and facial expression (see Chapter 6).

Second, the therapist tries to access, maintain, and communicate acceptance, prizing, and trust in the client. *Acceptance* is the key attitude underlying consistent, genuine, noncritical interest and tolerance for all aspects of the client. Rogers (1957) and other person-centered therapists (e.g., Barrett-Lennard, 1962) referred to this attitude as "nonpossessiveness" or "unconditionality." **Prizing** goes beyond acceptance to an immediate, active sense of caring for, affirming, and validating the client as a fellow human being, especially at moments of client vulnerability and anguish (Greenberg et al., 1993; see also Chapter 14). Acceptance and prizing also incorporate a deep sense of trust in the client's resources for self-understanding and positive change (Harman, 1990; Peschken & Johnson, 1997), including basic wholeness, freedom, and growth tendencies.

Third, communicating the therapist's genuine presence (S. M. Geller, 2019; Greenberg & Geller, 2002) with the client is also essential and includes letting the client know that the therapist is in emotional contact and is attempting to be **authentic** (i.e., congruent, whole), and appropriately **transparent** or open in the relationship (Jourard, 1971; Lietaer, 1993; Rogers, 1961). Consistent with this value, the therapist views the therapeutic relationship as a real relationship, or encounter, between two human beings, each a source of experiencing and personal agency. The therapist thus avoids playing roles or hiding behind the expert role. The therapist's presence as an authentic, and at times transparent, human being encourages client openness and risk taking and helps break down the client's sense of isolation (May & Yalom, 1989). Contact, authenticity, and transparency also support the therapist's empathic attunement and prizing, making these qualities credible for the client. (We are referring to facilitative transparency, based on the therapist's accurate self-awareness, rather than impulsive or self-indulgent therapist self-disclosure.)

Active Task Collaboration: Offer and Facilitate Involvement in Therapeutic Work

An effective therapeutic relationship also entails involvement by both client and therapist in the overall goals for therapy, immediate within-session tasks, and specific therapeutic activities carried out within sessions (Bordin, 1979;

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Flückiger et al., 2019). This treatment principle derives in part from the humanistic values of promoting freedom, self-determination, **pluralism** (i.e., valuing different perspectives or ways of being), and **egalitarianism** (treating all people as equal and with equal rights). These values indicate that the therapist should act as a collaborator rather than as an expert and should engage the client as an active participant in therapy.

Thus, in the first few sessions of EFT, the therapist works to understand the client's view of their main presenting difficulties and to clarify their primary therapeutic goals. In general, the therapist accepts the goals and tasks as the client presents them, working actively with the client to develop a shared narrative of the emotion processes involved in these tasks (Angus & Greenberg, 2011; Goldman & Greenberg, 2015; Greenberg, 2015). Research on EFT has found that the emergence of a clear, shared treatment focus by the fifth session of treatment predicts posttreatment outcome (Watson & Greenberg, 1996b).

In addition, from the first session on, the therapist helps the client engage in the general activity of allowing and expressing feelings related to their difficulties, goals, and tasks (see "Allowing and Expressing Emotion Metatask" described in Chapter 10). This exploration is fostered by the therapist's nonexpert, collaborative tone and offering of choices about therapeutic tasks. In addition, the therapist offers the client information about emotion and the therapy process to help them develop a general understanding of the importance of working with emotions and to provide rationales for specific therapeutic activities such as two-chair work.

Task Principles

The three relationship principles provide a model of the optimal client–therapist relationship in EFT. These are matched by three principles that guide the pursuit of therapeutic tasks presented by clients—principles based on the general neohumanistic assumption that human beings are active, purposeful organisms with an innate need for exploration and mastery of their environments. These principles are expressed in the therapist's attempts to help the client resolve internal, emotion-related problems through work on personal goals and within-session tasks.

Therapist Responsiveness: Attend Carefully and Responsively to Different Important Client Processes

From its very beginning, a central insight of EFT is that at different times, clients have different productive ways of working that help them progress through the therapeutic work they have come to do. This view is consistent with the humanistic value placed on pluralism; there is more than one way of working productively in therapy. This treatment principle derives from EFT emotion theory, which distinguishes among different aspects of emotion schemes, different kinds of emotion reaction, different emotion regulation strategies, and different kinds of therapeutic work or tasks (see Chapter 3). Therefore, it is essential that the therapist attend responsively to the client's

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immediate state to help them work in different ways at different times (Watson & Wiseman, 2021). In this book, we refer to these different forms of therapeutic work or productivity as **emotion processing modes** (also known as **modes of engagement**; Greenberg et al., 1993). These include:

- mindfully attending to external emotionally relevant events (**externally attending**),
- attending carefully to one's internal bodily experience (**body-focused**),
- accessing and allowing immediate emotional experiencing (**emotion-focused**),
- expressing wants, needs or possible courses of action that derive from emotional experiencing (**active expression**), and
- reflecting on and symbolizing the meaning of emotional experience in an emotionally engaged manner (**reflective/symbolizing**).

These emotion processing modes and others are described more fully in Chapter 4. Each mode is most productive in particular in-session contexts. Consequently, the therapist continually uses **micromarkers** (i.e., markers for emotion processing modes) to make momentary process diagnoses to identify the mode most likely to be useful at that particular moment in therapy.

Emotion Transformation Through Deepening: Help Clients Use Key Therapeutic Tasks to Move From Stuck Emotions to Adaptive Emotions

As we describe in Chapter 3, central to change in EFT is a process of **emotional deepening**, facilitated by using therapeutic tasks to help clients transform their painful or stuck emotions into productive, useful emotions. Doing this typically requires hard work and perseverance over multiple therapy sessions, with client and therapist following the client's process though a series of steps from global distress to core pain and its transformation into useful emotion responses.

Thus, it is essential for therapists to help clients identify their main emotional difficulties and to help them work to deepen these over several sessions. For example, given a choice of what to reflect, therapists emphasize these main emotional difficulties; in addition, they gently persist in offering clients opportunities to stay with the work on their difficult, stuck emotions. In doing so, therapists are partly guided by their knowledge of the general emotional deepening sequence as well as the specific ways this sequence unfolds from one stage to another within specific therapeutic tasks. It is important, however, to remember that therapists cannot force clients to move to the next stage of resolution; the client will move on when they are emotionally ready to do so. Instead, therapists' power lies in offering clients opportunities to move toward resolution by heightening and deepening their emotions, as opposed to flattening, getting in clients' way, or confronting them (Sachse, 1992).

However, rigid adherence to a particular kind of therapeutic work is counterproductive, and it is sometimes important for therapists to be flexible and follow clients when they switch to an emerging task that is more

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alive or central for them. In general, it is also important to maintain a balance between the focus on the task and the therapeutic relationship. At times, clients may experience therapists' efforts to help them complete a therapeutic task as a threatening pressure to do something they are not ready for. Anticipating this possibility, EFT therapists listen carefully and are prepared to offer clients the choice to back off or to move to a different task. It typically takes several sessions for a client to complete a key task or goal, such as developing a sense of control over trauma-related fears or resolving anger and bitterness toward a neglectful parent. Therapists might therefore help the client return to a key task week after week but might temporarily suspend work on the task if something more immediately pressing emerges or if a client's embarrassment at expressing strong feelings begins to interfere with work on the task.

Client Personal Agency and Growth: Help Clients Develop New Emotional Meaning and a Sense of Personal Agency and Forward Movement in Their Lives

Finally, EFT is a neohumanistic therapy with existential roots; it places high value on both human freedom and growth throughout the lifespan. Accordingly, EFT therapists emphasize the importance of clients' freedom to choose their actions in therapy as well as outside therapy. Furthermore, clients are regarded, in a nonblaming way, as responsible for generating their emotional experiences, including depression and anxiety (Greenberg & Paivio, 1997). Thus, the therapist supports the client's potential and motivation for self-determination and **mature interdependence** with others, recognizing the importance of mutual support and collaboration with others while also developing their own mastery and personal power (Timulak & Elliott, 2003).

EFT therapists facilitate client growth first by listening carefully for and helping clients explore the growth possibilities in their experience. For example, a therapist might hear and reflect the assertive anger implicit in a particular client's depressed mood. They may even celebrate clients' disagreement with empathic conjectures or proposals to engage chair work; after all, such disagreements are expressions of clients' personal agency and power, while exploring reasons for disagreement or task refusal often reveals important or previously unspoken aspects of clients' experiences.

In keeping with this, client choice is facilitated in different ways, as when therapists offer clients alternatives about therapeutic goals, tasks, and activities. Thus, therapists might offer hesitant clients the choice not to explore particular, painful issues at a given moment, or they might reflect to a client the choice of either continuing to criticize themselves as opposed to challenging their inner critic. In addition, EFT therapists take the stance that they are not an expert on the content of clients' experience and are thus not in a position to interpret, judge, or give expert advice about the client's problems; instead, therapists consider clients to be experts on themselves and to be the ones who ultimately need to choose who they will become.

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A SOCIOCULTURAL PERSPECTIVE ON EMOTION-FOCUSED THERAPY

As we noted earlier, EFT therapists are humanists first, guided by a set of values that focus on the positive potential of people, the centrality of lived experience, the importance of cherishing diversity in ourselves and others, and a commitment to treating others as equal in value and dignity to ourselves. These values have never been more important than they are today, as we find ourselves in the midst of multiple crises, including a worldwide outcry against various forms of inequality, authoritarianism, and **privilege** (i.e., rights or benefits given to some people but not others). It is our view that EFT has particular relevance to the present moment in which we find ourselves, facing widening income inequality, political unrest, and polarization, together with a looming climate crisis. First, EFT's theory of emotion points to the fundamental commonality among all human beings, while also providing a range of emotion theory concepts and tasks useful for understanding and working with wide and important diversity in emotional experiences across cultures and people within cultures. Second, EFT helps us understand the basis of **implicit bias** (unconscious prejudice) in terms of various emotion processes, while also suggesting how these can be addressed and changed. Third, EFT's evidence base gives it credibility in an age of evidence-based practice in which humanistic and other approaches outside of cognitive behavior therapies are marginalized.

At the same time, EFT's cultural heritage can be seen as that of late 20th century, heteronormative, Western European individualism. We (the authors of this book) are all well-educated, middle-class professionals and academics who live in wealthy, industrialized countries. As such, we recognize and are sensitive to the limits of our perspective on psychotherapy and that it might not be completely relevant or appropriate for people with different identities and other social, political, and cultural locations. Thus, in planning this second edition, we deliberately sought advice from the younger generation of EFT therapists and from EFT therapists with differing identities and from different social and cultural origins. As a result of our position and privilege, we have had the opportunity to see and participate in EFT training and supervision across a wide range of very different cultures. This has left us with a keen awareness of the complexities and necessity of adapting EFT to different cultural and professional contexts. We are very aware of the danger of imposing EFT on people in other cultures with different histories, traditions, values, and family relationships. We probably have not always succeeded, but in this book, we have tried to maintain an attitude of curiosity and **cultural humility**, trying not to privilege our perspectives over those of our clients, students, and colleagues. In addition, we also try to understand them and ourselves as located within specific political, social, and cultural contexts, while encouraging attention to **intersectional** identities that may include overlapping forms of marginalization stemming from ethnicity, gender, sexual orientation, physical appearance, ability, physical and mental health conditions, etc. We will return to these issues at various points in this book (e.g., Chapters 4, 16, and 17).

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GOING FURTHER: WHAT'S IN THIS BOOK AND HOW TO USE IT

What's New in This Edition

Since the publication of the first edition of this book in 2004, EFT has continued its rapid development, with many important theoretical, practical and organizational developments over the past 20 years. These include:

- a large increase in quantitative outcome research and systematic qualitative research on EFT (Chapter 2);
- a new, integrated formulation of the central process of emotional deepening and transformation, plus clearer formulations of the nature and functions of specific emotions (e.g., anger, shame; Chapter 3);
- deeper, more differentiated understandings of client process, including a reorganized list of client in-session micromarkers and the five-aspect client process framework (Chapter 4);
- new and widespread interest in client case formulation (Chapter 7);
- new therapeutic tasks (i.e., self-compassion chair work for anguish, contact work for psychological contact disturbance; Chapters 8 and 14);
- applications with new client populations (e.g., complex trauma, social and generalized anxiety), with the most recent development being clarification of the **transdiagnostic** (i.e., applying to multiple client presenting difficulties) nature of EFT (Chapter 15);
- increasing interest in sociocultural issues and core values of fairness, equal rights and valuing differences between and within people, and welcoming to all (**justice, equity, diversity and inclusion [JEDI]**), including cultural humility (Chapter 5) and emotional injuries from experiences of being **marginalized** or excluded (Chapter 16);
- new frequently asked questions about topics such as online therapy, the two EFTs, and therapies related to EFT (**EFT-adjacent therapies,** e.g., Internal Family Systems therapy; see Chapter 17); and
- massive increase in EFT training throughout the world, accompanied by exciting new developments in training and supervision (e.g., deliberate practice, competency frameworks for EFT practice and supervision; Chapter 18).

Overview of This Book

To enhance user-friendliness, each chapter in this book has three main sections and additional supporting material. First, each chapter has a "Getting Started" section that introduces the topic of the chapter and provides an easy, approachable entry into the subject matter. These sections are intended for readers who have little (if any) background in EFT and frequently include experiential

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exercises intended to give readers a lived experience of the topic of the chapter. Second, this is followed by several sections laying out the main material of the chapter, geared toward readers who are somewhat more familiar with EFT (if only from having read the first section of the chapter). Third, the body of each chapter concludes with a "Going Further" section featuring more advanced or specialized material, often recent or emerging developments in EFT. In addition, each chapter finishes off with a set of supporting material, including a "Learning More About" section suggesting further readings, a chapter summary, a set of questions and activities for self-reflection, and a list of key terms used in the chapter.

This book is organized into four parts. Part I has a general focus, introducing the reader to EFT (this chapter) and its evidence base (Chapter 2). Part II covers the fundamentals of EFT, providing the context for learning about specific processes and tasks in later chapters. Thus, Chapter 3 covers the theoretical foundations of EFT, elaborating the brief descriptions sketched earlier in this chapter and elaborating on EFT emotion theory and its metatheory, dialectical constructivism. In Chapter 4, we look at how EFT sees client process—that is, what EFT therapists listen for and how they use this information to become more responsive to their clients. We next examine the core of the therapist's contribution to EFT practice: empathy and presence. In Chapter 6, we provide an overview of the range of therapeutic tasks used in EFT, followed by a description of the main types of responses used by EFT therapists.

Part III offers a more thorough account of specific EFT processes and tasks, providing details on the processes and tasks that make up EFT. In Chapter 7, we describe how EFT therapists work with clients to create useful stories about client difficulties, otherwise known as **case formulation work**. Then we turn to relational processes and tasks used to make and repair emotional contact and collaboration with clients (Chapter 8). Chapter 9 addresses two key empathy-based tasks: empathic exploration of emotional experience and empathic affirmation of vulnerability. Next, we move on to accessing, allowing, and deepening emotional experiencing (focusing; Chapter 10), various forms of EFT narrative work (Chapter 11), working with the various forms of negative treatment of self (two-chair work; Chapter 12), and working on unresolved interpersonal emotional injuries (empty chair work; Chapter 13). We conclude this section with a new chapter on promoting positive treatment of self (self-compassion chair work; Chapter 14).

Part IV covers practical issues in applying EFT. In Chapter 15, we outline how EFT can be adapted to a range of client presentations (e.g., depression, anxiety), plus working with diverse clients. Chapter 16 focuses more specifically on people experiencing emotional injuries from racism and other forms of marginalization, social injustice, and the complexities of intersectionality. Chapter 17 covers a wide range of practical matters, dilemmas, crises, and tricky questions (e.g., about EFTa). We close the book with recommendations for teaching and learning EFT for EFT trainers, supervisees, and learners; we also briefly describe the EFT therapist accreditation process and additional resources for learning more about EFT (Chapter 18).

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In addition to this book, the International Society for Emotion Focused Therapy (ISEFT) website maintains a set of materials to support the learning process, including additional clinical examples, suggested exercises to enhance your learning, and questionnaires and related research materials that you can use to track your use of EFT and to evaluate therapy process and outcome (https://www.iseft.org).

How to Use This Book: Initial Suggestions for Learning EFT

Although the process of learning EFT is covered more generally in the final chapter, we conclude this introductory chapter with a few specific suggestions to facilitate readers' use of this book to support their learning process.

First, reading this book is only a starting point. If you are reading this as a first or second book on EFT, you will find it important to be patient with yourself; as with any complex skill, it takes a variety of learning experiences over several years to develop mastery. Training in EFT is most effective when it combines didactic learning with exposure to multiple examples, demonstration films, supervised practice, personal growth work, experience in the client role, and reflection on training activities.

For readers who also have training in other approaches to therapy, including psychodynamic and cognitive behavioral treatments, learning will proceed more smoothly if you allow yourself to work from that base, adapting what you know from those therapies to your EFT practice. Conversely, the EFT skills you begin to develop here will facilitate your work in other approaches to therapy—for example, by helping you incorporate emotion work into your work in cognitive or psychodynamic therapy.

This book has a lot of useful information; our goal here is to be encyclopedic in covering the breadth and depth of contemporary EFT. However, when you go into your therapy room to see a client, please leave this book outside the door. It's okay to do your best to use what you've read here, but in the session, your main job is to be present with your client and empathize with whatever they are experiencing today. After they have left is the best time for you to pick this book up to help you reflect on what you and they have done today and what you might try next time.

Therefore, rather than expecting to master the whole thing at once, you will find it less stressful to begin by focusing on simple, holistic understandings of tasks and treatment principles (given in the Getting Started section of each chapter), and then allowing yourself to develop progressively more complex, differentiated understandings. Beyond this, we acknowledge a tension experienced by most novice trainees, between remembering the model and being present with the client. That is, trainees learning EFT often struggle between two uncomfortable situations: On the one hand, you can concentrate on remembering the theory and what to do, which will distract you from being present and empathic with your client. In that case, you will have nothing really to go on. On the other hand, you can be present and empathic but not know what to do beyond that, a situation that can easily result in

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anxiety, causing you to lose presence and empathy. When (not if) this happens to you, it is important for you to be gentle and patient with yourself, as this is a perfectly natural response to learning a new set of skills. In the end, it is better to be present and empathic but a bit lost, because most of the time you will be able to follow your client out of the forest. And if your client also feels lost, you can always keep them company. It is amazing how often wandering around for a while results in coming upon the way out, or at least clarity about the nature of the lostness, which is the first step to getting unlost. Furthermore, as you progress you will develop the capacity to maintain your presence and empathy while also adding in one new bit of theory or practice from a previous session of therapy or supervision, like encountering a clearing in the forest.

We also want to say that it is important not to force yourself into therapeutic molds that do not suit you. We are very aware that EFT appeals strongly to some, but not all, therapists, just as it appeals strongly to many, but not all, clients. EFT should not be imposed on clients who find that it clashes with their values and strong preferences. In the same way, it should not be imposed on therapists whose skills, preferences, or worldviews run in other directions than those best suited to EFT. Although we have our own values and preferences, we are firm believers in theoretical and clinical pluralism, in "letting a thousand flowers bloom."

In the end, our clients are the best teachers of this or any therapy, if we learn how to listen for what they are telling us about how they are responding to what we offer them. That's why empathic attunement is the first principle of EFT. If we start by entering our clients' moment-by-moment experiencing, we will be able to see and hear how clients take what we say and do, and we will be able to learn from that and keep on learning. In addition, you might want to go easy on yourself with your first EFT clients by selecting relatively resilient, open clients who are more likely to be able and willing to engage with the different EFT tasks; later, you can go on to clients with more complex presentations, such as complex trauma or fragile ("borderline") process. The four of us have been doing therapy for 35 to 50 years each, and we continue to learn from each new client. That's the adventure of it all!

CHAPTER SUMMARY

In this chapter, we introduced EFT, defined its key features and provided an orientation to this book. In the Getting Started section, we laid out the unique combination of characteristics that define EFT's theory and practice: neohumanistic perspective, evidence-based, person-centered but process-guiding relational stance, therapist response style defined primarily by empathic exploration, and marker-guided task approach. In the main body of the chapter, we described the six principles that continue to define the basis of EFT practice, balancing therapeutic relationship (empathic attunement, therapeutic bond, task collaboration) with therapeutic work (therapist responsiveness, emotion

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transformation through deepening, client personal agency and growth). After this, we introduced the sociocultural perspective we have taken here and positioned ourselves in terms of our privilege and intersectionality. In the Going Further section, we turned our attention to this book itself: what is new in this edition, the internal structure of each chapter, and the book's overall organization. We concluded with suggestions about how to use this book in the process of learning EFT.

QUESTIONS AND ACTIVITIES FOR SELF-REFLECTION

1. From the point of view of whatever stage you are currently at in your development as a therapist, what appeals to you about EFT? What reservations or doubts do you have at this point?
2. Has anything in this chapter piqued your interest? What are you looking forward to hearing more about as you read further?
3. Look back at the six EFT practice principles. Can you identify one that is your favorite, or perhaps that most intrigues you? Why?
4. In this chapter, we have described ourselves socioculturally in terms of intersecting positions of privilege. How would you position yourself currently?
5. We have spent a lot of time designing this book to make it more user-friendly and to engage readers. We invite your feedback on aspects or parts of this book that work for you or that could be improved. (Thanks!)

KEY TERMS

Humanistic–experiential psychotherapy (HEP), 3
Maladaptive emotions, 3
Adaptive emotions, 3
Emotion-focused therapy (EFTe), 4
Emotionally focused therapy (EFTa), 4
Person-centered therapy, 4
Gestalt therapy, 4
Existential therapy, 4
Systemic therapy, 4
Dialectical constructivism, 5
Neohumanistic (therapy), 5
Therapy process (research), 5
Therapy outcome (research), 5
Process guiding, 6
Deontic authority, 6
Epistemic authority, 7
Empathic exploration, 7
Empathic attunement, 7
Self-critical split (marker), 8
Therapeutic tasks, 8
Two-chair work, 8
Poignancy, 9
Therapeutic bond, 10
Genuineness, 10
Prizing, 10
Authentic, 10
Transparent, 10
Pluralism, 11
Egalitarianism, 11
Emotion processing modes, 12

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Modes of engagement, 12
Externally attending (emotion processing mode), 12
Body-focused (emotion processing mode), 12
Emotion-focused (emotion processing mode), 12
Active expression (emotion processing mode), 12
Reflective/symbolizing (emotion processing mode), 12
Micromarkers, 12
Emotional deepening, 12
Mature interdependence, 13
Privilege, 14
Implicit bias, 14
Cultural humility, 14
Intersectional, 14
Transdiagnostic, 15
Justice, equity, diversity and inclusion (JEDI), 15
Marginalized, 15
EFT-adjacent therapies, 15
Case formulation work, 16