**The Essence of Process-Experiential /Emotion-Focused Therapy**
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**Abstract**
Process-Experiential/Emotion-Focused Therapy (PE-EFT; Elliott et al., 2004; Greenberg et al., 1993) is an empirically-supported, neo-humanistic approach that integrates and updates Person-centered, Gestalt and existential therapies.  In this article we first present what we see as PE-EFT's five essential features, namely neo-humanistic values, process-experiential emotion theory, person-centered but process-guiding relational stance, therapist exploratory response style, and marker-guided task strategy.  Next, we summarize six treatment principles that guide therapists in carrying out this therapy: achieving empathic attunement, fostering an empathic, caring therapeutic bond, facilitating task collaboration, helping the client process experience appropriately to the task, supporting completion of key client tasks, and fostering client development and empowerment.  In general PE-EFT is an approach that seeks to help clients transform contradictions and impasses into wellsprings for growth.

**Keywords:  Process-Experiential Therapy, Emotion-Focused Therapy, humanistic therapy, therapeutic relationship**

**The Essence of Process-Experiential /Emotion-Focused Therapy**

A humanistic, empirically-supported treatment, Process-Experiential/Emotion-Focused Therapy (PE-EFT) is based on a 25-year program of psychotherapy research (Elliott, Watson, Goldman & Greenberg, 2004; Elliott, Greenberg & Lietaer, 2004; Rice & Greenberg, 1984). Drawing together Person-Centered, Gestalt and existential therapy traditions, PE-EFT provides a distinctive perspective on emotion as a source of meaning, direction and growth. In this article, we describe five essential features of this approach and its basic principles of practice.

When developed the late 1980's and early 1990's, this approach was referred to as Process-Experiential (PE) therapy (Greenberg, Rice & Elliott, 1993; Greenberg, Elliott, & Lietaer, 1994), to distinguish it from related experiential therapy approaches, in particular, those of Mahrer (1996/2004) and Gendlin (1996). This is still the preferred term for the therapy within the family of person-centered/gestalt/humanistic therapies, because it locates it most precisely. Emotionally-Focused Therapy (EFT) was originally a term reserved for a related form of couples therapy (Greenberg & Johnson, 1988; Johnson, 2004). However, since in the late 1990's, the term Emotion-Focused Therapy has also come to be applied to individual therapy (Greenberg & Paivio, 1998; Greenberg, 2002; Elliott et al., 2004; Greenberg & Watson, 2005).

## Distinctive Features of PE-EFT Practice

Whatever the name, five things are necessary in order to be able to carry out PE-EFT: identifying with humanistic values, understanding process-experiential emotion theory, adopting a person-centered but process-guiding relational stance, using an exploratory response style, and following a marker-guided task strategy.

### *Humanistic Values and Neo-humanism*

First, like other humanistic therapies, PE-EFT is based on a set of core values, which it strives to foster: immediate experiencing, presence/authenticity, agency/self-determination, wholeness, pluralism/diversity, and growth. Moreover, our understanding of these values has been updated in light of contemporary *emotion theory* (Frijda, 1986; Greenberg & Safran, 1987; Greenberg, 2002) and *dialectical constructivism* (Greenberg & Pascual-Leone, 1995; Elliott & Greenberg, 1997). Thus, in order to carry out PE-EFT effectively, it is necessary for the therapist to genuinely believe that experience is central; that people are greater than the sum of their parts and are capable of self-determination; that a growth tendency exists; and that therapists need to be authentic and present with their clients. However, all of these concepts have been reframed in contemporary terms:

> •*Experiencing* is seen as a continually evolving, dynamic synthesis of multiple emotion schemes organized around the person's key emotional states.
> •*Presence/Authenticity* in the therapist-client relationship is based on human attachment processes, in which contact and safety allow new experiencing to emerge, and open dialogue between client and therapist fosters constructive client change.
> •*Agency/self-determination* is held to be an evolutionarily adaptive motivation (complementary to attachment) to explore and master situations; furthermore, adaptive choices follow from open dialogue among different aspects of the self.
> •A sense of *wholeness* is adaptive and mediated by emotion. Instead of an over-arching, singular executive self, wholeness stems from contactful, affiliative dialog among disparate aspects.
> •*Pluralism/diversity* within and between persons is encouraged and even celebrated via personal and socio-political relationships based on equality and empowerment.

•*Growth* is supported by innate curiosity and adaptive emotion processes, and tends toward increasing differentiation and adaptive flexibility.

Consistent with its neo-humanistic philosophy of dialectical constructivism, PE-EFT sees human beings as constituted by multiple parts or voices, and in general therapy as involving a dialectic of stability and change. Therapy often involves supporting a growth-oriented voice in its conflict with a more dominant negative voice that attempts to maintain the stability of familiar but negative states.

### Emotion Theory

Second, it is important for therapists to have a grasp of process-experiential emotion theory (Greenberg, 2002; Greenberg & Safran, 1987; Greenberg & Paivio, 1997), which says that emotion is fundamentally adaptive, making it possible for people to process complex situational information rapidly and automatically in order to produce actions appropriate for meeting important organismic needs (e.g., self-protection, support). Emotion is central to human function, dysfunction and change, and thus an appreciation of the forms, structure, and variety of emotion processes is an essential basis for practice.

We have found two key emotion-theory concepts to be highly useful: emotion schemes and emotion reactions. Briefly, *emotion schemes* are implicit, idiosyncratic structures of human experience that serve as the basis for self-organization, including consciousness, action, and identity (Greenberg & Paivio, 1997; Greenberg et al., 1993). In particular, complete emotion schemes contain a variety of elements, including situational, bodily, affective, conceptual and action elements; dysfunction may result when one or more of these elements is missing (Elliott et al., 2004; Leijsen, 1996). The therapist helps clients understand and transform their emotion schemes through careful empathic listening, evocative or expressive interventions; therapists also help clients reflect on and reevaluate emotion schemes and expose themselves to more adaptive emotional responses (Greenberg & Paivio, 1997).

However, not all emotional experience is the same, and different kinds of *emotion reaction* require different therapist interventions (Greenberg & Safran, 1989; Greenberg & Paivio, 1997). Assessing these emotion reactions requires close empathic attunement to the client's expression as well as attention to the perceived situation in which the emotion emerged. Each type of emotion process must be worked with differently (Greenberg & Paivio, 1997). *Primary adaptive* emotions (e.g., anger in response to violation) are the person's most direct, useful responses to a situation; therefore, it best for them to be accessed and allowed to shape adaptive action. *Secondary reactive* emotions (e.g., anger in response to fear or sadness) are the person's response to another, more primary emotion; they thus require empathic exploration of the other, more adaptive emotions that may underlie the emotion presented. *Primary maladaptive* emotions arise directly, but are based on an experience-based misconstrual of the situation; they also benefit from broad exploration of the emotional response that has become problematic (because it no longer fits the situation), accompanied by careful listening and elaboration of other, subdominant primary emotions (e.g., sadness).

### Person-Centered but Process-Guiding Relational Stance

Third, and essential for actual practice, PE-EFT is based on a particular way of communicating with clients. The therapist integrates "being" and "doing" with the client, and this results in a style that of *following* and *guiding*. As Rogers (1951) indicated, the therapist thus *follows* the track of the client's internal experience as it evolves from moment to moment, remaining empathically attuned to and communicating back the client's immediate inner experience. Fundamentally, the therapist tries to follow the client's experience because they

recognize 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, to accomplish goals and to reach out to others. The therapist prizes the client's initiative and attempts to help the client make sense of his or her situation or resolve problems.

At the same time, however, the therapist guides the client, in the sense of actively facilitating the therapeutic process, in the manner of Gendlin (1996) and others. Guiding does not mean lecturing the client, giving advice or insight or controlling or manipulating the client. The therapist is an experiential guide or coach who knows about subjective terrain and emotional processes. *Process guiding* is our preferred term for describing how the therapist acts, as the therapist is always actively working toward something with the client (cf. Mahrer, 1996/2004).

Following and leading at the same time sounds like a contradiction, but PE-EFT therapists see it as a *dialectic*, or creative tension, between two vitally important aspects of therapy. Following without leading can result in therapy not progressing efficiently or not getting anywhere. Leading without following is ineffective and often counter-productive, undermining attempts to help the client develop as an empowered, self-organizing person. Thus, the PE therapist tries to integrate following and leading, so that the distinction often disappears, analogous to a dance in which each partner responds to the other by alternately following and leading. The optimal situation is an active collaboration between client and therapist, with each feeling neither led nor simply followed by the other. The therapist constantly monitors the state of the therapeutic alliance and the current therapeutic tasks in order to judge the best balance of active stimulation with responsive attunement.

Nevertheless, when disjunction or disagreement occurs, the client is viewed as the expert on his or her own experience, and the therapist always defers to the client's experience. Furthermore, therapist interventions are offered in a *non-imposing*, *tentative* manner, as conjectures, perspectives, "experiments" or opportunities, rather than as expert pronouncements, commands, or statements of truth.

### Therapist Empathic Exploratory Response Style

But how does the therapist enact this relational stance in concrete terms? The fourth essential feature of PE-EFT is a distinctive pattern of specific therapist in-session responses,. This pattern of responding is quite different from the typical response style of nonexperiential approaches. It is so characteristic that a session can generally be identified as process-experiential simply by listening to it for a few minutes. We call this general way of responding *empathic exploration* because it simultaneously communicates empathy and encourages client exploration. Commonly, this style makes use of *exploratory reflections*, as in the following brief passage from a therapy with Rachel, a young woman with severe crime-related PTSD:

> C: All I want is enough of who I used to be, so that I could live like a human being.
> T: [speaking as the client:] It's almost like, "I don't feel like a human being right now. I feel like some kind of, something else, that's… not human." Is that what it feels like?
> C: Just like a paranoid little, girl, you know.

*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?" (cf. Gendlin, 1996). This distinctive form of therapist responding is active, engaged, and often evocative or expressive, but at the same time highly empathic and tentative, even at times deliberately inarticulate. Such responses attempt to model and promote client self-exploration of *presently* felt experience. Here is a somewhat longer example of the use of this response style in Rachel's therapy:

T1: So if you, what you would *like* to be able to do… in your life, would be to somehow stop yourself being afraid?

C1: 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.

T2**:**  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)  And it has a quality of thingness.

C2: (Thinks for a couple of seconds) Oh yeah.

T3: Yeah. Is that right?

C3: Um-hm.

T4:  So it feels like… Um, What's it like, the fear? … What kind of thing is it?

C4: I don't know.  I don't know if I feel like it's *inside* me, (Therapist: um-hm) or if it's like *around* me, or if it just sneaks up on me, I don't… mm.

T5: If you were to, *be* the fear? …

C5: I guess it'd be inside of me.

T6: You'd be inside Rachel. (client nods agreement)

### Marker-Guided, Evidence-Based Task Strategy

Finally, PE-EFT is most obviously distinguished by its explicit, evidence-based descriptions of in-session therapeutic *markers* and *tasks*.  Markers are in-session behaviors that signal that the client is ready to work on a particular problem, or task.  An example is a *self-critical split* marker in which one part of person (a *critic*) is criticizing another part (an *experiencer*).  Tasks involve immediate within-session goals, such as resolving the conflict inherent in a self-critical split.  Previous research (e.g., Rice & Greenberg, 1984) on successful client task resolution has identified the series of steps clients move through in resolving tasks, together with the therapist responses that have been found to facilitate client movement through those steps.  As illustrated by Table 1, 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 (*Two-chair Dialogue*).  The table also summarizes the client resolution steps and the appropriate facilitating therapist responses at each stage of this task.

In general, then, the therapist listens for the client to present task markers, then offers interventions to match the tasks that emerge.  In other words, 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.  Elliott et al. (2004) describe 13 tasks, including markers, client and therapist responses associated with the different steps; there is also a post-session instrument for rating each of these tasks (Elliott, 2002).

Beyond the essential features we have just described, it also is important to note that PE-EFT developed out of research on therapy process and outcome and continues to evolve through the active research programs of its developers and others (e.g., Elliott, Davis & Slatick, 1998; Greenberg & Foerster, 1996; Watson & Rennie, 1994; Paivio & Nieuwenhuis, 2001; Johnson & Greenberg, 1985; Clarke, 1996, Toukmanian, 1992; Rennie, 1994; Sachse, 1998).  This research continues to refine existing therapeutic tasks, adding new tasks, and applying PE-EFT to new treatment populations, such as childhood abuse survivors, eating disorders, and borderline personality disorder.  PE-EFT tries to stay close to the data, which includes both the client's immediate experience and the results of research on treatment process and outcome.  In addition, a growing body of outcome studies (reviewed by Elliott et al., 2004) testifies to the effectiveness of this approach.

**Treatment Principles**

Another way to describe the essential nature of our approach is to lay out the treatment principles that guide the therapist's relational stance and actions (Greenberg et al., 1993; Elliott et al., 2004). Everything the therapist does is derived from a set of treatment principles. As their ordering implies, the relationship principles come first and ultimately receive priority over the task facilitation principles.

***Relationship Principles***

PE-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 his or her key personal difficulties and emotional pain.

*1. Empathic attunement: Enter and track the client's immediate and evolving experiencing*. Empathy is an evidence-based therapeutic process (Bohart, Elliott, Greenberg & Watson, 2002), and the foundation of PE-EFT. Although it might seem simple from the outside, empathy is rich and complex, involving multiple processes and tracks. From the therapist's point of view, empathic attunement grows out of the therapist's presence and basic curiosity about the client's experiencing. It requires a series of internal actions by the therapist (cf. Greenberg & Elliott, 1997), 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 what feelings and meanings are most crucial or poignant for the client at a particular moment. Empathic attunement also involves selection among several different *tracks*, including the main meaning expressed by the client, emotion, immediate client experience, what it is like to be the client, and what is unclear or emerging. Empathic attunement is an essential process within all of the tasks.

*2. Therapeutic bond: Communicate empathy, caring, and presence to the client*. Following Rogers (1957) and consistent with current assessments of the research literature (e.g., Norcross, 2002; Orlinsky, Rønnestad, & Willutzki, 2004), the therapeutic relationship is seen as a key curative element. For this reason, the therapist seeks to develop a strong therapeutic bond with the client, characterized by communicating three intertwined relational elements: understanding/empathy, acceptance/prizing and presence/genuineness. *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. *Acceptance* is the general "baseline" attitude of consistent, genuine, noncritical interest and tolerance for all aspects of the client, while *prizing* goes beyond acceptance to the immediate, active sense of caring for, affirming, and appreciating the client as a fellow human being, especially at moments of client vulnerability (Greenberg et al., 1993). The therapist's genuine *presence* (Geller & Greenberg 2002) to the client is also essential, and includes being in emotional *contact* with the client, being *authentic* (congruent, whole), and being appropriately *transparent* or open in the relationship (Lietaer, 1993). Contact, authenticity and transparency also support the therapist's empathic attunement and prizing, making them believable for the client.

*3. Task collaboration: Facilitate involvement in goals and tasks of therapy*. An effective therapeutic relationship also entails involvement by both client and therapist in overall treatment goals and immediate within-session tasks and therapeutic activities (Bordin, 1979), aiming to engage the client as an active participant in therapy. Thus, in the first few sessions of PE-EFT,

the therapist works to understand the client's view of the main presenting difficulties and to clarify the client's primary therapeutic goals. In general, the therapist accepts the goals and tasks presented by the client, working actively with the client to describe the emotional processes involved in them (Greenberg, 2002). Research on PE-EFT (Watson & Greenberg, 1996) has found that the emergence of a clear, shared treatment focus by the fifth session of treatment predicts posttreatment outcome. In addition, the therapist offers the client information about emotion and the therapy process, to help the client 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 PE-EFT therapy. These are matched by three principles that guide the pursuit of therapeutic tasks presented by clients, principles based on the general 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.

*4. Experiential processing: Help client work in different ways at different times.* A key insight of PE-EFT therapy is the understanding that clients have different productive ways of working at different times. It is essential that the therapist attend to the client's immediate state, in order to help them work in different ways at different times. We refer to these different ways of working as *modes of engagement* (Elliott et al., 2004; Greenberg et al., 1993). Client modes of engagement are defined as productive, moment-to-moment ways of working with one's internal experiencing (also known as *micro-processes*). These include:

- *Attending*: Paying attention to what is available to awareness.
- *Experiential search*: Actively searching one's internal experience in order to identify and put into words what is unclear or emerging.
- *Active expression*: Actively enacting one's inner experience.
- *Interpersonal contact*. Risking one's inner experience to be known by another person.
- *Self-reflection*: Reflecting on experience to make sense of it and to create new meaning.
- *Action-planning*: Looking ahead to how one might act, think or feel differently in the future.

Each mode of engagement is most productive in particular in-session contexts. Consequently, the therapist continually uses looks for markers of micro-processes (*micro-markers*) to make momentary assessments of what to do at a particular moment in therapy. For example, at the beginning of the Two Chair Dialogue task, the most productive client mode of engagement is likely to be active expression, but as a client progresses, they are likely to shift to experiential search and then finally to self-reflection and perhaps even action-planning.

*5. Task Completion/Focus: Facilitate client completion of key therapeutic tasks.* It is important to keep in mind that key PE-EFT tasks are not generally completed the first time they are attempted. Clients experience key therapeutic tasks as incomplete figures that continue to press towards completeness in the form of resolution. Thus, it is essential for therapists to help clients identify key treatment foci and to help them work on these over several sessions. In order to do this, therapists begin treatment by working with clients to develop clear treatment goals, then track clients' current tasks within each session. Given a choice of what to reflect, therapists emphasize experiences associated with treatment foci; in addition, therapists gently persist in offering clients opportunities to stay with key therapeutic tasks, often bringing clients back to a

task when distractions, sidetracks or blocks occur. In doing so, therapists are partly guided by their knowledge of the natural resolution sequence of particular tasks, and so offer clients opportunities to move to the next stage of the work (for example, giving the Critic in Two-chair Dialogue an opportunity to soften). On the other hand, it is important to remember that therapists cannot make clients move to the next stage of resolution. The client will move on when they are emotionally ready to do so, but the therapist can offer their client *opportunities* to move ahead. Perhaps the most important advantage of knowing the typical steps clients follow to resolution is that the therapist can listen for signs that a client is ready to move forward and encourage this movement (or at least stay out of the client's way!).

On the other hand, rigid adherence to a particular current task is counterproductive, and it is important for the therapist to be flexible and to follow the client when they switch to an emerging task that is more alive or central for them. In general, it is also important to maintain a balance between task-focusedness and the therapeutic relationship. A therapist's efforts to help the client complete a therapeutic task can at times be experienced by the client as a threatening pressure. Anticipating this possibility, the therapist listens carefully and is prepared to offer the client the choice to back off from or 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 towards a neglectful parent. The therapist might therefore help the client return to a key task week after week, but would of course temporarily suspend work on this if something more immediately pressing emerged, or if the client began to feel unsafe or embarrassed.

*6. Self-Development: Foster client responsibility and empowerment.* PE-EFT therapists emphasize the importance of clients' freedom to choose their actions, in therapy as well as outside therapy. Beyond their general stance of treating clients as experts on themselves, the therapist supports the client's potential and motivation for *self-determination*, mature interdependence with others, mastery and self-development, including the development of personal power (Timulak & Elliott, 2003). Client *growth* is largely facilitated through listening for and helping the client to explore the growth possibilities in their experience. For example, the therapist might hear and reflect the assertive anger implicit in a particular client's depressed mood. *Choice* is facilitated in different ways, such as when the therapist offers the client alternatives about therapeutic goals, tasks and activities. Thus, the therapist might offer a hesitant client the choice *not* to go into exploration of a painful issue. We have found that clients are more willing to take risks in therapy when they feel they have the freedom to make therapy as safe they need it to be.

## Conclusion

In many ways, the essence of Process-Experiential-Emotion-Focused Therapy can be found in its dialectically constructive nature, as it embraces a set of seeming contradictions and seeks to transform these into creative tensions. Thus, the therapist continually attempts to maintain a constructive balance between competing principles and processes: Between relationship and task treatment principles, between following content and guiding process, between safety and risk, between research and practice, and ultimately between emotional experiencing ("heart") and self-reflection ("head"). Living with such tensions challenges both therapist and client to move past old stuck places to new emergent, growth-oriented experience and productive change.

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Table 1.  Two Chair Dialogue for Self-Evaluation Conflict Splits: Task Resolution Scale and Therapist Responses

| Task Resolution Scale | Therapist Responses |
|---|---|
| 1. *Marker/Task Initiation*: Describes or displays a sense of tornness in which one aspect of self is critical of, or coercive toward, another aspect. | Identify client marker; offer task to client |
| 2. *Entry*: Clearly expresses criticisms, expectations, or "shoulds" to self in concrete, specific manner. | Structure (set up) two-chair process; create separation and contact; promote client owning of experience; intensify client arousal |
| 3. *Deepening*:  Primary underlying feelings/needs begin to emerge in response to the criticisms.  Critic differentiates values/standards. | Access and differentiate underlying feelings in the experiencing self; differentiate values and standards in the critical aspect; facilitate identification, expression of or acting upon organismic need; bring contact to an appropriate close when resolution is not possible |
| 4. *Emerging shift*: Clearly expresses needs and wants associated with a newly experienced feeling. (=Minimal resolution) | Facilitate emergence of new organismic feelings; create a meaning perspective |
| 5. *Softening*: Genuinely accepts own feelings and needs.  May show compassion, concern and respect for self. | Facilitate softening in critic (into fear or compassion) |
| 6. *Negotiation*.  Clear understanding of how various feelings, needs and wishes may be accommodated and how previously antagonistic sides of self may be reconciled. | Facilitate negotiation between aspects of self re: practical compromises |

Adapted by permission from Elliott et al. (2004), *Learning Emotion-Focused Therapy*. APA, Washington, DC.