Emotion Focused Therapy and its Clinical Application

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Abstract. The paper introduced the basic concepts of emotion focused therapy, emotion coaching, four major empirically supported principles of emotion awareness, emotion regulation, and emotion reflecting and emotion transformation. And make analysis and assessment through a typical case, integrating emotion focused therapy with the Satir model, discuss the techniques and values in the clinical application in China.

Introduction

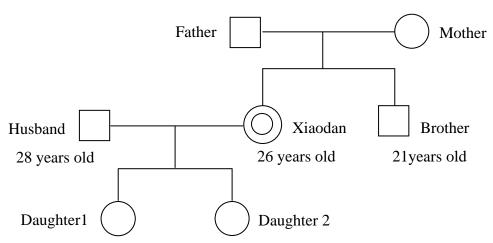
Background Information of client.

- Name: xiao dan Sex / Age: Female/26 Native place: Henan province
- **Job:** As a seller in **Supermarket***town.Pudong. Shanghai from 3/2008. Used to be a worker in a toy factory in JiangSu Provice.

The client is married and has two daughters, one is 4 years old, the youngest daughter only 7months, was adopted to another family mainly because she is not a boy. The daughter is living with her grandmother and grandfather in Henan province. The client's husband, named ***Wang, has work in a toy factory in JiangSu Provice now.

The client's mother fell ill and always lied in the bed when she is 10years old. Her father is a farmer and always drinking heavily. And she has a little brother.

Genogram:



4 years old 7 months and was adopted to another family

The clent has been very introverted. She hardly was able to adapt herself to environment at the beginning when she came to ShangHai. She feel very tired and boring working in cigarette counter at the supermarket. She hardly know how to communicate with others, is afraid of speaking in public, and never has a chatting with colleagues in market, unless someone talked to her first. She feel very depressed and frustrated, scared, worried, or something.

The client, who was assessed as having avoidant personality disorder, had unfinished business because he had never been able to resolve feelings of anger and sadness toward her father from whom he never received love; the father had been abusive and apparently had no communication skills.

Intervention Approach

Emotion-Focused Therapy (EFT) was developed in the late 1980s and early 1990s (Greenberg) is an empirically-supported, neo-humanistic approach that integrates and updates person-centered, Gestalt, and existential therapies.

Amajor premise of Emotion-focused therapy is that emotion is foundational in the construction of the self and is a key determinant of self organization. At the most basic levels of functioning emotions are an adaptive form of information processing and action readiness that orients people to their environment and promotes their wellbeing (Frijda, 1986; Greenberg & Paivio, 1997; Greenberg & Safran, 1987; Lang, 1995). EFT suggests that emotional intelligence involves honing the capacity to use emotions as a guide, without being a slave to emotions. Personal meaning is seen as emerging by the self-organization and explication of one's own emotional experience and optimal adaptation involves an integration of reason and emotion.

In this framework therapists are viewed as Emotion coaches who work to enhance emotion-focused coping by helping people become aware of, accept and make sense of their emotional experience. Emotion Coaching(Greenberg, 2002) is defined in general as involving a mutually accountable relationship in which both client and therapist collaborate actively in the creation of an educational experience for the client who is an active participant in the process. Emotion coaching in therapy is based on two phases: Arriving and Leaving. A major premise is that one cannot leave a place until one has arrived at it. The first phase of arriving at one's emotions, are focused on awareness and acceptance of emotion. The second phase focuses on emotion utilization or transformation to promote leaving the place arrived at. This stage involves moving on or transforming core feelings.

Four major empirically supported principles that guide emotion coaching are emotion awareness, emotion regulation, and emotion reflecting and emotion transformation.

(1)Emotion Awareness and Arousal

The first and most general goal in working with emotion in therapy is the promotion of emotional awareness. The goal is for clients to become aware of their primary emotions and ultimately their primary adaptive emotions.

Primary emotions are a person's most fundamental, direct, and initial reactions to a situation, such as being sad at a loss. Increased emotional awareness is therapeutic in a variety of ways. Becoming aware of and symbolizing core emotional experience in words provide access both to the adaptive information and to the action tendency in the emotion

(2) Emotion Regulation

The second principle of emotional processing involves the regulation of emotion. Whether clients are under- or overregulated and which emotions are to be regulated and how are important issues in any treatment. Clients who have under regulated affect have been shown to benefit both from receiving validation and from learning emotion regulation and distress tolerance skills (Linehan, 1993). It is under controlled secondary emotions and maladaptive emotion that need to be regulated.

Secondary emotions are those responses that are secondary to other more primary internal processes and, as such, may be defenses. For example, feeling hopeless is secondary when there is an unarticulated feeling of (primary) anger.

Maladaptive emotions are learned responses, often developed through traumatic experiences that are no longer adaptive. These types of feelings do not change in response to changing circumstance or to their expression; nor do they provide adaptive directions for solving problems. Rather they leave the person feeling stuck, often hopeless, helpless, and in despair.

In addition, there are Instrumental emotions. Emotions experienced and expressed because the person has learned that they have an effect on others. Emotions are shown instead of experiencing these emotions. E.g. crocodile tears. Often clients may not be aware that they have learned to use these instrumental feelings for the gains they bring.

(3) Reflection on Emotion

This principle of emotional change is related to the first principle, emotional awareness, in that it

involves making meaning of emotion. In addition to the value of emotional awareness as a source of information, symbolizing emotion in awareness promotes reflection on experience to create new meaning, which helps clients develop new narratives to explain their experience (Greenberg & Angus, 2004; Greenberg & Pascual-Leone, 1997; Guidano, 1995; Pennebaker, 1990). What we make of our emotional experience makes us who we are.

(4) Emotion Transformation

The final and probably most fundamental principle of emotional processing involves the transformation of one emotion into another. This transformation applies to primary maladaptive emotions, those old familiar bad feelings that occur repeatedly and are resistant to change. The process is one of changing emotion with emotion (Greenberg, 2002). This important and novel principle suggests that a maladaptive emotional state can be transformed best by "undoing" it with another more adaptive emotion. In time, the co activation of an adaptive emotion along with or in response to a maladaptive emotion helps transform the structure of the maladaptive emotion.

Emotion Focused Therapy can be enhanced by integrating it with the explicit principles and tools of Satir Model. Both Satir's approach and EFT are therapy models in the tradition of experiential psychotherapies that are oriented toward processes that create holistic and enduring change.

The Satir Model, created by Virginia Satir in the early 1960s is part of a tradition of experiential therapies that are concerned with creating lasting changes sometimes referred to as "transformation" (Simon, 2002). Satir's model presents "transformation" as composite shifts in how people perceive, feel, think, communicate, and how they experience their self-esteem and the flow of the innate positive growth tendency in their bodies, minds, spirits, and interpersonal relations (Satir et al., 1991). Here-and-now experiencing is one of two key elements which are seen as contributing to change.

Emotion Focused Therapy and Satir Model share common philosophical assumptions. The prerequisite skill for both the development of the therapeutic relationship and working at an experiential level is that of "evocative empathy". Primary techniques in Satir's approach are empathy, touch, communication, psychodramatic sculpting of communication styles and family relationships, role-playing, family-mapping, family reconstruction, critical impact reconstruction, "parts parties," and following a metaphoric model for exploring internal processes: the "iceberg" of thoughts, feelings, perceptions, expectations, and sense of self that are hidden beneath the surface of behavior (Satir et al., 1991).

The therapist chooses Emotion-Focused Therapy integrated with Satir Model in casework of three reasons.

Firstly, the client's emotion should to be aware and coping. So, the therapist will focus on the emotional communication. The general goal is the promotion of emotional awareness and change maladaptive emotions to adaptive emotions.

Secondly, The Satir's family systems processes have value for the EFT therapist. Family reconstructions and mapping techniques can be a helpful backdrop to keep relevant family-of-origin issues accessible for exploration when resolving problematic feelings toward another person in the present. For example, Satir's communication patterns (or "coping stances") of placating, blaming, computing, irrelevance, and congruence are draw on. An important part of the change targeted is to increase the client's awareness of incongruent communication styles that entrench low self-esteem, thereby empowering them toward congruent communication to nurture positive self-esteem.

Thirdly, The focus on transforming unmet expectations keeps the EFT therapist aware of the interaction of cognitions and affect in the process of emotion.

Case Application

This therapy focused on a client with multiple presenting concerns, including major depression, fear, weary disorder and interpersonal problems overcoming her core maladaptive fear by accessing her sadness at loss and anger at her father. Having spent the first part establishing an empathic bond the therapy first focused on her primary fear of her communication with others and her fear of her dependence/weakness and vulnerability.

Empathy clearly is a helpful element that is necessary, provides confirmation, breaks clients' isolation, promotes the exploration of subjective experience, and helps the client creating new meaning.

Client(C): So it seems like I just can't seem to get along with people. I am always afraid to talk with other people. Because if there is any criticism or anyone says anything about me, I just can't take it. I am very afraid to say something wrong. So I am usually in a daze not say a word.

Therapist (T): Uh huh, so it feels like it's just so hard to get along with others, mainly because their criticism is so hard to take, it just leaves you feeling crushed.

- C: Well, it doesn't even have to be meant as criticism. It goes' way back to little child, my father always abused me. Everything I said was wrong. I was hurt so much.'
- T: I see. You shut yourself off because you felt so hurt? Kind of the hurt of not of fitting in, just not belonging. I imagine that must have been very lonely. What will you associate with?
- C: When I am a child of 10 years old. My mother fell ill and always lied in the bed. My father always drinking a lot and he ordered me to work on the farm. I was so tired and want to have a rest. But my father scolded me. He said I was stupid, never done thing right and never grow up. I am so fear. I am just 10 year old. Well, other children were play and I should work on the farm. Then I should take care of my little brother at night. (sobbed)

T: mm, could you talk about that? At that time, What do you feel?

C: I am tired,... exhausted.

T: Is that what it feels like?

Her frequent expressions of tired and embarrassment in therapy were often mixed with her fear. Her father had disciplined her with harsh criticism and ridicule, as well as physical abuse, and she stated that her greatest pain was that 'they never believed in me'. She was called stupid, crazy, a whore and a slut and grew up utterly paralyzed in interpersonal relationships.

Interventions were aimed at becoming aware of and accessing her fear, tird and shame in the session by talking about her childhood. This led to experiencing and reprocessing these emotions and to a strengthening of her sense of self.

T: So, are you aware of that girl? If you could give her a voice, what would she say to you? About what she needs? ... Can you let she have a voice for hat it's like for her? ... She must have been so scared, and feel ... so alone ...

(evoke feelings and needs)

- C: I just want to forget it. Forgot all that and just want happy.
- T: Uh huh, to avoid thing maybe is a method, but could really forgot that, or it could control you?

To overcome emotion avoidance, the client must first be helped to approach emotion by attending to their emotional experience. This process often involves changing the cognitions governing emotional avoidance. Then the client must allow and tolerate being in live contact with arousal emotions. These two steps are consistent with notions of exposure.

- C: She just feels alone and afraid, she...got no one to ...turn to. Nobody loves her like she wants to be loved.
- T: So I want you to be that girl. "I need someone to turn to . . . I feel alone and afraid. I really wanna be loved." (promote identification with experience)
- C: (sobbed)
- T: So if you, what you would like to be able to do. . . in your life, would be to somehow stop yourself being afraid?
- C: Um-hm. That's my like major goal of life, (laughs) . . . I mean it controls my life, every, step of my life, every action and everything.
- T: So the fear is like a thing that comes upon you and takes over? (client nods agreement) uh, takes your freedom . . . imprisons you, is that right? (client nods agreement).
- C: (Thinks for a couple of seconds) Oh yeah.
- T: Yeah. Is that right?

- C: Um-hm.
- T: So it feels like. . . Um, What's it like, the fear? . . . What kind of thing is it?
- C: I don't know. I don't know if I feel like it's inside me, (T: um-hm) or if it's like around me, or if it just sneaks up on me, I don't... mm.
- T: If you were to, be the fear? . . .
- C: I guess it'd be inside of me.

Later, the client's "stronger" voice communicated rage toward the "father" voice:

- C: Well, "You repulse me."
- T: Yeah. What else do you want him to know? "I'm angry at you"?
- C: I hate you. I'm angry. I'd like to just punch him out.

Rather than feeling afraid she accessed her alternate emotions of disgust and anger, which she actively expressed toward her father in an empty chair. She mobilized her adaptive needs to not be ridiculed by her father and expressed these to her father in the empty chair dialogues.

Expression and exploration of her vulnerability (fear and sadness) took place, not to the imagined father, but in the affirming and safe dialogue with the therapist.

T: So if you imagine your father. I know it is hard to even picture him. If you were going to think about something specific. What is happening?

C: Well, I am just...I have this imagine of him right now in my face. He stands with his back straight and point a fully utstretched finger at me. Just yelling.

- T: So what's he doing in your face?
- C: I am not sure. It seems that"if it weren't for you, we wouldn't be in this mess"
- T: You must have been scared of him at some point, right? (fouced on underlying feeling)
- C: Well, probably I was. I felt small and insignificant in front of him.
- T: And what is happening?
- C: I dunno. Just frustration... you know, you are going to stand by it, or something.
- T: That is what makes it harder.
- C: Well, at bottom of it... with him, I don't think he cared, and there is no caring...(eyes filled with tears)
- T: that really hurts.
- C: (cried)
- T: That is huge part of it. You feel so uncared for by him. And he left you feeling worthless and bad and you still carry that around with you. (symbolizes core shame emotion)
- C: Yeah. I guess that is the worst of it.
- T: Yeah and just try and give that part words.
- C: (sobbed)
- T: A part of you that feels really broken inside. What would it say?
- C: I needed to feel loved.
- T: Feel it more about that feeling. Make it clearly, and just be there.

The therapist responded supportively to her overwhelming fear and powerlessness at the time and asked how she felt, now, as she thought about herself as a little child going through that and what she had needed.

Then the therapist provide rational. Talk about the survival stances of satir model. Her father maybe belongs to "blaming". To protect himself, he accuses other people or circumstances. Even though he is not around, he is having a big impact in her life right now. Her father will never change who he is. Part of it is she can change the reaction or the effect he has on her.

The client acknowledged that she was worthy and had deserved more than she got from her parents. She began to create a new identity narrative, one in which she was worthy and had unfairly suffered abuse of cruel father. She also began to feel that it would be possible to need love and that she was now open to learn to love and communicate with other people.

Evaluating the Application of the Intervention Approach

Emotion focused therapy has also been introduced to Mainland China, which meets application condition in china, but it also needs further exploration.

EFT lead us to explore our emotions, drawing together person-centered, Gestalt and existential therapy traditions, EFT provides a distinctive perspective on emotion as a source of meaning, direction and growth.

More than three-quarters of the clients indicated that they were extremely satisfied with the outcome of therapy, that they had made significant improvements in their personal well-being as a result of the therapy, and that these therapeutic gains were long lasting.

A number of randomized clinical trials of emotion-focused therapy have shown it to be effective in both individual and couples forms of therapy (Elliott, Greenberg, & Lietaer, 2004; Johnson, Hunsley, Greenberg, & Schlindler, 1999). EFT for treating depression has been shown to be highly effective in three separate trials. Then, EFT has been found effective in treating personality disorders, adult survivors of childhood abuse who suffer from psychological trauma and anxiety related disorders. Emotionally focused couples therapy (EFCT) has been found to be effective in treating couples' distress.

Practicing in China, the strength and weakness of the emotion focused approach is its emotion focus. Arousal of emotion has been shown to be important to emotional processing. However, there is a strong tendency to avoid emotions or less talk about feelings in Chinese culture, expressing feelings may be a strange thing, and this tendency prevents both awareness and arousal of emotion. Normal cognitive processes often distort or interrupt emotion and transform adaptive unpleasant emotions into dysfunctional behavior designed to avoid feeling. To the clients who are not good at emotional expression or consider talking feelings as weak, EFT may not be welcome.

But this is not insurmountable, the therapists often lead the clients to aware the feelings from the body, gradually guide the clients to contact their own feelings. The therapist might express the outrage, pain or sadness the client is unable to express. Therapists must have patience and more sensitivity to the needs of the clients, and consider slowing down the pace of treatment if the clients have reluctance.

In addition, the son should respect their father and younger should respect older in Chinese. It is impossibly to imagine that the clients should to talk their emotions frankly for their parents. So the therapists are required consider the cultural backgrounds, and coping with flexibility according to unique situation.

EFT can alleviate some pressure, but may not be effective in helping the Clients to solve the problems, but need some more direct, guidelines and techniques, such as interpretation, simulation exercises and so on. Therefore, it may better to integrate other approaches, such as Satir Model, Gestalt Therapy, Person-centred therapy. At other hand, Satir's approach clearly needs the EFT structures for its family and couple work. Satir's approach, when integrated with EFT, becomes a model for creating change in individual and family systems that is indeed greater than the sum of its parts.

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