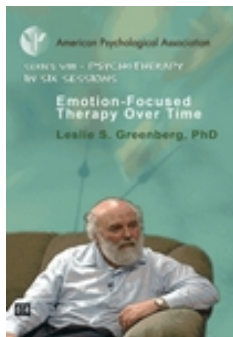


Emotion-Focused Therapy: A Video Demonstration Over Six Sessions

A review of the video



Emotion-Focused Therapy Over Time

(2007)

with Leslie S. Greenberg

Washington, DC: American Psychological Association, 2007. American

Psychological Association Psychotherapy Video Series VII, Item No. 4310761.

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Reviewed by

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Whereas the 1970s were dominated by the humanistic, client-centered, and gestalt therapy approaches, popular in a large number of graduate training programs and clinical settings, the 1980s gave way to more cognitive approaches, deemphasizing the importance of amygdala-based emotional reactions in favor of addressing the reasoning centers of the cortex. Although the grandfather of cognitive behavioral therapy, Albert Ellis, first began blending humanistic principles with behavior therapy in 1955, forming

what was originally rational emotive therapy (known today as rational emotive behavior therapy; Ellis & Blau, 1998), and Aaron Beck began publishing his studies on the use of cognitive therapy in treating depression in the early 1960s (Beck, 1963), the cognitive therapies became increasingly popular in the 1980s with the introduction of managed care and the demands for brief therapy models. The premise that emotions are reactions to the cognitive belief system prevailed throughout the 1990s; however, recent research has indicated that emotion often precedes cognition and significantly contributes to information processing and the development of cognitive schemas (LeDoux, 1996; Forgas, 1995). Emotions interact with cognition in assisting the individual in appraising a situation as it relates to personal values, needs, goals, or concerns (Oatley & Jenkins, 1992), as well as with amygdala-based emotions, which serve a primal function of warning against danger or threat (Greenberg, 2004).

According to LeDoux (1996), as the individual interacts with the world, images that signal a threat are stored in the amygdala and are extraordinarily difficult to change. Subtle reminders of past hurts, losses, or trauma are often experienced as present-day distress because of amygdala-based emotional reactions. The goal of therapy becomes transforming painful amygdala-based reactions to more adaptive emotional functioning. Whereas the cognitive-focused therapies operate from a top-down model by challenging irrational beliefs or cognitive distortions to produce different affective responses, emotion-focused therapy (EFT) works from the bottom up, replacing maladaptive, amygdala-based reactions with more adaptive, functional emotional responses leading to modification and reconstruction of the belief system (Greenberg, 2004). Negative midbrain emotional states, although necessary for survival, often promote dysfunction in processing information and can overwhelm the individual. A stable affective style and the ability to summon positive emotions during times of distress build psychological resilience

(Davidson, 2000). The focus of EFT is to access primary affective states to determine whether they are adaptive and lead to information processing, adaptive behavior, and problem solving or if they are maladaptive and in need of transformation.

Emotion-Focused Therapy

The therapeutic relationship remains an essential feature of EFT in providing emotional and social support critical in regulating emotions and promoting change. Although many therapies underscore the importance of empathy, support, and collaboration, the underpinning of EFT differs from other humanistic and cognitive theories in how emotions are processed and the interventions used to bring about change.

Emotion Processing Principles

EFT seeks to access primary affective material for either its adaptive function and ability to organize constructive action or its maladaptive, immobilizing effect needing to be transformed and replaced with more adaptive emotions. EFT goes beyond catharsis, exposure, or habituation. Maladaptive emotions are not purged, nor are they attenuated from exposure. Instead they are changed or transformed by exposure and replacement with a more adaptive affective experience. Greenberg (2004) outlined three empirically supported emotion processing principles: (a) increasing emotion awareness, (b) enhancing emotion regulation, and (c) emotion transforming.

Emotion awareness

The general goal of EFT is to increase emotion awareness. Clients are encouraged to experience and accept feelings as opposed to avoiding or denying unpleasant affective states. Essentially, the objective is to get in touch with and articulate adaptive primary emotional responses in order to access adaptive action tendencies. Of equal importance is to identify maladaptive emotional states that paralyze the individual and prevent adaptive reasoning and behavior. For example, a primary emotional response of healthy, assertive anger may propel a person into setting appropriate boundaries, confronting others' behaviors, and getting needs met. A maladaptive emotional response of guilt or shame originating from past traumas may render the person helpless, confused, emotionally disregulated, and engaged in maladaptive behavior to avoid or compensate for the distressing affect. Clients are assisted in remaining focused on feelings and in overcoming avoidant tendencies.

Emotion regulation

The second principle in EFT is emotion regulation. Primary emotions such as shame or secondary emotions such as hopelessness or despair are often powerful enough to overwhelm. As the person touches on these feelings, the supportive, validating, and empathic therapeutic relationship can help bring stability and comfort to assist in emotionally regulating. Clients are encouraged to regulate breathing, visualize distance from the emotion, and learn coping self-talk and other self-calming methods to allow and accept, rather than avoid, amygdala-based emotional arousal.

Emotion transformation

The third principle of EFT is emotion transformation. Maladaptive emotional responses are

replaced by more adaptive responses. Rather than attempting to reason one's way around or to completely avoid distressing affect, the client is encouraged to experience the affect and then shift focus to more pleasant calming emotions. Catharsis alone is seen as insufficient in transforming the painful affect. Rather, the presentation of an opposing emotional scheme synthesizes with the maladaptive affect, producing a more adaptive, higher order level of functioning.

Interventions

Greenberg (2004) employed a number of strategies in an integrated, eclectic fashion, geared to following the client in telling the story and directing the client into experiencing and transforming affect. These strategies include the following:

Shift attention

Shifting attention encourages clients to pay attention to subdominant feelings as a means of helping them change emotional states. Attention is given to nonverbal information like body language, voice tone, sighs, or manner of expression, to become attended to during the session.

Access needs and goals

When clients experience maladaptive emotions, they are asked to express what they need to resolve their distress. This assists clients in searching for solutions, asserting themselves, and accessing emotional neural pathways.

Positive imagery

Imagery helps generate affect. Clients are assisted in developed positive emotional imagery to synthesize with negative affective.

Expressive enactment

Clients are frequently asked to participate in open-chair dialogues with either people to whom they have strong negative emotional attachments or aspects of themselves that interfere with their self- and emotional acceptance.

Remember another emotion

Clients are asked to get in touch with memories of situations in which they felt differently.

Cognitively create new meaning

Clients are encouraged to change their viewpoint of a situation or to put their feelings into dialogue.

Therapist expresses the emotion for the client

Here the therapist takes over for the client and verbalizes painful affect that the client is unable to express.

Using the therapeutic relationship

As previously stated, the therapeutic relationship is essential in changing the client's

experience. Warmth, compassion, acceptance, safety, and comfort are all positive emotional states used in transforming maladaptive affect.

Video-Recorded Demonstration

At first glance, one might believe that Greenberg practices from a client-centered perspective. In *Emotion-Focused Therapy Over Time*, he demonstrates the use of basic attending skills, empathic responding, and prompts, following the client as she tells her story. Great effort is made to understand the client's subjective world and assist her in remaining emotionally focused. As his client begins speaking of her current marital stressors, she notes that she has experienced similar hurt in previous relationships. Unlike many therapies that might use this information to link behavioral and emotional patterns, Greenberg guides her focus to one issue, deepening her experience of this situation in an effort to access primary emotional material. Cognizant of his client's efforts to regulate affect as she briefly experiences her feelings and then explains the surrounding situation, Greenberg continues to validate her through empathic responding and an accepting, nonjudgmental posture.

Over the course of six 50-minute sessions, Greenberg artfully assists his client in recycling through painful, maladaptive emotions and encourages her to assert her needs. After becoming aware of her self-constructed protective wall that also keeps her lonely, he has her dialogue with the wall in an effort to access her deeper insecurities and to understand the emotional cost of self-protection. Each time his client experiences a core emotional experience, he guides her back to more adaptive emotions, allows her to dialogue and create new meanings to her feelings and experiences, and then follows her as she continues to tell her story. When she becomes disregulated emotionally, he responds

empathically and supportively, asking her to assert her needs; several times, he helps her “fill in the blanks” when she is unable to express herself.

As they move through their six sessions, it is evident that his client is better able to tolerate painful affect, self-regulate when experiencing previous maladaptive emotional states, and assert herself more clearly in expressing her emotional needs. Greenberg notes that his client is in ongoing therapy and will continue to work on her issues; however, she appears to make significant progress in a relatively brief period of time.

Applications

The six-session video demonstration appears appropriate for all clinicians interested in understanding the interactions between cognition and affect and methods of deepening affect, assisting in emotional regulation, and changing maladaptive emotional responses. As graduate faculty in counseling psychology, I would not recommend that entry-level counselors use these techniques without proper clinical supervision and a comprehensive understanding of the theoretical underpinnings, considering the advanced skill level demonstrated by Greenberg.

I have used these videos in demonstrating empathic responding, deepening affect, open-chair techniques, and integrated eclecticism. My students love the practical applications of this theory and especially benefit from viewing the version of the counseling session with Greenberg's voice-over, explanation, and comments on his interventions, intentions, errors, and the overall process of the therapeutic process.

Limitations and Strengths

Without some basic understanding of the goals of EFT, the viewer might have some

difficulty understanding the purpose of the interventions used by Greenberg. Unless one already knows that his technique involves both following and guiding, the viewer is likely to wonder why he interrupts, finishes sentences, and tells his client what she is feeling. That being said, a strength of this video is that it also includes an option to view the session with Greenberg's voice-over, explaining and critiquing his approach as the session is conducted. The quality of the recording is excellent and, although six hours is a considerable amount of time to watch a demonstration, I believe the time is well spent. Having read several of Greenberg's publications and being familiar with the central tenets of his theory, I received from the video a clearer understanding of how I might apply EFT in my clinical practice and use the videos in teaching counseling techniques and counseling theories.

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