



New Trends
in Psychology

The Role of Emotion-Focused Psychotherapy

Carmen (Zalum) Hurduc¹

Abstract: Emotionally Focused Therapy (EFT) is a experiential psychotherapy, integrative, transdiagnostic, humanistic, evidence-based therapy, that has proven effective in treating a wide range of problems and client populations. In this article I will present theories of emotion-centered therapy about human functioning, psychological dysfunction and psychotherapeutic change, which is based on the central role of emotion. Emotion-centered therapy has the task of helping clients to process emotion, primarily by overcoming secondary, symptomatic emotions and also to reach more constructive, fundamentally sensitive emotions and to develop new emotion-based narratives. *Results:* The research was conducted on two case types using emotion-focused therapy, and the results were that people can change by accepting and experiencing emotions, confronting them with different emotions to transform them, and reflecting on them to create new narrative meanings. *Conclusions:* Given the results presented, we can say that emotion-focused therapy has a significant effect on reducing clients' emotions, helping clients to process emotion primarily by overcoming secondary, symptomatic emotions and developing new emotion-based narratives.

Keywords: emotion; cognition; emotional regulation; therapy; flexibility

¹ Student, Faculty of Behavioural and Applied Sciences, Specialization Psychology, Danubius University of Galati, Romania, Address: 3 Galati Blvd., 800654 Galati, Romania, Tel.: +40372361102, Fax: +40372361290, Corresponding author: hurduc_c@yahoo.com.



Copyright: © 2024 by the authors.
Open access publication under the terms and
conditions of the Creative Commons
Attribution (CC BY) license
(<https://creativecommons.org/licenses/by/4.0/>)

1. Introduction

Emotion has either advantages (it helps us to reduce stress and increase our well-being, it helps us to develop flexibility in our thinking, it increases performance and engagement and we can make healthy choices) or disadvantages (I will take as an example love in its early stages, when it is at such a high intensity that it prevents us from thinking about anything else but the person we love and makes us never want to part with the person we love).

Spinoza (1677/1930) argued that a passive emotion ceases to be passive as soon as the individual forms a clear and distinct idea about it. This is why emotion-focused therapy combines cognition with emotion, to help people develop a sense of control over their emotions. The therapy also considers emotion as fundamentally adaptive, emotion providing the main mode of information processing, so that we react quickly and automatically by processing fear or shame, processing sadness or joy. Emotions can also direct attention to information that seems immediately relevant to maintaining well-being or achieving goals. For example, we may imagine being afraid, and this activates a defensive emotional state (Leslie, 2020). Facial and other expressions, for example, are the application of individual tendencies towards actions and automatically arise in relation to a subsidiary concern. Tendencies toward action have a purpose, and the essential purpose is survival.

In emotion-focused therapy, two fundamental levels of emotion generation are important. The first, the experiential level of processing, involves the automatic processes that produce primary emotional reactions in an automatic perceptual evaluation. The second, the conceptual level of processing, is the conscious narrative level of processing that confers meaning to the automatic experience (Gazzaniga, 1988).

As individuals accumulate more lived experience and develop more cognitive-linguistic abilities, their early automatic emotional reactions develop into more complex processing and form emotional schemas in which sensory, memory and ideational information combine to form a structure based on an internal network. The activation of these schemas generates the emotional experience felt in the body. "Conscious meaning, on the other hand, is created through the integration of language experience (...), through an ongoing circular process of understanding experience" (Leslie, 2020, p. 182).

Individuals symbolize sensations felt in the body in consciousness and articulate them in language, thereby constructing a new experience and essentially new narratives (Greenberg & Pascual-Leone, 1995).

Emotion is a complex building process that synthesizes biology, culture, emotion and language. Behaviour is often thought to be generated by our brains, for reasons that we are not consciously aware of; we then interpret our behaviours to create a coherent narrative about our current existence, which can be understood in light of our past and future. Our narrative explains ourselves to ourselves and provides us with self-understanding (Gazzaniga, 1988), but it is more or less representative of lived experience both internally and externally. TCE works with these two fundamental systems - the automatic generation of emotion by the experiential system and the narrative-reflective understanding of experience by the conceptual system - as well as their interaction.

The key word in working with emotion is complexity; therapists need to adopt a position of 'not knowing' about a client's feelings and recognize that, although they have insight into what clients are feeling, only they are experts in their own experience. Therapists need to encourage clients to pay attention to their feelings, to explore them and to find their meaning; since emotional schemas are essentially the source of experience and the source of suffering, they need to be activated in therapy in order to be changed.

2. Objectives and Assumptions

2.1. Objectives

In this study I try to prove the effect of emotion-focused therapy on people and reveal a link between anxiety reduction and therapy improvement.

2.2. Assumption

Emotion-focused therapy considers emotion to be fundamentally adaptive, with emotion providing a primary mode of information processing, so that we react quickly and automatically by processing fear or shame, processing sadness or joy.

3. Research Methods

3.1. Participants

Participants were 2 clients, randomly selected to observe physical or emotional reaction.

Instruments

3.1.1. The Therapeutic Process in Emotionally Attuned Psychotherapy (ECT)

In the context of the empathically attuned relationship, helping the client to pay attention to the bodily felt emotional experience, to connect cognition with emotion, and to be guided by goal-directed action tendencies and emotionally driven needs.

Two case studies were carried out. The first example is from a session that was recorded and can be viewed in the video series published on the American Psychological Association's Emotionally Focused Therapy in Depression (American Psychological Association, 2007). The second case does not resemble any individual case, but is a composite made to represent aspects of case formulation and treatment in ECT.

Case A

The session is preceded by a brief client-therapist verbal exchange to concretize the core process of ECT consisting of touching the emotion, processing it productively and then letting it go. The client is "Jannifer", a young woman of 29, who had been physically abused by her husband a few years ago. It was observed that during the session, the young woman reaches an underlying sense of despair, of shame because she allowed herself to remain in an abusive relationship, that feeling underlying her depressive despair. In this case, the therapist tries to guide the client to the experience she has had on a bodily level. What could be observed was that the client expressed an anger that gave her strength and validation. With the validation of her needs coming from the therapist, the client begins to feel guilty about her need to be understood and accepted. She affirms her need and then begins to feel more receptive to her pain; she feels forgiving and more loving towards herself. These are the new primal adaptive emotions that transform her shame into self-acceptance and a quietness and inner joy.

Case B

In the second case, we will exemplify some specific techniques from a therapy: case formulation, marker-guided intervention and emotional change. The client “Monica”, a 39-year-old female, reports feeling depressed. She says she has probably been depressed most of her life, but that last year was particularly bad. She stopped working and fell into a pattern where she rarely leaves the house and rarely answers the phone or the door.

Relationships with her family of origin are difficult and often painful. From the exploration conducted in the first session, the therapist had the feeling that throughout her childhood, until adulthood, Monica felt lonely and unsupported. She had internalized her parents’ critical voice and often considered herself a failure and, in the context of a physically and emotionally abusive past, often felt emotionally insecure and abandoned. In terms of the client’s emotional processing style, the therapist observed that she was able to focus on her inner experience, particularly in response to the therapist’s empathic reactions.

Also in the first session, the therapist hears possible markers of “unfinished business” around feelings of being treated badly by the family, a self-critical split between that part of the self that labels the client as a failure and unworthy of love and that part that wants love and acceptance. At the end of the nine sessions when she was talking about the dialogue, Monica said she felt relieved, that she no longer “felt the anger pressing on her skin”. The client went on to describe how she can now accept that her father does not have much to offer, which leads to feelings of pride and then joy, because she has been able to overcome these feelings.

4. Results

The therapeutic process involves many different types of affective phenomena. No therapeutic perspective has been able to encompass within its own theoretical framework all the ways in which emotion plays a role in therapeutic change.

Emotion-focused psychotherapy, also known as process-experiential psychotherapy, is a modern form of experiential psychotherapy that aims to help clients develop their emotional intelligence so that they can better cope with existential problems and live in better harmony with themselves and other people (Leslie, 2020).

The basic idea of this psychotherapeutic approach is that emotions are adaptive, but can become problematic because of past traumatic experiences or because people are often taught to ignore or dismiss them. Emotions are meant to communicate to us what is important in a situation, and therefore function as a guide to fulfilling our needs or desires, helping us to choose the most appropriate actions. Over time, the ability to be aware of our emotions and our training in managing and using them to achieve our life goals gives us a sense of consistency and unifies us. But learning about our emotions and understanding them is not enough. In therapy, the client experiences these emotions as they arise, in the safe context given by the therapeutic session.

In emotion-centered psychotherapy, model authors Leslie Greenberg and Robert Elliott (Leslie, 2002; Elliot, 2004) have integrated the classical humanistic perspective on human nature, dysfunction and growth with contemporary theories of emotion and the philosophical perspective known as dialectical constructivism. Emotionally focused experiential psychotherapy is based on a particular style of communication with the client. This attitude can be described as follows: the therapist combines ‘being’ with ‘helping’ in the relationship with the client. In other words, the therapist follows the path of the client’s internal experience as it evolves moment by moment, but does not do this by mechanically verbalizing his or her experiences; the client tries to remain empathically connected to the client’s immediate internal emotional experience, only verifying that he or she understands through verbalization.

The therapist lets the client take the initiative in this process and tries to help him make sense of the situation in which the client finds himself and solve his problems. During this time the therapist is also an active leader of the therapeutic process. This in no way means that he manipulates, advises or controls him in any way, but simply becomes an experiential guide who knows very well how the emotional processes unfold. This is why the authors of the psychotherapeutic model say that the intervention is “a guiding process”, with the therapist actively working with the client towards a specific goal. Specifically, the therapist clearly states in his mind that his approach must: present an immediate intention to respond (e.g. to communicate that he understands and explore his emotions), include concrete discussions (to help the client understand his overreactions to particular life situations) and an overall goal of treatment (e.g. to help the client achieve his goal of overcoming depression/anxiety, etc.).

5. Conclusion

The fundamental process of emotion-focused therapy is the development of awareness by the client and distinguishing healthy emotional reactions, which can be used as a guide, from maladaptive ones, which need to be changed and/or regulated. The way emotion-focused therapy works with emotion focuses on helping the individual to “re-possess” previously denied feelings and unmet needs from childhood and to manage painful emotions more appropriately. The goals are to activate the feelings, recover the need and find ways to re-experience the past in the present by activating new emotions to change the old ones. These processes lead to self-organization and reduction of avoidance behaviors of painful feelings and needs, and/or maladaptive ways of satisfying these needs or unstable reactions to frustrating needs.

An essential principle of emotion-focused therapy is that, for change to occur, the individual must feel the emotion. However, people do not change their emotions simply by talking about them, understanding their origins, unblocking conscious conflicts or changing their beliefs. People change by accepting and experiencing emotions, by adjusting them when they are overwhelming, by confronting different emotions to transform them, and by reflecting on them to create new narrative meanings.

References

- American Psychological Association (2021). *APA Digital Learning*. <https://www.apa.org/pubs/digital-learning>.
- American Psychological Association (2027). *Emotion-focused therapy for depression* [DVD]. <http://www.apa.org/pubs/videos/4310798.aspx>.
- Enrique, G. F.-A. (2022). *Emotions. How we can have a more affectionate life*, pp. 13-22. Bucharest: Litera.
- Gazzaniga, M.S. (1988). *Mind matters: How mind and brain interact to create our conscious lives*. Boston, MA: Houghton Mifflin.
- Greenberg, L. & Pascual-Leone, J. (1995). A dialectical constructivist approach to experiential change. In Neimeyer, R.A. & Mahoney, M. J. (coord.). *Constructivism in psychotherapy*, pp. 169-191. Washinton, DC: American Psychological Association.
- Leslie, S. G.; Norka, T. M. & Michael, A. T. (2020). *Working with emotion in cognitive behavioural therapy and emotion-focused therapy*, pp. 177-256. Bucharest: Editia Trei.