The Use of Homework in Emotion-Focused Therapy for Depression

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Abstract

EFT is an empirically supported treatment of depression for individuals, and is also considered to be an integrative, transdiagnostic therapy approach focusing on emotions that are the cause of a client's emotional pain and suffering. The target of treatment is to facilitate emotional processing to change unhealthy emotion schemes that underlie current symptoms of depression. The therapist is highly attuned to the client's moment-by-moment process to promote in-session work on emotion, alongside experiential teaching. In-session work is consolidated and expanded by between-session homework, which is viewed as a natural extension of the in-session work. EFT views the therapist as an emotion coach who offers interventions within a client's developmental and experiential learning capabilities to move them to their end goals. A case example is discussed to illustrate how homework is used effectively in treating a depressed client in relation to treatment principles over the course of treatment.

Clinical Psychology: In Session

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EFT (Emotion-Focused Therapy) was developed through the perspectives of modern emotion theory, affective neuroscience, and dialectical constructivism. Although EFT has been assessed for its efficacy in the context of various diagnostic groups, EFT did not originally emphasize diagnostic categorization. Traditionally, EFT was developed as a generic therapy where the therapist is attuned to a client's presenting difficulties and underlying pain and suffering and uses a process-diagnostic lens, that is what is happening moment-by-moment, to determine which interventions would be beneficial in resolving a client's issues. Due to the demand for research on specific diagnostic populations, EFT was first empirically validated for the treatment of depression in adults. EFT integrates person-centered, gestalt, and existential therapies (Elliott et al., 2004; Greenberg, Rice & Elliott, 1993) and is now recognized as a comprehensive, evidence-based transdiagnostic therapy (Greenberg, 2021; Timuluk and Keogh, 2021), treating a wide range of client populations (individual, couples, families) and many types of emotional issues (Greenberg & Goldman, 2019). It focuses on emotional processing of underlying emotions to transform emotional pain and suffering. Emotional processing has been recognized as an important mechanism of change and has been shown to predict outcome across therapy modalities (for a review, see Pascual-Leone et al., 2016). Emotional processing in EFT involves approaching,

accepting, tolerating, symbolizing, regulating, making meaning of, and utilizing or transforming emotions. In therapy, healthy emotions (referred to as adaptive emotions in EFT) are accessed to transform unhealthy (maladaptive) emotion schemes, and this process supports the development of more secure relationships as well as positive identity and relationship narratives (Greenberg, 2015, 2021). Throughout the course of therapy, in-session work and moments of change are consolidated and expanded using homework and experiential teaching guided by the EFT principles of emotional change, the client's emotional pain and suffering, and the phases of therapy.

Emotion Assessment in EFT

EFT interventions are based on a process-diagnostic, moment-by-moment assessment of four emotion types that clients are currently expressing in-session: primary healthy (adaptive), primary unhealthy (maladaptive), secondary, and instrumental (Elliott et al., 2004; Greenberg & Paivio, 1997; Greenberg & Watson, 2006; Greenberg et al., 1993). The key distinction in emotion assessment is between primary and secondary emotions (Elliott et al., 2004; Greenberg, 2002, 2015; Greenberg et al.,1993). Primary emotions are defined as a person's first immediate gut response to a situation such as fear when threatened, or anger at violation. In contrast, secondary emotions are reactions to a person's primary responses, often masking or interrupting a person's primary reaction and lead to responses which are not appropriate to the current situation. Secondary emotions require validation and exploration by the therapist to understand their protective functions, and to allow access to the more important primary emotions underlying these secondary reactions.

Primary healthy emotions provide useful information about the current situation to serve a person's needs, goals, and concerns in the world, and organizes them for taking healthy action. Primary unhealthy

emotions are responses that were originally healthy and may have served a helpful purpose in the past, but now they have developed into unhealthy emotion schemes, such as feeling ashamed to express oneself to a loved one now, because of being humiliated by a parent growing up. Central to unhealthy emotions are deep fears of abandonment or annihilation, sadness of loss, or the shame of being unworthy (Greenberg, 2021). It is important to highlight that it is both the activation and expression of primary emotions that is therapeutic. Primary healthy emotions need to be accessed to obtain their healthy information to problem solve and navigate through one's world with emotional competence. In contrast, primary unhealthy emotions need to be activated and deepened to be receptive to new information, and amenable to transformation (Greenberg, 2015, 2021). An EFT treatment focus is to transform these primary unhealthy emotion schemes by accessing alternative primary healthy emotions (Greenberg, 2021; Greenberg & Paivio, 1997).

Problematic Emotional Processing States and Interventions

EFT research has identified specific problematic emotional processing states that indicate underlying emotional problems. These states are identifiable by in-session client statements and behaviors referred to as client *markers* . These markers offer opportunities for specific types of effective in-session therapist interventions to resolve different emotional problem states (Elliott et al., 2004; Greenberg et al., 1993; Rice & Greenberg, 1984). The main EFT interventions and their corresponding client states include: two-chair dialogue for resolving shame characterized by self-criticism, two-chair enactment for self-interruption and blocks to experiencing and expressing emotions; empty chair work to resolve lingering hurt and resentment with a significant other; empathic affirmation during vulnerability; self-soothing intervention to resolve pain or anguish; systematic evocative unfolding to identify problematic feelings; and experiential focusing for an unclear or absent felt sense, and/or to deepen emotional experience. The components of a path to resolution as well as the specific type of resolution that take place for each intervention have been described and serve as maps to guide effective therapist interventions (Elliott et al., 2004; Greenberg et. al., 1993).

Principles of Emotional Change

The principles of emotional change in EFT are applicable in treating a wide variety of clinical populations.

There are 3 key categories of emotion change principles when working with emotion: 1)Emotion Utilization, 2)Emotion Transformation, and 3)Emotion Regulation. The first category of *Emotion Utilization*is

comprised of principles of *awareness, expression, and reflection* , which refer to increasing awareness of and deepening experienced emotions so they can be used productively. The principle of*awareness* involves increasing awareness of emotion by directing clients to pay attention to, allow, and accept their emotions. Awareness involves feeling the emotion in awareness and putting emotion into words to provide access to the healthy information and action tendency (for example, in shame wanting to hide) that are embedded in them. Labelling emotions also connects people to their motivation and moves them to action to meet their relevant needs and goals. In EFT, the therapist offers empathic understanding and empathic exploration responses so that clients feel understood. In addition, therapist empathic exploration responses such as empathic conjecture are used to facilitate emotional awareness and help clients identify unacknowledged and unnamed emotions. The next principle of *expression* involves helping a client express what they feel in words. In EFT, expression involves expressing primary emotions, and often overcoming avoidances to express previously constricted primary emotions (Greenberg, 2015, 2021). *Reflection*is the third emotion utilization principle which involves reflecting on activated and expressed emotions to help people make sense of their experiences and incorporate them into their ongoing self-narratives. Reflection has been demonstrated to be an important ingredient to the emotional change process as it creates new meaning and develops new narratives of self, others, and the world (Angus & Greenberg, 2011; Greenberg & Angus, 2004; Greenberg & Pascual-Leone, 1997; Pennebaker, 1995). The *Emotion Transformation Principles* , include*changing emotion with emotion* (Greenberg, 2021) and*corrective emotional experience* . In EFT changing emotion with emotion is the most important principle of emotional change and the main change process. This involves primary unhealthy emotions such as fear, shame, and the sadness of lonely abandonment (Greenberg, 2002, 2015, 2021). These withdrawal emotions are transformed by accessing healthy, approach emotions of empowering anger that sets boundaries, the sadness of grief that promotes self-compassion, as well as soothing by the self and others (Greenberg, 2002, 2015, 2021). This principle asserts that an unhealthy emotional state can be undone by activating another, more healthy emotional state. This first involves the client experiencing an unhealthy emotion to make it amenable to change. Once alternate emotions have been accessed, these new emotional responses start to undo the prior manner of processing. Furthermore, new emotional states allow a person to challenge their perceptions of self and others that are connected to their unhealthy emotions (Greenberg, 2002, 2015). C*orrective emotional interpersonal experience* is a transformation principle which transpires with another person, and in the therapy context, it refers to new lived experiences with the therapist such as feeling safe, understood, and prized. Having one's painful emotions accepted by another person can lead to new ways of being and the safety of the therapeutic relationship is corrective and leads to change (Greenberg, 2011).

Emotion Regulation is the principle comprised of *deliberate regulation* and *automatic regulation* and refers to the necessity to regulate emotion to be able use it productively (Greenberg, 2011, 2015, 2021). Deliberate regulation is used when emotions are too distressing to be useful and they interfere with a client's coping. It involves engaging the client in specific, concrete coping strategies such as: distress tolerance skills; establishing a working distance; avoiding triggers; establishing a safe place; or distraction. The result is to help the client regulate their emotions and feel calm. In contrast, automatic regulation is an intervention facilitated during the activation of unresolved emotional suffering or anguish of past painful interpersonal needs that were never soothed by others. The therapist helps the client to re-enter these past painful memories using a two-chair, self-soothing intervention where the adult-self faces and soothes the wounded child and grieves the unmet interpersonal needs, which leads to feeling calm, soothed, secure, and resilient (Elliott et. al., 2004; Greenberg, 2015). This helps clients to develop automatic regulation over time, whereby they spontaneously engage in self-empathy, self-compassion, and self-soothing. Another way automatic regulation develops over time is through the empathic relationship and internalizing soothing of the therapist (Bohart & Greenberg, 1997).

Emotion-focused Therapy for Depression

EFT has been recognized by Division 12 of the American Psychological Association as an evidence-based treatment for depression (APA residential Task Force on Evidence-Based Practice, 2006; Strunk, n.d.). In addition, in three randomized clinical trials conducted by two research teams, two of these studies found

that adding emotion-focused therapy interventions to a person-centered empathic relationship led to better outcome and lower relapse rates than a person-centered empathic relational treatment alone. In addition, EFT was found equivalent to CBT in reducing depressive symptoms and superior in reducing interpersonal problems (Watson et al., 2003). In terms of process-outcome research, EFT has contributed significantly to our understanding of in-session process variables that are related to psychotherapeutic change. EFT process research demonstrates that emotions must be activated in therapy to be processed in awareness. Furthermore, in studies of the change process, better treatment outcome has been predicted by higher in-session emotional arousal during mid-treatment, in addition to subsequently reflecting on and making meaning of aroused emotion (Pos et al., 2017; Warwar & Greenberg, 1999).

From an EFT view of depression, the self has lost a sense of vitality and resilience, mainly by losing contact with primary needs and emotions (Greenberg & Watson, 2006). Problems in the adequate emotional processing of their experiences lead people to become distant from their own inner adaptive resources and needs that would promote healthier functioning. These emotional processing problems leave a person stuck in the same old problematic narratives and result in secondary feelings of hopelessness and helplessness. Additionally, persistent unhealthy depressive emotion schemes stemming from unprocessed past events, activate overwhelming experiences dominated by shame, fear of abandonment, insecurity/helplessness, or sadness/loneliness; when these unprocessed past events are not fully processed, it leaves an individual in a state of depressive hopelessness. These problematic emotion schemes usually develop through early life experiences involving humiliation, rejection, abandonment, loss, helplessness, or powerlessness.

There is general agreement that transforming emotion schemes or schemas is an essential treatment target across all treatments for enduring resolution of depression to occur (Greenberg & Watson, 2006; Teasdale, 1999). In EFT for depression, emotion schemes of shame are common, and they get masked by secondary emotions. Activation of these unhealthy emotion schemes of shame is often accompanied by negative self-cognitions such as "I am defective", or "I am worthless". EFT of depression, targets transforming the problematic emotion schemes that are the cause of a person's depression and underlie interpersonal and cognitive problems (Greenberg & Watson, 2006). Through therapy, healthy emotions are accessed to transform unhealthy emotions and to organize the person for healthy responses. For example, in resolving self-criticism, it is often necessary to access autobiographical childhood memories to activate these emotion schemes of shame and the related problematic developmental histories. Treatment first involves accessing the emotionally based emotion-scheme of a "weak" or "bad" sense of self at the core of a client's depression. To do this, a client must enter into their core, painful unhealthy state to be able to transform it. It is important to note that in depression, clients often are only aware of secondary reactive feelings of hopelessness or diffuse anxiety, and the therapy work involves empathic exploration to identify the primary emotions.

The Role of Homework in EFT

The main therapeutic actions of emotional change in EFT are viewed as occurring in-session, however, homework can play an important role to deepen and consolidate in-session work, as well as carry forward in-session work to clients' daily lives (Greenberg & Warwar, 2006; Warwar & Ellison, 2019). EFT does not typically use the term "homework" with clients to refer the between-session work as the word implies completion is necessary which does not fit the EFT perspective of homework. Rather, when speaking with clients, homework is referred to as an "experiment" or an "exercise" for the client to "try and see if it fits." This paper uses the terms *homework* and*between-session* work interchangeably. Different types of homework in EFT include: 1)awareness which involves promoting awareness of something that emerged in session; 2)practice, which involves practicing a change that occurred in session; and 3)introducing novelty, which involves trying something new related to an awareness or change that occurred in-session. The use of homework in EFT is indicated and most effective when it is facilitated from current in-session work that is emotionally activated, alive, focused on the goals of therapy (which in EFT is synonymous with the client's core pain), and guided by the principles of emotional change. In addition, homework that is co-constructed with the client and custom tailored to a client's unique strengths and personal challenges is most successfully experienced. In EFT, offering homework is preceded by in-session experiential teaching,

such as psychoeducation and rationales, which are also personalized and offered alongside the client's current in-session work and guided by the client's moment-by-moment process (Greenberg & Warwar, 2006; Warwar & Ellison, 2019). The goal of offering psychoeducation and rationales prior to collaborating on homework with the client is beneficial because it connects the in-session work to the homework and offers a justification of how it would be helpful to the current in-session work and the goals of therapy.

EFT involves a style of following and guiding the client's experiential process based on two central principles: 1) providing an empathic relationship, and 2) facilitating therapeutic work focused on emotion (Greenberg et. al., 1993). Facilitating a therapeutic relationship is based on therapist presence, empathic attunement, the therapeutic bond, and task collaboration. Task collaboration emphasizes moment-by-moment and overall collaboration on the goals and tasks of therapy. Following clients requires empathy and attunement which facilitates acceptance and is necessary for guiding, while guiding clients allows them to process their emotions in novel ways. Consistent with this type of client-therapist relationship, EFT proposes a view of the therapist as an emotion coach who is a facilitator that helps guide clients toward their internal strengths and resources, to move them to their end goals (Greenberg, 2002; Greenberg & Warwar, 2006). The emotion coaching relationship in EFT is based on an experiential developmental framework, as emotional change and the development of emotion skills occur in the client's zone of proximal development (Vygotsky, 1986) which is the optimal zone that a client can learn/experience new things with the guidance of the therapist. As an emotion coach, the EFT therapist offers experiential teaching, psychoeducation, interventions, in-session work, and homework suggestions that are in the client's zone of proximal development. In this emotion coaching relationship, the EFT therapist is attuned to the client's moment-by-moment: capabilities, emotional states, emotional pain, and current goals. In addition, the therapist follows or guides clients based on an assessment of these momentary states which helps determine the relevance and timing of in-session and between-session work being offered. From this perspective, in closely following and being attuned to the client, the EFT therapist guides homework suggestions that are within the client's experiential and developmental grasp.

Clients are viewed as the experts of their experiences, and the therapeutic relationship always has priority over the achievement of a task. Homework and experiential teaching are offered in a tentative, non-imposing manner, in an atmosphere of collaboration and co-exploration, with interest and curiosity. The therapist collaboratively explores with clients how they can they be aware of, practice, or expand a moment of change in the session to between sessions. It is important to emphasize that compliance or completion of homework is not the goal. If homework is not completed, then the therapist takes responsibility for the homework suggestion not being suitable to the client's present state or as not being offered with enough of a clear rationale linking the homework to the current in-session process and the goals of therapy. When a task is experienced by the client as contrary to their goals, therapists return to following the moment-by-moment process to become more attuned with their client's goals. In fact, when homework is not completed the outcome can be more therapeutic and it is viewed as an opportunity to explore what was difficult and work on it directly in therapy which can be quite productive. If homework is not completed, from a framework of acceptance the therapist: validates and explores with the client what was challenging about it; works with the difficulty in-session; and collaborates on suggestions for homework that are more appropriate.

Case Illustration

Presenting Problem and Client Description

John is a 50-year-old white male, originally born in Canada. He is a schoolteacher who had been married for 15 years and has a 13-year-old son. John was diagnosed with major depressive disorder and interpersonal problems. At the start of treatment John reported that he had difficulty feeling comfortable being himself and that he did not know how to express himself in a healthy way as he felt that he would always say the wrong thing. Furthermore, he described himself as having a "short fuse" and his wife and son complained about his temper. John had seen many therapists before and conveyed that the past therapies focused on the ongoing difficulties he was having in his relationships and his temper, and he felt that he still was struggling with these issues.

John felt that his problems must be because of his childhood and adolescence and how his father treated him. From childhood until his early teens, John suffered ongoing physical abuse and extreme criticism from his father who drank heavily. John reported having unresolved anger towards his father who was also verbally abusive to his mother. John felt that did not have a normal upbringing where he could be himself because his father was often angry and criticized him for everything. John reported that he would try to spend as much time at his friends' homes because he wanted an escape from his father and his abusive home life.

Case Formulation

As EFT is a process-oriented therapy, case formulation is an ongoing working hypothesis about the client's core painful emotion, arrived at collaboratively with the client and changes throughout the course of therapy (Goldman & Greenberg, 2015; Greenberg & Goldman, 2007). Diagnosis is process-centered as therapists formulate what is happening as they listen for painful emotions that seem central to the client's suffering and focus on the client's moment-by-moment, in-session emotional processing. While setting up empathic, collaborative relationships, the therapist is guided by what is most poignant and painful, and the client's enduring pain becomes the focus of therapy. Initially, the therapist listens to the client's stories and their presenting issues and learns what brought them to therapy through the unfolding of their narratives. In addition, the therapist asks how clients have formed and maintained attachment relationships in their lives and how they view and treat themselves. Furthermore, by paying attention to paralinguistic cues, a client's emotional processing style is observed. For example, it is noted whether clients are interrupting their emotions or are overwhelmed by them, whether they can access their emotions to use them productively or are expressing themselves from external or internal narratives. In the second stage of case formulation, therapists form a clear understanding of a client's core unhealthy emotion scheme and focus on this. By exploring client in-session indicators, secondary and primary unhealthy emotions, core needs, and how a client interrupts their emotions, the therapist starts to understand a client's core pain and suffering. In the final stage of case formulation, narrative themes are re-visited, and therapy involves reflecting on new emotions and meanings by offering a space for self-reflection and self-construction.

John participated in a treatment study of 46 clients (Greenberg, Warwar, & Malcolm, 2008) that focused on the resolution of specific unresolved, interpersonal, emotional injuries that: were caused by a significant person in the client's life; had occurred at least two years prior to the start of therapy; and continue to be distressing. EFT was a well-suited treatment approach for John as it is an effective treatment for depression and interpersonal issues. In addition, as John felt that the source of his problems was related to his problematic developmental history with his father, this treatment study also targeted emotional injury from a significant other. At the start of therapy John could not clearly describe how his issues with his father were connected to his current problems. He reported having feelings of lingering hurt and resentment that continued to be distressing towards his father who had not been in his life for over 27 years. As case formulation is an ongoing moment by moment process in EFT, John's case formulation is discussed as it evolves throughout the phases of therapy.

Course of Treatment

The use of homework in this case is discussed over the course of treatment in the context of the EFT principles of emotional change discussed earlier in this paper: emotion utilization (awareness, expression and reflection); emotion regulation (deliberate and automatic); and emotion transformation (changing emotion with emotion, and corrective interpersonal experience). In addition, this case will be discussed in relation to EFT case formulation, as well as the phases of treatment which refer to what the focus of interventions is over time (Greenberg & Watson, 2006).

Early Phase of Therapy: Establishing Emotional Safety and a Rationale to Work on Emotion

In the early phase of treatment in EFT the therapist attends to, empathizes with, and validates the client's feelings and current sense self. A rationale to working with emotion is also provided in this phase. In these early sessions the therapist encourages an awareness of the client's internal experience and collaboratively focuses on the underlying origins of the client's presenting issues as the therapist listens to the client's stories

and learns what brought them to therapyIn this first phase, ensuring that the client feels safe during the therapy and can regulate themselves between sessions is important.

In the first session John speaks about feeling that he does not know how to express himself in a healthy way and believes, "it must be because of my childhood, it was so awful!" In exploring this, John goes into some childhood narratives about his father who was physically abusive and highly critical of him. The therapist provides a rationale about the importance of exploring the impact of John's childhood on him, given that he expressed that he felt it was the source of his depression and problems. John agrees that this is important, but conveys that he is afraid to go into his past for fear of losing control emotionally and being "engulfed" by it. He states that he needs to know that he was going to be okay to go there. John generally is overcontrolled or regulated in his emotional expression, however when he tries to talk about his father or his painful childhood, he appears overwhelmed and starts to cry. When asked what he is experiencing, he eventually replies through his tears, "I don't know." This overwhelming, unclear, and undifferentiated state of emotional pain in which clients are emotionally activated but are not able to identify the cause of their suffering or describe a sense of direction for understanding and resolving their concerns is common of the early phase of therapy. It is viewed as a state of global distress that needs to be regulated. Knowing when to activate and when to regulate emotion is an important skill in EFT and refers to the principle of emotional change called *emotion regulation* which specifies that an emotion needs to be regulated to use it productively as when emotional activation is too high, emotions can be distressing and interfere with a client's ability to cope (Pascual-Leone & Greenberg, 2007).

When John shifts into this state of distress when talking about his father, the therapist assesses that he needs some help with regulation and responds empathically to John and offers a lot of relational support as well as a suggestion for deliberate regulation by asking him to breathe: "These are very important tears, and they are welcome here, you are not alone in this. Can you take a few breaths?.... Can I help you put words to what's happening inside?... I can imagine that there's so much pain when you think about your childhood..." To this end, the therapist provided experiential teaching about the importance of being able to calm himself when he was feeling distressed and introduced a guided safe place exercise: "Imagine a safe place where you can go to when things feel overwhelming, and no one can hurt you there. You feel safe and protected and relaxed...." This was an interactive intervention as the therapist was checking in with John moment-by-moment, to see how he was doing and once he described feeling calm, relaxed, and safe, the therapist helped John deepen the feeling of safety and calm in his body by getting him to stay with it and describe it. Although John was able to do the intervention successfully and regulate himself, he reported that he was not able to think of a specific safe place to go to because he never had one before, but rather he said that he felt safe and calm because of the intervention. The therapist was encouraging and highlighted how he could find a safe place during the intervention and suggested practice homework alongside experiential teaching in the form of a rationale:

T: It is important to be able to calm yourself when you are feeling shaky or overwhelmed, especially as we go into some of these painful childhood memories that you have identified as being the source of your problems. You were able to experience feeling safe and calm in here with me.

C: Yes, that was helpful.

T: Since you have never had one before, I think it would be very helpful if you could come up with a specific safe place that you can go to when needed, both in our sessions and outside of our sessions. It can be entirely imaginary, but it's a specific place where you can feel safe, relaxed, and calm. It can be anywhere. Some people think of a place in childhood they have been, others have even used a place they have liked from a favorite movie. Is that something that you think you might be able to do on your own?

C: I think so.

T: Well, see if it fits over the course of the week, and if it doesn't feel right to do that on your own, then that's okay, we can work on this together next week. And if you are able to think of a safe place, see if it fits to try this exercise that we did, of imagining bringing that vulnerable part to a safe place. Does it make

sense why this would be helpful?

C: Yes, if I could do that on my own that would be good. I am willing to try that.

T: Is there a quiet place you could go to in your house, where you could imagine doing this...

In this example, the proposed homework, was related to the in-session experiential work, naming a specific new safe place. In addition, practice homework of imagining bringing the vulnerable part of him to a safe place was suggested to strengthen and carry forward the in-session work in which John experienced feeling safe. What is notable is that the therapist engaged in experiential teaching prior to proposing homework, giving a rationale about why it was important for John to have a specific safe place. Furthermore, the therapist gave examples of types of safe places to make the proposed exercise more concrete. Finally, the homework was offered in an encouraging and non-imposing manner communicating to John that if it did not feel right for him to do it alone, that he could work on it with the therapist in the next session. Asking for some specificity about how and where between-session work can take place increases success of the task as it is tailored to the unique situation of the client and when the client endeavors to do the task, it seems more feasible. Following the session, John completed a post-session evaluation measure where clients are asked: *Was the session helpful? Did anything change or shift? If so, what was it?* In response to these questions, John indicated on the post-session form that the session was *extremely helpful,* and that there was an important change during the session. In writing about what changed, he wrote, "This was the first time that I felt safe, and this felt very significant".

In the next session, the therapist checked in with John to see what his experience was in approaching the between-session proposed exercise. He reported that he was able to think of a safe place, a peaceful island, which he was able to describe with a lot of detail, and that over the course of the week he imagined going there a few times, and that it felt good. This safe place ended up being a place that John returned to outside of the therapy sessions, often without being directed by the therapist, as well as in-session with the therapist as needed.

In the early sessions, subsequent to exploring John's emotions with him in-session and providing experiential teaching about the importance of listening to his emotions, it was suggested that he may benefit from trying to be aware of his emotions outside of the sessions and throughout the course of therapy by keeping an emotion diary where he could try to be aware of his feelings and write things down that he may choose to share in therapy. Throughout the therapy, John refers to things that he writes in his emotion diary and shares them with the therapist, sometimes new important feelings, and reflections. An emotion diary is helpful because it increases a client's awareness of their emotions outside of the sessions.

Additionally, part of promoting work on emotion involves helping clients foster an attitude that is welcoming, curious, and interested in their emotions, recognizing that their emotions can provide them with helpful information. The EFT therapist embodies an attitude towards emotion that is curious, interested, caring, and accepting which is fundamental in helping clients turn their attention to and stay with their internal experiences, especially because it may be difficult if their emotions have been the source of their pain and suffering. Prior to in-session work, the therapist provides John with a rationale about the importance of being curious and accepting towards one's emotions and guides him in an intervention to pay attention to his emotions in an accepting way. Following this, the therapist suggests that it would be beneficial to try to practice this attitude when he is attending to his emotions outside of the session, particularly when writing in his emotion diary. The emotion diary and the EFT attitude towards emotion fits with the emotion utilization principles of awareness, expression, and reflection of emotion.

Middle Phase of Therapy: Working with Blocks to Allowing and Expressing Emotion

In the second phase of therapy, once therapists have ensured that clients feel enough support and safety to enter into their painful emotional experiences, the next step is to activate and deepen these painful and problematic unhealthy emotional experiences. Working with avoidance and blocks to accessing emotion is an important task of working with depressed clients, and clients in general. Blocks to allowing emotional

experience occur during the early and middle phases of therapy and need to be addressed directly, so that primary unhealthy emotion schemes can be accessed and worked with. For example, once safety was established in the therapeutic relationship and John had some skills for regulating himself, he still reported that he found it difficult to stay with his painful feelings in therapy as he expresses frustration with how he stops himself from going into his painful feelings, "I desperately want to and need to go there, but my body just shuts down." In EFT these emotional blocks are called self-interruptions, often longstanding and initially healthy, having developed from painful, early developmental experiences. Over time, these self-interruptions become automatized actions in which people stop themselves from feeling and expressing their emotions. Working with blocks and interruptions to accessing and expressing emotional experience is related to the emotion utilization principles of awareness, and expression.

The therapist helps John work through his self-interruption by responding empathically to his fears and using a two-chair enactment for self-interruption, where clients become aware of how they stop their emotions as well as the current painful impact of this, which is now longer helpful or adaptive; this process helps them to de-automatize the interruption and allow their emotional experience to be felt in awareness and expressed. John describes the interruption more specifically, "I can only get so far. I am afraid to let myself go there... I am afraid I will get swallowed up. ... My body stops. It's like a blind comes down and says, 'that's a window to hell, and that's enough of that!"' After enacting the interruption, the therapist helps guide John to experience the painful impact of having his feelings interrupted: "What's it like inside to have this part stop you from feeling every time you want to work on your childhood?" John says tearfully, "it is painful, it's like the key to stop my suffering is behind the blind, and I won't have a chance if I can't go there, and I just want a chance to feel better." He expresses the healthy need to the interrupting part of himself tearfully, "I just need you to give me a chance to go there and to trust that it will be okay." In response, the interrupting part of him starts to soften and responds, "I'm just trying to protect you from getting hurt, and I don't want to hold you back from feeling better... maybe it would be okay." The therapist provides psychoeducation and a rationale about the experiential in-session work, and collaborates on between-session awareness and practice work that would be helpful, linking the proposed homework to the current in-session work:

T: I can see from our work today how painful it is that you stop yourself from experiencing your emotions, and today you were able to really bring alive how that part of you stops you from going into your painful feelings.

C: Yes, I didn't even realize I was doing that.

T: Mmmm Hmmm. It makes so much sense that you needed this protective part to protect you from going into your feelings as your childhood was so painful. But now, as you said, it's holding you back from going forward, but it almost doesn't know how to behave any differently.

C: Yes, I want to move forward....

T: ... If it fits for you, over the course of the week, can you try to pay attention to when you stop yourself, and try to be aware of what the part that interrupts you is saying? And, how that makes you feel? Today in the session, you said that it was very painful, and that pain is so important to listen to .... That part that feels the pain of being interrupted doesn't usually have a voice and it's important to hear what it feels and what it needs .... Also, we have been talking about fostering an attitude of acceptance and curiosity towards your feelings. If it fits, can you practice being accepting and curious towards the part that gets interrupted, recognizing that it has an important message? ... We can continue to work on this next week.

C: Yes, sounds good

The following session, John reported a greater awareness of the part of himself that interrupts him as well as the pain caused by it and starts to explore the origins of the self-protection needed in his childhood. A few more in-session dialogues are facilitated, and John starts to feel less blocked and to allow and express

his feelings; other related between-session exercises are co-constructed and tailored to John's moment-by-moment in-session process.

Middle Phase of Therapy: Self-Soothing

John expressed anguish and emotional suffering when recalling memories of himself as a boy, feeling very unloved. The use of the intervention of self-soothing is indicated for feelings of anguish and emotional suffering in relation to past interpersonal needs that were never soothed by others. During this intervention, the therapist guides clients to provide compassion and soothing to the part of themselves that is in pain. The end goal is to promote automatic soothing, whereby clients instinctively soothe themselves and feel calm and secure. John's therapist helps him soothe this painful feeling of anguish in relation to his childhood by using this two-chair self-soothing intervention to have his adult self, soothe and provide compassion to the wounded child. The first step was to ask John if he could imagine seeing the part of himself who is the vulnerable wounded boy from his childhood. Once John was able to picture that part of him in front of him, he is guided by the therapist to provide compassion for that part, "As the caring father you are now, what he would you want to say or do for that boy to soothe him when he feels so alone and wounded?" The therapist referenced John's role as a father because he had previously expressed compassionate and loving feelings in relation to his son. Having a client access an existing feeling of compassion towards someone else is helpful for clients who have difficulty with compassion towards themselves, as once the feeling of compassion is activated it can be directed towards the self. John starts to cry, and says, "He feels so alone and unloved [silently crying]. I just want to be with him and hold his hand so he's not alone." The therapist then guides John to imagine taking his younger wounded self to his own safe place, "Can you reach your hand out to him and imagine taking him to your safe place where you can hold his hand and be with him, so he is not so alone?". John nods and is engaged in the task. To deepen this experience, the therapist asks, "What does the boy need from the adult part of you now to help him feel loved and not alone?" John is tearful and then eventually responds, "The boy just needs me to be there with him and love him, no words are needed." The therapist assesses John's tears as being healthy compassion and sadness for the boy's suffering and conjectures, "It must mean a lot to him for you to be there because he has not felt loved or cared for before?" John nods through the tears. The therapist asks John, "Where exactly is the boy right now? Can he take in your love and presence? To this John points, "He was there across the room, but now he is here right here on my lap. ... He feels happy that I am with him." This intervention facilitated new healthy feelings of compassion towards a vulnerable part of himself in anguish, and John reported a feeling of resilience as he was able to successfully soothe this state of anguish. In addition, the healthy feeling of the sadness of grief was expressed in relation to the childhood unmet needs for love. In terms of good emotional process, the intervention of self-soothing requires the client expressing compassion towards the part of self in anguish and acknowledging the pain and suffering of that part, in addition to grieving the unmet personal needs. A resolution of this task leads to feeling of resilience, comforted and secure.

Homework in relation to this self-soothing task was collaboratively identified to help John strengthen and carry forward this newly emerging feeling of self-compassion: Collaborating with John in assessing what he needs to support this new change and carry it forward between sessions was important:

Therapist: What does that vulnerable little boy need from the adult part of you over the course of the week to remind him that he is okay? What could you do to show him this?

John: He needs me to accept him unconditionally.

Therapist: How would you do that?

John: I could tell him he is okay.

Therapist: In what situations?

John: No matter what he does.

Therapist: Can you see him there and try that now?

John: [says to boy tearfully] You are okay no matter what you do. I am here for you. I love you. [To therapist] I just want to give him a hug.

Therapist: Can you imagine doing that so he can really feel it in his heart?

John: nods tearfully

Therapist: I can see that it means so much to him when you do that. This is an important need that the little boy didn't get, that you didn't get. All kids need to feel loved and accepted unconditionally, and you just did that for him! You can also continue to do that for him outside of our sessions.

John: [tearfully] yes, I want to do that.

Therapist: You have said before that it is so easy to get caught up in the busyness of your everyday life. It would seem important to be able to protect some time to do that for him?

John: Yes, I think so. [20 second pause] maybe a few minutes every day when I get up early, there is no one around and we can take the dog out together.

The between-session proposed exercise highlights a few important points in relation to creating effective homework. It transpires from the current in-session experiential change. It is co-constructed as John is not instructed what to do but is asked how he can best practice and carry forward the work he just experienced in-session. In addition, the therapist provides experiential teaching regarding the relevance of the current in-session work to John's core pain, and a clear rationale about why the between-session exercise would be helpful. The therapist also guides John to do the co-constructed homework in the session so he would have an experience of doing it successfully. Consequently, the task becomes about deepening and carrying forward a change that John experienced in-session. The therapist is encouraging and positive by highlighting that John just successfully did the task in-session. Finally, the therapist asks John to reflect on specific details of what the ideal situation would be for him to be able to do the task successfully in order to help tailor it to John's unique daily life which promotes a positive experience of the tasks. This example demonstrates the importance of being attuned to the client's current moment-by-moment processing and co-constructing the homework so it's realistic and personalized to the client's daily life details.

Self-Soothing is an example of the principle of automatic regulation and it leads to clients being able to instinctively engage in self-empathy, self-compassion, and self-soothing, and following this intervention. In John's case, self-soothing dialogues were engaged in and deepened throughout the therapy, and between-sessions John was able to develop the ability to automatically soothe the part of him that feels pain and anguish for not having his childhood needs met. In addition, self-soothing is also an example of the transformation principle of changing emotion with emotion. The primary pain of feeling unloved is transformed by: the healthy need to feel loved, emerging feelings of compassion towards the vulnerable wounded part, and the sadness of grief for the suffering endured.

Middle Phase of Therapy: Working with Self-Criticism and Shame

As John and his therapist empathically co-explore his "short fuse" and the triggers for his anger, although initially unclear to John, it starts to emerge that his anger is reactive and secondary and masks this primary unhealthy painful feeling of shame. John starts to develop awareness of this as he begins to express this underlying feeling as "worthless", "unlovable", "not adequate," and "defective." John reflects, "I now realize that I see criticism everywhere and I lash out everywhere because I feel inadequate, and then I feel embarrassed after." In terms of the moment-by-moment case formulation, the therapist and John collaboratively name his core pain as shame and worthlessness, and the anger which often gets triggered as secondary and reactive. This reflects an underlying unhealthy emotion scheme of shame. In EFT, for an emotion scheme to be amenable to change, it needs to be activated and vivified which is an indication to use the two-chair intervention for self-criticism. In this intervention, the client is asked to have one part of their self to express the harsh criticisms or negative statements to activate the other part of self's painful feelings in response to the criticisms. When primary unhealthy feelings such as shame or fear are

activated, these are transformed by accessing alternate healthy emotions, such as sadness at loss, anger at violation, or self-compassion. When accessed, these healthy feelings and their associated needs, help to transform unhealthy feelings. This can either lead to a softening into compassion of the harsh critic and/or a negotiation and integration of the two previously opposing parts of self (Greenberg et al., 1993). Although utilization principles of awareness, expression and reflection are demonstrated here, this process exemplifies the transformation principle of changing emotion with emotion.

To activate John's emotion scheme of shame, the therapist introduces the two-chair intervention to resolve self-criticism, "... Can you be the critical part of you in this chair. ... How do you criticize him?" As the critical part, John states, "Everything you say is a bit off, you have nothing interesting to say, you have no value, you're worthless, don't put yourself out there because you will be rejected." Immediately following this, the critical part begins to get tearful and says, "I feel badly, and it hurts to say this to you, but it feels like everything you say is wrong." In response to the critical voice, John tearfully expresses, "I just want to run away to escape the pain." The therapist encourages him to stay with these painful feelings as John experiences and expresses his deep shame and he says tearfully, "It's such a deep feeling of inadequacy, it really hurts." While he is experiencing the shame, John is asked what he needs from the critical part, and he expresses poignantly and tearfully, "I need to be accepted unconditionally even if I make mistakes. I need assurance that I am okay, that I am worthwhile." The therapist validates the significance of this newly emerging need, "Yeah. Mm-hmm. It really touches a place inside as you ask for this, it hurts so much to feel worthless and not accepted, this is just so important, wanting to be accepted unconditionally?" The client tearfully says, "Well yes, I really need this." The critical part is asked by the therapist, "What's your response to John who is in so much pain and is asking to be accepted unconditionally?" The critical part start to cry and the therapist asks, "Can you put words to the tears? As the critical part, John expresses sadness and compassion, "I feel sad for him. ... I feel sad to see you suffering. I accept you but that's because I love you." The emerging sadness and compassion are healthy, and the therapist deepens this by suggesting to the softening critic, "Can you say this to him again? I think that would be very important for him to hear. It sounds like it's something that he has needed to hear for a long time." The softening critic responds, "I do love him, and I do accept him, and I don't want him to suffer as I know how painful it can be, and I don't want to treat him the way his father did. Hmmm, I thought I was protecting him?" In response to the critic, John states: "It's okay that you were critical in the past, as long as you love and accept me now. ... It's sad that I have never heard that before." John is asked to take in this change from the critic and feels a positive shift inside. The therapist reflects on how meaningful and important this is given how harsh the critic has been on him. This is a transformative session as the critic softens and expresses healthy compassion and sadness for John.

At the end of this session, the therapist and John reflect on and make meaning of the origins and function of this self-protective critical part that emerged in his childhood as he was under constant verbal attack from his father; this is part of the utilization principle of reflection. John recalls, "I was afraid to sit at the dinner table because I was criticized for how I ate. And I realize that this self-critical part keeps telling me that I am worthless so I will be careful not to do something where I will be humiliated again." John reflects that he feels a change inside as he now feels accepted and loved by that part of him as he is beginning to understand that the intention was to protect him. The sequence of changing emotion with emotion is seen in this example: John becomes aware of and attends to the primary unhealthy emotion underlying the secondary reactive anger; the therapist helps activate the primary unhealthy emotion scheme of shame and guides the client to express and deepen it; the heartfelt need related to the painful experience of shame is expressed; the shame is transformed by the therapist's support of newly emerging transformative primary healthy emotions of compassion and sadness towards self. The therapist validates John's deep need to feel unconditionally accepted and provides experiential teaching that the need that was asked for is very important as this is connected to John's core painful feeling of feeling worthless.

To support this in-session change with homework, the therapist provides a rationale and asks John to collaborate on the specifics of the between-session work. In addition, John is guided to try the proposed homework experientially in-session which makes it more conceivable to do on his own as it will allow him to

have a lived experience of success:

Therapist: This critical voice has been with you for a long time, and it's not surprising given what you experienced growing up. In a way, in sounds like you've needed this self-protective part because you had to be on guard because of the criticisms you were getting from dad?

John: Yes, if I was hard on myself, then maybe I could be good enough for my dad.

Therapist: That makes so much sense. You've made great progress today, giving a voice to that harsh critic that you live with daily and expressing the painful impact that it has had on you. It's been so painful to live with this critical voice. ...

Therapist: What you said you need is so important and is so valid, given that you have felt so worthless or so long.

John: Yes, that feels good to hear.

Therapist: It seems important to identify how the self-protective critical part of you could help you meet your need to feel accepted unconditionally. How could this protective critic that wants to be more compassionate show you that you are accepted, worthwhile, cared for, over the course of the week?

John: I appreciate that it's been protecting me, but I want to say, 'dad's not around anymore, let me make mistakes! No matter how badly I screw up!'

Therapist: Can you actually try to say it directly to that critical part now?

John: Okay. [to critic] I need to be able to make mistakes!

Therapist: [providing validation of need] That is so important. How does the self-protective critical part respond?

John: [as softening critic] You deserve that. You deserve to feel accepted and confident and feel that you're a worthwhile person. So don't be afraid to be yourself, whatever that is.

Following this, the therapist guides John to give a concrete example of what contexts he can imagine carrying this out. John is able to express that he would like to feel more accepting in talking to his family and not have to watch every word he says; this allows the task to be more concrete to John's daily struggle and imaginable. An environment of exploration is fostered, which emphasizes that the goal is not completion or success, but an experiment, 'try it and see what happens', and then report back so that it can be discussed and worked on in therapy. Discussing challenges of between-session work can be more productive at times than the successful completion of it. Normalizing that it may not be easy to do the between-session work is especially beneficial to clients who suffer from core shame and who are sensitive to failing. The message to clients is: to try and explore, notice what happens, and discuss it with their therapist. When John returned the following session, without feeling defeated or shameful, he was able to express how the self-protective part had a challenging time being unconditionally accepting; being able to try the exercise outside the session and have a safe environment in-session to talk about this difficulty was very beneficial and shifted the focus of John's session to exploring the healthy self-protection from dad that the critic had provided.

Middle Phase of Therapy: Resolving Unfinished Business

John's work in the previous session regarding his critical shaming voice was an example of productive emotional processing. In co-constructing meaning with the therapist in the next session, John understood how his self-critical voice and his shame-based depression were related to his father's treatment of him and consequently in terms of the collaborative case formulation, John's abusive childhood became another focus of the therapy. John and his therapist continued to co-explore his feelings of being unlovable and not worthy of love and how this was a longstanding painful emotion from childhood. Although there was ongoing physical abuse, John tearfully expresses that the physical abuse was not nearly the worst of it. The most painful part was "... a feeling that he couldn't care less about me, because if he loved me, he wouldn't have treated

me the way he did." As John started to feel comfortable opening up in relation to what he experienced in his family, the therapist provided a lot of relational validation and support and empathy for these painful experiences. The therapeutic relationship in EFT is an important condition as well as a mechanism of change as we see the deliberate and automatic regulation principles in operation as the client initially feels soothed by the therapist's presence, acceptance, and validation (deliberate regulation) and eventually internalizes the soothing provided by the therapist (automatic regulation). In addition, the emotion transformation principle of corrective emotional interpersonal experience is demonstrated throughout the therapy; John feels safe, understood, prized, and accepted by his therapist, which is corrective and leads to change. A suggestion for between-session work was given to John starting off with psychoeducation and a rationale about how it can be helpful to write about unresolved feelings towards a significant other, and that it would be helpful to the in-session work the following week, as they had agreed to focus on his feelings of hurt and resentment towards his father. John agreed that he was comfortable writing a letter to his father about his unresolved feelings and would bring it into the session.

John did bring his letter in to the session the following week, and it was a starting point for his work in the session. The use of the empty chair intervention to resolve unfinished business for emotional injury with a significant other was indicated as he had feelings of lingering hurt and resentment towards his father and had written about this in the letter. John had several dialogues over the next few sessions confronting his father and focusing on his unresolved feelings, directed by the therapist to recall and explore episodic memories of his childhood as an important process. Initially he starts off with secondary protective anger which is a typical starting point of unfinished business. Once he gets past the protective anger, he says tearfully, "I can't look at him without crying." Through these dialogues, and many tears, he expresses the painful feeling of core shame, and extreme feelings of worthlessness and feeling unlovable. Subsequently, from this painful place the newly emerging associated unmet childhood needs were expressed: "I needed to feel loved, I needed to feel lovable, I needed a father who cared about me. ... as a result, I have lived my life feeling so worthless." The therapist provided a lot of validation for the importance of this need for John, "It makes so much sense that you needed this! It is a basic human need that all children need to feel safe, loved, and worthy!"

In a later session John reflects poignantly:

You know, in many ways I never had a family ... I'm missing that particular kind of love, I guess, that ... [His voice breaking, he covers his face, and begins sobbing] ... the love that only a parent could give a child .... [a deep sigh as he gathers himself]. I had aunts and uncles that, who I know love me, but it couldn't make up for it.

Following this, newly emerging healthy anger was expressed towards his father and an entitlement to his needs, "I am angry at you for how you treated me! It wasn't right! I deserved to feel loved! I deserved to have a father who cared for me!" This assertive anger is a key primary healthy emotion that assists in transforming unhealthy emotion schemes. For John, it was important in helping him to access a sense of healthy entitlement to assert his sense of worth and his needs. Later, this was followed by the poignant expression of the sadness of grief for the years he lost with his father in a dysfunctional relationship, as well as for the boy who felt so unlovable and defective. Grief is also a healthy healthy emotion whereby individuals can acknowledge their wounds as they mourn their losses and express their sadness without collapsing into distress. Once again, the transformation principle of changing emotion with emotion is demonstrated in this example. Underlying the secondary protective anger, the painful emotion scheme of shame is accessed and expressed, which allows access and expression of adaptive unmet needs, and transforms the shame to healthy assertive and healthy anger, and the healthy sadness of grief.

At the end of the session, the therapist and John spend some time reflecting on the in-session work. With the intention to strengthen this new self-organization of being entitled to feel loved and worthwhile and angry that these needs were not met, the therapist asks John, "What does that vulnerable child part of you who was deprived of these important needs, need from the man you are today to heal from feeling so worthless and unloved?" John replied, "He needs me to listen to him and remind him that I love him." It

was suggested to John that if it fits, he could try to do this between sessions when he was making time for the boy. In addition, it was suggested to John that it may be helpful to reflect on what he was feeling in relation to his father and to share what comes up in the next session if he felt aligned to do this. In the following sessions, it was apparent that John was increasingly more compassionate towards himself which was a meaningful change for John. Self-compassion is an important primary healthy emotion that allows individuals to internally soothe and care for themselves and aids in the transformation of unhealthy emotion schemes.

Late Phase of Therapy: Making Meaning and Supporting Changes

The late phase in EFT is focused on reflecting on painful, as well as newly emerging emotions and helping clients make sense of their emotional experience. In addition, to support the transformation of emotion schemes, the therapist validates and supports new feelings and responses and the client's emerging sense of self. To support John in transforming the shame in relation to his father and his feeling of entitlement of his unmet need to be loved and cared for by his father, the therapist asks John to imagine how his deceased father would respond and helps him put words to his new internal experience of his remorseful father:

Therapist: How do you think your father would feel now, beyond his grave, if he were to hear how much you've suffered?

John: Hmmm. Sad and sorry.

Therapist: Can you be your dad and put words to how he would feel sad and sorry?

John: okay

Therapist: As your dad can you express it directly to John in the other chair?

John: [as father, says tearfully] It really wasn't about you... I was sick... I wish I had been a better father.... I can understand if you don't believe it. ... You didn't deserve the way I treated you... You were a good kid and I loved you. I know I didn't show it, but I did...

Therapist: [to father part] Can you tell him what you love about him?

John: [as father] You are my son; I love you just for that. You don't have to do anything more than to be my son. There was nothing wrong with you! I was defective!

Therapist: That sounds very important! Can you tell him again, I love you just because you are my son, there was nothing wrong with you! ...

John: [as father says tearfully] It was my loss, I missed out on knowing you and your family. I missed out on all of these important events.... I'm so sorry...

Therapist: Tell him more about what you're sorry for...

It surprises John that he feels forgiveness towards his father and following this significant change in feeling, he also has a shift in meaning regarding his father. His narrative of his dad starts to change from, "He would have treated me differently if I was lovable" to, "He was an alcoholic who was not mentally well and had an abusive childhood himself. He was not capable". The therapist helps John accept and make sense of these important changes in both feeling and meaning. In addition, the therapist suggests that if it fits for John, it would be helpful to take some time to reflect on and write about what his current feelings are, and any other feelings that are coming up regarding the work they have been doing.

In the following session, John conveys that he has been reflecting a lot on things and feels like there has been a significant emotional shift:

John: It's an acceptance of some kind, that this relationship will never be, and it is sad, letting go of the unmet needs. I accept the fact that I won't ever have that, that parental child relationship and all the things that could have been. I accept the fact that he's the cause of my suffering, directly and indirectly. I let go

of that. ... I am reflecting on the fact that it was such a long time this painful relationship has gone on. It always amazes me that I have been affected by his behavior this whole time. I am grieving, it's sad to be in a position that I have to forgive my father for being a terrible father, but I have.

The therapist validates John's healthy grief and sadness, as well as the meaning and importance of letting go of these unmet needs and helps John to reflect on what he needs from himself to move forward. In addition, John and his therapist make meaning of the impact of his abusive childhood on him, particularly feeling worthless and unlovable, and John reflects on the various ways in which shame has affected his life. For example, John talks about having difficulty opening up and getting close to family and friends for fear that others would see that he was "unlovable" and "worthless". John expresses poignantly that this has contributed to his loneliness because it has been hard to feel comfortable being himself with others. Through the process of co-constructing new meaning with the therapist, John conveys that his narrative of "I am unlovable and worthless," has now changed to, "Because my father was sick and abusive, I was scared of being myself with others and they couldn't get close to me." In addition, John makes sense of his past anger issues as he realizes that he has a sensitivity to feeling shame, originating from his early experiences in his relationship with his father. This unhealthy emotion scheme of shame triggered John to react with secondary anger or rage when he felt that people were rejecting him or looking down on him. Furthermore, John reflects on how his feelings of shame would worsen because of feeling embarrassed after getting angry with others. John shares that more recently he has been able to have better conversations with family because he is not feeling triggered as much, and when he is, he reports that he is able to regulate himself and come back to the conversation in a healthy way. Through encouragement, empathy, validation, and experiential teaching, the therapist supports John's newly emerging healthy self-organization, and co-explores how John wants to carry forward these internal and external changes in his daily life.

John's emerging need to be accepted unconditionally is now supported by a more compassionate part of self (formerly the self-protective critic). His therapist encourages John to engage in between-session activities to strengthen and carry forward these changes. To the end, therapist asks John, "What do you need from yourself to heal from a childhood where you felt so worthless, ashamed and unloved?" He replies assuredly, "I need to allow myself to get the care and love I deserve from others." When asked to be more specific about what this might look like, John stated that he wanted to open up to his wife about some of the work he was doing in therapy. John was asked to imagine in what contexts he could do this over the week, and he noted a few opportunities and that he would like to try. The therapist helps him envision and specify the between-session task:

Therapist: This sounds like a wonderful idea. It's a very important need and an important way to heal this loneliness you've been feeling. Do you have any ideas of what you would want to open up about?

John: Maybe to talk to her about the work we have been doing regarding my dad.

Therapist: That sounds great! Could you imagine doing that? What do you think her response would be?

John: I think she would be happy to hear anything personal from me....

Therapist: I know this is something that has been hard for you to do, so it's okay to if it doesn't go exactly as you want, but even trying to put yourself out there with her is so important. Perhaps you can tell her to be patient with you as it's a work in progress?

John: [laughs] yes, she is already very patient.

Therapist: When we try new things, they can seem hard at first. Since this is new, I might suggest, that you make sure that you can protect a time with her where you know it's a good time for her and that you have her attention and that she understands that you want to talk to her about something important.

In this example, having John visualize the task and provide specificity makes the task more feasible. Furthermore, the therapist's expectation that the goal is to explore and see what happens, and to predict that it is expected and very okay that it may not go as planned, makes the task more approachable.

Outcome and Prognosis

John's case was amongst the best outcomes in an original treatment study for resolving emotional injuries (Greenberg et al., 2008) according to an evaluation at 2 weeks post-treatment which was maintained at 3 months and 18 months. Measures used included the SCL-90R, the Beck Depression Inventory, as well as measures of forgiveness and measures of letting go of emotional injuries. John made significant improvements on all these outcome measures and what was particularly noteworthy was a significant reduction in symptoms of depression as well as interpersonal problems.

In the early phase of therapy, John was easily distressed and overwhelmed by his feelings, and he repeatedly interrupted his internal process. As the therapist provided a lot of relational support and engaged John in both deliberate regulation as well as automatic regulation interventions, with each session John became more emotionally regulated when talking about feelings of shame and worthlessness as well as his childhood. In addition, as the protective self-interruptions were worked on directly in therapy, it became it easier for John to speak about his feelings and his childhood experiences without becoming overwhelmed and distressed. Over the middle and late phases of therapy, John progressively demonstrated less global distress in-session and engaged in more productive emotional processing demonstrated by his ability to accept, tolerate, symbolize, regulate, make meaning of, utilize, and transform his unhealthy emotions.

In the later sessions of therapy, John expressed meaningful changes related to a decrease in interpersonal problems with family and friends as he reported specific examples in which he was having healthier conversations because he was not feeling triggered and getting angry. In addition, his feelings of shame had notably decreased, and he expressed that even if he felt wounded in a conversation, he was able to calm himself and self-soothe rather than lash out in anger. In the final sessions, he let go of the unresolved feelings of anger and hurt towards his father, grieved his unmet childhood needs, and finally forgave his father. He also developed love and compassion for himself in the present, as well as for the wounded boy in his childhood and described feeling an emotional resilience and strength that he had not experienced prior to this course of therapy.

Clinical Practices and Summary

The objective of EFT for depression is to transform unhealthy emotion schemes (in EFT referred to as maladaptive emotion schemes) that are seen as the source of depression. Through the therapy process, primary healthy emotions are accessed to transform unhealthy emotions. To do this, the client needs to be engaged in a process of productive emotional processing which has been shown to be related to good outcome across therapies. In EFT, guided by the principles of emotional change, productive emotional processing involves approaching, accepting, tolerating, symbolizing, regulating, making meaning of, and utilizing or transforming emotions.

In the case illustration with John, an important emotional processing sequence related to positive outcome is demonstrated in the transformation principle of *changing emotion with emotion* in EFT. For example, in John's emotional process he moves from the secondary reactive emotion of anger that covers shame, to primary unhealthy shame; this allows him to access and express his unmet needs to feel loved, safe, worthy, and cared for. Subsequently, newly transformative primary emotions of healthy anger, the sadness of grief, and compassion towards self are accessed and expressed with the help of the therapist. This change process reflects the important transformation principle of emotional change in EFT, *changing emotion with emotion* . Helping depressed clients access underlying primary unhealthy emotions such as shame or fear that are masked by secondary emotions such as anger or hopelessness is an essential factor in treating depression. Equally important, is the provision of a safe, attuned, empathic relationship to facilitate therapy work focused on emotion. In addition, the validation, acceptance, presence, and soothing by the therapist is fundamental to a client's ability to engage in the in-session work on emotion and represents the transformation principle of *changing emotion with corrective interpersonal experience.*

In EFT, between-session work is most helpful when facilitated in certain situations. First and foremost, homework is suggested from a close attunement to what is most alive and activated in the client's cur-

rent in-session experiential work. The EFT therapist is viewed an emotion coach who is highly attuned to the client's moment-by-moment experience and facilitates client emotional experience in the client's developmental learning grasp. Homework may be proposed by the therapist, but it is collaborated on and co-constructed by the both the client and therapist; this helps with engagement and empowers the client to be an active rather than a passive recipient. As all interventions are in EFT, homework should be uniquely tailored to a client's pain and suffering, therapy goals, challenges, and strengths. Having clients collaborate on and envision the context, of how, when, and with who the between-session work would take place in their daily lives, makes approaching the homework more conceivable and promotes the exploration of it to be experienced as positive and productive no matter what the outcome. Having clients co-design their tasks also empower them to feel a sense of self-efficacy in being able to solve their own problems. In addition, as is the case with any in-session work in EFT, homework is offered alongside experiential teaching and rationales which are highly relevant to the client's goals and case formulation; this results in an increase in the perceived relevance of the proposed tasks to the client's goals and current in-session experience. It is important to highlight that compliance is not the goal, but that the purpose is exploration, experimentation, and awareness of what happens, which can be informative and important to advance the therapy process as it reveals where the client is having difficulty. Predicting that homework offered will not go as expected also makes between-session exercises and tasks more approachable. As is necessary with all in-session work in EFT, there must be a strong therapeutic alliance and an agreement on the tasks and goals of therapy. Finally, homework is offered with empathy, relational support and encouragement. If these conditions are facilitated, collaborating on between-session tasks will be experienced by both the client and the therapist as a natural part of the in-session work.

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