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INTRODUCTION

Robert is sitting at his desk, reading peacefully. A pleasant breeze, coming through the window, cools the warm sun on his face. A loud bang just outside the window startles him. His head jerks up. He finds he has simultaneously ducked and drawn back in his chair. His breathing and heart rate have increased. He thinks, "Was it a shot? In this day and age, you can't be sure!" He gets up quickly but then peers cautiously through the window. He hears the fading sound of a speeding car. He thinks, "It was an exhaust backfiring!" More alert, he relaxes and continues reading.

Robert's emotion system sensed danger. His fear rapidly organized him for flight and informed him of possible danger. This happened long before he could consciously assess the situation. He heard the bang; he was startled; and his head automatically oriented toward the sound while his body drew back in fear, readying him for flight. His emotion system automatically told him that his peaceful safety was at risk. Reason then assessed the situation

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more thoroughly for danger and made sense of what was happening. Deciding to get up and investigate the situation for possible danger seemed sensible. Running away from the bang to safety would have made him look very foolish. However, some expression or action to handle some of the arousal was good. Carefully checking out the window was a good idea. Analyzing the problem of possible danger posed by fear, Robert rationally determined the source of the sound and established that it posed no threat.

This brief story illustrates the complex interplay between emotion, conscious thought, and action. It shows how emotion informs us about a situation and motivates us to attend to the situation. If people are to act intelligently in the social world, they need to pay attention to their emotions as much as to thought and action. It is the integration of automatic emotion and effortful reason that results in a whole that is greater than the sum of its parts. The experience of emotion alone does not lead people to wise action; rather, people must make sense of their emotional experience and use it wisely. Awareness of emotion and the ability to enable emotion to inform reasoned action are what is necessary for emotional intelligence (Mayer & Salovey, 1997).

EMOTION-FOCUSED THERAPY

This book explains how to provide emotion-focused therapy (EFT)—a neohumanistic approach designed to help clients in psychotherapy become aware of and make productive use of their emotions. Emotions are seen as setting a basic mode of processing in action (Greenberg, 2002, 2011). For example, fear sets fear processing in motion, organizing us to search for danger, and anger sets anger processing in motion, focusing us on violation. Clients are helped to better identify, experience, accept, explore, make sense of, transform, and flexibly manage their emotions. As a result, clients become more skillful in accessing the important information and meanings about themselves and their world that emotions contain, as well as more skillful in using that information to live vitally and adaptively. Clients in therapy are also encouraged to face dreaded emotions to process and transform them. A major premise guiding intervention in EFT is that if you do not accept yourself as you are, you cannot make yourself available for transformation. In addition, emotional change is seen as the key to enduring cognitive and behavioral change.

EFT is based on two major treatment principles: the *provision* of an empathic therapeutic relationship and the *facilitation* of therapeutic work on emotion (Greenberg, Rice, & Elliott, 1993). The empathic relationship

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is seen as a curative factor, in and of itself, and as providing a facilitative environment for therapeutic work on particular emotion-focused therapeutic tasks that reoccur across people and across therapy. This forms an approach in which empathic following, with high degrees of therapist presence, plus process directive guiding, in which the therapist facilitates clients to engage in different forms of emotional processing at different times, combine synergistically into a sense of flow. Therapy is seen as a coconstructive process in which both client and therapist influence each other in nonimposing ways to achieve a deepening of client experiencing and exploration and the promotion of emotional processing. EFT therapists are not experts on what clients are experiencing or the meaning of their behavior, but rather are experts on methods to help them access and become aware of emotions and needs.

A core feature of EFT is that it makes a distinction between conceptual and experiential knowledge, and people are viewed as wiser than their intellects alone. Rather than "I think therefore I am," EFT is based on the idea that "I feel, therefore I am" and that in any significant personal experience, we think only inasmuch as we feel. Experiments in directed awareness are used to help concentrate attention on as yet unformulated emotional experience to intensify its vividness and symbolize it in awareness. In EFT, emotion is focused on as visceral experience and is accepted, as well as worked with directly, to promote emotional change. Finally, it is the articulation of emotion in *narratives* of ways of being with self and others that provides the story of our lives (Angus & Greenberg, 2011).

At the center of the approach is helping people discern when they need to use emotion as a guide and be changed by its urgings, when they need to change emotions, and when emotions need to be regulated. A key tenet of EFT is that a person needs to experience emotion to be informed and moved by it and to make it accessible to change. People do not change their emotions simply by talking about them, by understanding their origins, or by changing beliefs. Instead, people change emotions by accepting and experiencing them, by juxtaposing them with different emotions to transform them, and by reflecting on them to create new narrative meaning.

Changing emotions is seen as central to the origins and treatment of human problems, but this does not mean that working with emotions is the sole focus of EFT. Most problems have biological, emotional, cognitive, motivational, behavioral, physiological, social, and cultural sources, and many of these need attention. EFT adopts an integrative focus on motivation, cognition, behavior, and interaction, but the emotion is seen as the primary pathway to change.

EFT is applicable, in different forms, to a wide range of client populations. Given its empathic base and focus on validation and acceptance,

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and that it includes both emotion activation and emotion regulation, it can be helpful to clients with problems ranging from affective disorders to trauma to eating disorders to different personality disorders by varying the emphasis on relational process and emotion activation and regulation (for a summary of clinical research on EFT, see Chapter 2). It is not applicable as a first-stage form of intervention with people who are coping with serious functional impairment, where the impairment needs to be coped with and regulated behaviorally or neurochemically before the underlying emotions are focused on.

HOW DOES EFT DIFFER FROM OTHER THERAPIES?

There has been a sea change in the decade since the first edition of this book. All approaches to psychotherapy now recognize the importance of emotion, and many do focus on emotion. I meet many therapists who say, "We do work with emotions." I am thrilled that everyone is acknowledging the centrality of emotion. However, we need to be discriminating and understand that there still is quite a large difference in how therapists work with emotion. Each approach has useful things to offer, but the complexity and differences in what is done with emotion need to be identified. Some therapists work on controlling emotions, some on understanding emotion, others on allowing emotion, and yet others on changing emotion.

An emotion-focused approach is aptly named, as what is key is the therapist's focus—first and foremost—on emotion. When a tear arises in the client's eye, the therapist asks, "What are your tears saying?"—implying that emotions give information. The therapist then focuses on needs, met and unmet, and action tendency, exploring with the client what the emotion "tells you about what you need or what the emotion impels you toward." Finally, the therapist helps the client follow those emotions that are adaptive and change those emotions that are maladaptive by activating more adaptive one.

In contrast, when a tear arises in the client's eye, some therapists will ask such questions as: What does the emotion mean? Where does it come from? Or, what pattern does it reflect? Other therapists might focus more on the thoughts that produced the emotion and psychoeducate the person on how to regulate it or focus on exposing the person to situations or emotions to promote desensitization or habituation. These ways of intervening will not focus directly on the visceral experience of emotion as something to be explored in its own right to yield information, need, and action tendency. EFT leads with, "What do you feel in your body?" The EFT therapist offers words to help empathically symbolize what may be happening inside, and

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there is a consistent, gentle guiding of attention to internal experience, rather than seeking of patterns or challenging thoughts related to emotions or down-regulating symptomatic emotions. After arriving at the emotion, dwelling in it for a while, and gleaning what it has to say, the EFT therapist then asks, "What do you need?" and validates emerging needs and feelings.

A recently graduated doctoral student from a clinical psychology program, after completing an extensive training in EFT, shared with me his experience and thoughts:

> Now I see how central emotions are to all human experience. It is astonishing, but throughout my whole clinical training and internship I was never once encouraged to look at people's emotions as central or to look at them in therapy or myself, but it is so clear how important it is to look at people's emotions as the engine of human experience.

In the training, we looked at a lot of videotapes of therapy sessions, tracked the moment-by-moment emotional process, and engaged in personal work on the self-experience of emotion in small groups. He continued, saying, "No one ever talked about looking at the actual process in sessions as you did and it becomes so clear how pivotal emotion is when you actually look at the moment by moment process." I could only answer with, "Yes it is astonishing when to me it seems so clear that you need to look at therapy process to understand it and that when you do this, with the right lens, you cannot not see that emotion is so central to what people say and do and how they change."

It is a puzzle to me that so obvious a "fact" has for so long eluded psychology and even theories of psychotherapy. Recently, a therapist not trained in the halls of academe said, "But what is emotion-focused therapy saying that's new? Isn't all therapy about emotion?" I answered somewhat sheepishly, "Well, yes, but this is not what is recognized as the dominant paradigm or even as a viable one." I was trained in the humanistic tradition that did work with emotion, but it has fallen into disfavor in academia as not scientific. Client-centered and Gestalt therapy was my base, and although these approaches did focus on emotion, they didn't have a theory of emotion or a systematic way of intervening with emotion. Emotion has always been dealt with intuitively, and people can't really say what they are doing. I have had many process-oriented therapists come up to me after a workshop and say, "You are describing what I do, I just couldn't describe it and you have given me words to say what I do." This is what EFT attempts to do—to give words to the moment by moment process of working with emotion. By studying the process of change bottom up, by looking at tapes of how people change in therapy, we have attempted to describe and develop models of how emotional change takes place.

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TERMINOLOGY AND AUDIENCE

When the first edition of this book came out, the psychotherapy approach I presented was relatively new, and I referred to it as *emotion coaching*. Subsequently, the question often was asked whether coaching is different from therapy. I used the term *coaching* to broaden its application beyond therapy rather than to distinguish it from therapy. I see therapy as involving emotion coaching in that the therapist is both following and guiding (coaching), but I also see many other human facilitation and development practices as being able to benefit by viewing what they do as involving emotion coaching. I see emotion coaching as applicable to helping parents, teachers, couples partners, managers, medical health practitioners, and many others to be more effective. So emotion coaching refers to a way of approaching working with emotion, be it in therapy or in other forms of working with people. This book is thus intended for therapists, coaches, human relations and development personnel, educators, and students of these and other helping professions.

In this second edition of *Emotion-Focused Therapy: Coaching Clients to Work Through Their Feelings*, I use the terms *EFT, emotion coaching, coaching*, and *therapy* interchangeably. I alternately refer to the provider as *coach* or *therapist*, and I refer to the recipient as the *client*.

WHAT'S NEW IN THIS EDITION?

EFT has grown in the decade since the first edition of this book was published. The approach has been applied to and evaluated on more clinical populations—including people with anxiety disorders, trauma, and eating disorders—with promising initial results (Dolhanty & Greenberg, 2008; Elliott, 2013; Paivio & Pascual-Leone, 2010; Shahar, 2014; Wnuk, Greenberg, & Dolhanty, in press). It has also been found to help people suffering from emotional injuries in both individual and couple therapy (Greenberg, Warwar, & Malcolm, 2008, 2010), and organizational leaders (Greenberg & Auszra, 2010), and it is cross-culturally applicable. Both the individual and couple therapy applications of EFT have continued to grow and be refined theoretically and clinically. There also have been significant theoretical and empirical advances in understanding how change takes place. The importance of changing emotion with emotion (Herrmann, Greenberg, & Auszra, in press), of accessing needs to activate new adaptive emotion to change old maladaptive emotion (A. Pascual-Leone & Greenberg, 2007), and of the manner of productive emotional processing (Auszra, Greenberg, & Herrmann, 2013) have all been empirically demonstrated. Books on narrative and EFT (Angus

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& Greenberg, 2011), therapeutic presence (Geller & Greenberg, 2012), and case formulation in EFT (Goldman & Greenberg, 2015) have all been published. A number of DVD demonstrations of EFT for both individuals and couples have been produced in the American Psychological Association DVD series, and these serve as excellent teaching material (American Psychological Association, 2007a, 2007b, 2007c, 2012a, 2012b). All of these developments have influenced this new edition.

In addition to updating theory and research, this edition expands the steps of coaching to emphasize the importance of accessing the heartfelt need underlying the painful emotion. The volume also includes a new chapter on specific marker-guided interventions and case formulation, as well as chapters on forgiveness and emotion in leadership. Some material has also been reorganized for maximum usability.

ORGANIZATION OF THE VOLUME

The book begins with the foundations of EFT. Because the goal of EFT is to help clients enhance their emotional intelligence, Chapter 1 explains what emotional intelligence looks like. Chapter 2 delves into the nature of emotions—how they form, how they relate to one's thoughts and to one's physical body, and what the research has shown about how they can change. Chapter 3 delineates several different types of emotion, including primary, secondary, instrumental, adaptive, maladaptive, and so forth. Emotion-focused therapists must be able to identify these kinds of emotions when working with clients.

Chapter 4 explains what an effective therapeutic relationship between the therapist and client looks like and presents an overview of the emotion-coaching process. This process involves two basic phases—arriving at an emotion and leaving it. Each phase contains different steps. The chapter also emphasizes the importance of therapists being aware of their own emotions. Chapter 5 explains how to conduct a case formulation (i.e., a working hypothesis about what is the client's core maladaptive emotion), as well as describing specific interventions that can be used throughout the therapy process on the basis of what emotional markers are present.

Chapters 6 through 9 elaborate on the two phases of emotion coaching that were introduced in Chapter 4. Chapters 10 and 11 then apply the whole process to four common problematic emotions: anger and sadness (Chapter 10) and fear and shame (Chapter 11). Chapter 12 applies the process to situations in which the client has been emotionally injured, emphasizing letting go and forgiveness.

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As indicated previously, emotional intelligence is important in every context. Thus, Chapters 13 through 15 show what emotional intelligence looks like for couples (Chapter 13), parents (Chapter 14), and organizational leaders (Chapter 15). The book concludes with an appendix containing exercises to increase emotional intelligence.

I hope that this book helps you see how emotion works in therapeutic change; gives you words to describe what is occurring; and helps you, as a therapist, facilitate this process. I hope to show that working with emotion is not primarily about getting rid of emotion or dampening it, but rather about using emotion; making sense of it; and when necessary, transforming it.