

## **Distinguishing Emotionally Focused Therapy from Emotion-focused Therapy**

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The purpose of this article is to distinguish between emotionally focused therapy developed and researched by Dr. Sue Johnson (2004) and emotion-focused therapy developed and researched by Dr. Les Greenberg (Elliott, Watson Greenberg & Goldman, 2004). The differences between emotion-focused therapy and emotionally focused therapy are more than differences in spellings. Since the inception in the mid-eighties, the co-developers of the original model of emotionally focused couple therapy have expanded their models in different directions.

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Johnson (Johnson, 2004) is the primary developer of the attachment-based model of emotionally focused therapy (EFT), integrating experiential and systemic interventions and approaches all within an attachment orientation. This model is used with couples, families and individuals, though currently most well known for its publications and empirical research with couples (Johnson, Hunsley, Greenberg and Schindler, 1999; Wiebe & Johnson, 2016). This couple treatment model is also expanding as an empirically validated treatment for many disorders that have traditionally been viewed as individual problems. For example, emotionally focused therapy treatment within the attachment systemic context of couple therapy is effective with couples where partners suffer from posttraumatic stress disorder and from depression (Furrow, Johnson, & Bradley, 2011).

Johnson integrated attachment theory as a salient part of the model and Greenberg shifted direction from the original couple therapy known as emotionally focused therapy (EFT) to a more intrapsychic individual therapy. When he did this, he altered the original name of emotionally focused therapy to emotion-focused therapy or process-experiential therapy (Elliott, et al., 2004; Greenberg, Rice & Elliott, 1993). This approach is most well-known for its intrapsychic humanistic-experiential work with and empirical research on individual psychotherapy, although more recently it is also used with couples and families. Greenberg's experiential-humanistic therapy (Elliott, et al, 2004; Goldman & Greenberg, 2015; Greenberg et al., 1993) focuses primarily on the dynamics of emotion, and this process-experiential approach, has received considerable empirical validation both for treating anxiety/trauma-related problems and for depression in individuals (Elliott, Greenberg, & Lietaer, 2004; Greenberg & Watson, 2006; Pavio & Pascual-Leone, 2010). A coaching form of emotion-focused therapy or process-experiential therapy is also used with families. A 5-stage, 14-step model (Greenberg & Goldman,

2008) of emotion-focused therapy for couples targets individual self-regulation before partner co-regulation. Attachment is presented as one of 3 motivational systems, and not as a definition of love.

### **Shared Beginnings**

In spite of the divergent paths that emotionally focused therapy (Johnson, 2004, Johnson & Brubacher, 2016) and emotion-focused therapy (Greenberg et al., 1993; Greenberg & Goldman, 2008) have taken, emotionally focused therapy (EFT) began in the mid 1980's as one approach for working with couples. EFT was originally formulated, tested and empirically validated by Johnson and Greenberg in 1985 (Johnson & Greenberg, 1985a, 1985b, 1987, 1988) and the first manual for EFT couple therapy was published in 1988 (Greenberg & Johnson).

To develop the approach, Johnson and Greenberg began reviewing videos of couple therapy session to determine from bottom up observation, the elements that lead to change. They were influenced in their observations by the humanistic experiential approach of Carl Rogers and Fritz Perls, wherein emotion was seen for its power to create meaning and guide behavior. They also saw the need to add the systems perspective, from the systems theoretical view that the process of emotion, which includes meaning construction and behaviour, cannot be considered outside of the context in which it occurs.

The original emotionally focused therapy is the first approach to have integrated humanistic-experiential theories (Rogers, 1951; Perls, 1969) with systems theory (Bertalanffy, 1969; Minuchin & Fishman, 1981). In this experiential/systemic couple therapy approach, the problem is viewed as belonging not to one partner, but, rather, at the systemic level, to the cyclical reinforcing pattern of interaction between partners. Moreover, emotion is viewed not only as a within-individual phenomena that falls outside the bounds of systems theory, but also as a leading element that organizes the system's interactions (Arnold, 1960, Ekman, 2007; Frijda, 2007; Greenberg & Johnson, 1988; Johnson, 1998; Izard, 1997). Johnson discovered while viewing couple therapy videos, that the primary themes in couple distress were attachment themes of fear of loss and disconnection. Attachment theory became a foundational part of Johnson's expansion of the original 3-stage, 9-step EFT model, defining emotionally focused therapy's conceptualization of how distress arises in romantic relationships and of the process for how distressed relationships could be repaired (Johnson, 1986).

### **Similar Terminology – Different Meanings**

“Emotion-focused therapy” (Greenberg) and “emotionally focused therapy” (Johnson) have different meanings.

“Emotion-focused therapy is frequently used synonymously used with process-experiential therapy (Elliott et al., 2004). In Greenberg's emotion-focused approach the term emotion-focused is used to refer to psychotherapy approaches in general that pay heed to emotion. “Greenberg (2002a) decided that on the basis of the development in emotion theory that treatments such as the process experiential approach, as well as some other approaches that emphasized emotion as the target of change, were sufficiently similar to each other and different from existing approaches to merit being grouped under the general title of emotion-focused approaches” (p.x, Greenberg & Goldman, 2008). Greenberg uses the term emotion-

focused to suggest a broad integration or umbrella term, embracing many different therapies – suggesting an emotion focus could be a common factor, and to move away from different name-brands of therapy (2010). Greenberg and Goldman, 2015, noted their choice to use the “phrasing of emotion-focused to refer to therapeutic approaches that focused on emotion” (p. x, 2008). “The term *emotion-focused therapy* will, I believe, be used in the future, in its **integrative** sense, to characterize all therapies that are emotion-focused, be they **psychodynamic, cognitive-behavioral, systemic**, or humanistic” (Greenberg, 2011b).

In contrast, Johnson’s (2004) emotionally focused therapy is a reference to a specific model of relationship therapy, not to be confused with other approaches that may include a focus on emotion. Emotionally focused therapy explicitly integrates systems and experiential approaches and places prominence upon attachment theory as a theory of emotion regulation (Coan & Maresh, 2014). Emotionally focused therapy views attachment needs as a primary motivational system for mammalian survival. Emotionally focused therapy has expanded to be centered upon attachment theory as a theory of adult love wherein attachment, caregiving, and sex are intertwined (Cassidy & Shaver, 2016; Shaver & Mikulincer, 2006). Attachment theory is seen to subsume the search for personal autonomy, dependability of the other and a sense of personal and interpersonal attractiveness, lovability and desire. Following attachment theory and emotion theory, it presents a process to reshape attachment strategies towards optimal interdependency and emotion regulation, for resilience and physical, emotional and relational health (Johnson, Lafontaine & Dagleish, 2015).

### **Historical Divergence and Differences**

Historically, emotionally focused therapy and emotion-focused therapy diverged into distinct approaches.

#### **Emotionally Focused Therapy (Johnson)**

Johnson continued to integrate attachment theory with systemic and humanistic approaches (1996, 2004) explicitly expanding the attachment-theoretical understanding of love relationships (as outlined most recently in Mikulincer and Shaver, 2016; Cassidy & Shaver, 2016). The model which retained the original 3 stages and 9 steps and 2 sets of interventions to reshape the attachment bond – one set of systemic interventions to track and restructure patterns of interaction and one set of experiential interventions to access and reprocess emotion, – continued to be used with individuals, families and couples.

Thirty years of scientific research validate the effectiveness of emotionally focused couple therapy to restructure distressed couple relationships into safe and secure bonds with long-lasting results (Johnson, Hunsley, Greenberg, & Schindler, 1999; Wiebe & Johnson, 2016). Johnson, Hunsley, Greenberg and Schindler (1999) conducted a meta-analysis of the four most rigorous outcome studies before 2000 and found that the original 9-step, 3-stage emotionally focused therapy approach to couple therapy (Johnson & Greenberg, 1985; Greenberg & Johnson, 1988) had a larger effect size than any other couple intervention has achieved to date. 70 to 73% of couples reported recovery from relationship distress, according to the Dyadic Adjustment Scale measure of relationship satisfaction, and 86% reported significant improvement over controls. Emotionally focused therapy meets APA’s standards as

an empirically validated approach (Sexton et al., 2011). Studies consistently show clinically significant improvement post therapy and excellent follow-up results (Weibe & Johnson, 2016). Nine process of change studies also validate the emotionally focused therapy change process. A recent study including neuroscientific data (Johnson et al., 2013) gives strong evidence that empirically validated interventions of EFT create lasting relationship satisfaction, and additionally, change the security of attachment bonds and the way partner's brains respond to threat.

### **Emotion-focused Therapy / Process Experiential Therapy**

In 1986, Greenberg chose "to refocus his efforts on developing and studying an experiential approach to individual therapy" (p. *viii*, Greenberg & Goldman, 2008). Greenberg and colleagues (Greenberg et al., 1993; Elliott et al 2004) shifted their attention away from couple therapy towards individual psychotherapy. They attended to emotional experience and its role in individual self-organization. Building on the experiential theories of Rogers and Perls, as well as their own extensive work on information processing and the adaptive role of emotion in human functioning, Greenberg, Rice and Elliott (1993) manualized this individual therapy providing a treatment manual with numerous clearly outlined principles for a process-experiential approach to change. Building on this original intrapsychic approach, (Greenberg, et al., 1993) Elliott et al., 2004 and Goldman and Greenberg, 2015 have further expanded the process-experiential approach, with detailed manuals of specific methods of therapeutic intervention. Goldman & Greenberg, 2015 present case formulation maps for intrapsychic work. For research validating emotion-focused individual therapy see below under Differences in Individual Therapy.

Later, Greenberg & Goldman (2008) developed an emotion-focused approach for working with couples. This approach contains some elements from the original emotionally focused therapy approach but argues that it is distinctly different, de-emphasizing the importance of attachment theory, and adding 5 more steps and 2 more stages. Greenberg and Goldman's model distinguishes itself from Johnson's emotionally focused therapy's grounding in attachment theory arguing instead that there are three separate motivational systems – attachment, identity or power, and attraction (Greenberg & Goldman, 2008; Woldarsky Meneses & Greenberg, 2011) that impact emotion regulation and need fulfilment in intimate relationships. See below under Differences in the Couple Therapy Models for more on the emotion-focused (Greenberg & Goldman) approach to couple therapy.

### **Different Goals and Areas of Emphasis**

Greenberg's primary interests have been studying the process of change, and retaining the integrity of the humanistic, experiential approach to therapy at a time when it was beginning to be dominated by cognitive approaches (2011b). A primary focus of his approach is "changing emotion with emotion" evoking new emotions through active methods such as Gestalt interventions of two-chair and empty-chair dialogues (Elliott et al., 2004; Greenberg, 2002, 2010, 2011a).

A primary focus of Johnson's approach is the integration of attachment theory with experiential and systemic approaches. The model is one of creating change through following emotion, focusing upon attachment and shaping new

interpersonal interactions in-session (Johnson, 2010, 2013; Johnson & Tronick) so as to reshape attachment bonds and consolidate “effective dependency” (Bowlby, 1973).

Greenberg’s focus is intrapsychic: creating stronger self-identity, better self-regulation and as a result - better relationships. The interventions and the structure of the general emotion-focused therapy model have been adapted for the specific needs of trauma survivors and a manualized emotion-focused therapy individual treatment for complex trauma (EFTT) has been developed (Pavio & Pascual-Leone, 2010). Modifications of the traditional Gestalt empty chair technique have been developed for trauma survivors.

Johnson’s goal is the creation of interpersonal positive cycles of interaction wherein individuals are able to ask for and offer comfort and support to safe others, facilitating interpersonal emotion regulation (Johnson 2009a). The focus on restructuring patterns of interaction by emotional reprocessing and reshaping attachment bonds are the means by which personal autonomy and resilience and relationship satisfaction are strengthened.

### **Common Elements between Emotionally Focused Therapy and Emotion-focused Therapy**

Emotionally focused therapy (Johnson, 2004) an integrative model combining experiential, systemic and attachment approaches and emotion-focused therapy / process-experiential therapy, primarily based in the experiential humanistic tradition (Elliott et al., 2004; Greenberg et al., 1993) share several common elements. Given the widespread confusion amongst helping professionals about the difference between these two approaches, it may be helpful to examine some of the commonalities. Notwithstanding these commonalities, the fundamental difference of the two approaches remains. Emotionally Focused therapy is an interpersonal approach grounded in attachment theory and systemic, interpersonal, innate human needs for co-regulation and bonding. This interpersonal orientation, integrating attachment theory with systemic and experiential interventions shapes the emotionally focused therapy model that extends to individual, couple and family therapy. Emotion-focused therapy is an intrapsychic approach grounded in Greenberg’s development of emotion-theory and self-regulation of emotion by changing maladaptive emotion with adaptive emotion. This orientation extends to individual therapy as well as emotion-focused couple therapy.

#### **The Experiential Dimension**

In spite of the divergent paths the two approaches have taken, both have retained a prominence for the importance of Rogerian empathic attunement and communicated understanding. They both focus upon the value of engaging clients in emotional experiencing moment-to-moment in session (as measured by the Client Experiencing scale (Klein, Mathieu-Coughlan & Keisler, 1986). The experiential roots of the approach remain strong in both approaches (Elliott, Bohart, Watson et al., 2011, Goldman, Greenberg, & Pos, 2005; Johnson, 2009a, 2009b). Both hold the view that individuals engage with others on the basis of their emotions, and construct a sense of self from the drama of repeated emotionally laden interactions (Johnson, 2009a).

The information processing theory of emotion and emotional appraisal (Arnold, 1960; Ekman, 2007; Fridja, 2007; Gross, 2014) and the humanistic, experiential roots of moment-to-moment emotional processing (as Perls, 1969; Rogers, 1951), strong components of the model since its inception have remained common aspects of emotionally focused therapy and emotion-focused therapy. Both value emotion as the target and agent of change, honouring the intersection of emotion, cognition, and behaviour. In accordance with Arnold, Ekman, Fridja and Gross, both approaches recognize emotion as the first, often subconscious response to experience. Both also use the framework of primary and secondary (reactive) emotions. The coaching aspect of emotion-focused therapy (Greenberg, 2002; Goldman & Greenberg, 2015) appears to tend towards more didactic than moment-to-moment experiential therapy.

### **Approaches to Working with Emotion: Maladaptive Emotions or Negative Patterns of Interaction?**

In spite of this strong commonality to both approaches, there is also a difference in how the two approaches work with emotion. Greenberg's process-experiential / emotion-focused therapy categorizes emotion into four types to guide therapists in knowing how to respond to a client at a particular time (Greenberg, 2002, Greenberg & Pavio, 1997; 2002; Elliott et al, 2004; Goldman & Greenberg, 2015) - primary adaptive, primary maladaptive, secondary and instrumental emotions. Emotion-focused therapy also has six principles of emotion processing (Greenberg, 2010). While primary adaptive emotion is seen as a reliable guide for behaviour, primary maladaptive emotion is seen as an unreliable guide (Goldman & Greenberg, 2015).

Johnson's emotionally focused therapy approach to emotion in accordance with attachment theory neither distinguishes between adaptive and maladaptive primary emotions, nor differentiates emotions as dysfunctional or functional (Johnson, 2013). All primary emotional responses are framed as normal survival reactions in the face of what Bowlby called "separation distress" (Bowlby, 1973, 1988; Johnson & Tronick; Cassidy & Shaver, 2016). With the integration of systemic and attachment elements in this experiential therapy, emotionally focused therapy holds that it is the *patterns of interaction* that are the problematic or dysfunctional element, and not the emotions themselves. The patterns of interaction are amenable to change after accessing the underlying primary emotions that are subconsciously driving the ineffective, negative reinforcing cycles of interaction. Validating reactive emotions and reprocessing newly accessed primary emotions is part of the change process (Johnson, 2004)

In summary, there is a difference in how the two approaches work with emotion. Emotion-focused therapy distinguishes between primary maladaptive or primary adaptive emotions. Emotionally focused therapy focuses on de-escalating negative cycles of interaction and emotion regulation strategies driven by primary emotions that are outside of awareness. Change in emotion-focused therapy begins with self-regulation. In emotionally focused therapy, change begins with co-regulation between attachment figures.

### **Systemic Interventions**

While the systemic dimension is important in both approaches, systemic tracking of

interpersonal interaction patterns, remains a hallmark of the first stage of Johnson's emotionally focused therapy, since its inception in 1985 (Johnson & Greenberg). Johnson and Best (2003) describe a systemic approach to restructuring attachment bonds in emotionally focused therapy. Systemic interventions to track and to reshape interpersonal interactions are not part of the Greenberg emotion-focused approach to emotional processes (Elliott et al, 2004; Goldman & Greenberg, 2015). Emotion-focused therapy "adopts a dialectical-constructivist model that interweaves emotion and narrative processes" (p. 27, Goldman & Greenberg, 2015), heightening self-identity and self-soothing capacities (Goldman & Greenberg, 2013).

### **Differences in the Couple Therapy Models**

There are two primary differences between the couple therapy models in emotionally focused therapy and emotion-focused therapy. The distinctions both revolve around the different prominence accorded to attachment theory. In the Greenberg and Goldman model (Goldman & Greenberg, 2013; Greenberg & Goldman; 2008; Woldarsky Meneses & Greenberg, 2011) attachment theory is considered to be one of three aspects of relational functioning, along with issues of power and attraction. In the Johnson emotionally focused therapy model (Brubacher & Johnson, 2016; Greenman & Johnson, 2013; Johnson, 2004, 2008, 2013) attachment theory is considered to be the defining theory of adult love (Mikulincer & Shaver, 2016) and to guide the therapist in processing and reprocessing emotion.

In emotion-focused therapy (Goldman & Greenberg, 2013; Greenberg & Goldman, 2008) the primary goal is to create self-identify and self-soothing, for a better relationship. In emotionally focused therapy (Johnson, 2004) the primary goal is to reshape attachment bonds and create "effective dependency" (Bowlby, 1973, 1980, 1982, 1988), that corresponds to increased personal resilience, flexibility, autonomy and relational, emotional and physical health (Johnson, Lafontaine & Dalgleish, 2015).

### **A Different View of Attachment and Power**

Greenberg and Goldman's emotion-focused approach to couple therapy, while based upon the original EFT framework developed by Johnson & Greenberg (1985a, 1985b, 1987, 1988; Greenberg & Johnson, 1988) differs from Johnson's (2004) emotionally focused therapy by arguing that attachment theory is not the prime motivation system between romantic partners. Greenberg and Goldman focus instead on three motivational systems of attachment, identity or power, and attraction (Greenberg & Goldman, 2008; Woldarsky, Meneses & Greenberg, 2011), arguing that all three impact emotion regulation and need fulfilment.

Johnson's emotionally focused therapy (2004) differs in that it places prominence upon attachment as a theory of emotion regulation and a motivational system for need fulfilment, as advocated by attachment theory as a theory of adult love (Mikulincer & Shaver, 2016). In emotionally focused therapy, attachment subsumes the search for personal autonomy, dependability of the other and a sense of personal identify/power and interpersonal attractiveness. Lovability and desire are intertwined in attachment theory (Shaver & Mikulincer, 2006).

### **A Different Process for Couple Therapy**

Emotionally focused therapy (Johnson, 2004) and emotion-focused therapy

(Greenberg & Goldman, 2008) also differ in terms of the steps and stages of the model for couple therapy.

#### **Emotion-focused couple therapy (Greenberg & Goldman, 2008)**

Deviating from the original 3-stage, 9-step EFT framework developed by Johnson & Greenberg (1985a, 1985b, 1987, 1988; Greenberg & Johnson, 1988) Greenberg & Goldman's emotion-focused couple therapy has 5 stages and 14 steps. It is structured to facilitate identify and self-regulation prior to restructuring capacities for other-attunement. This model has yet to undergo outcome research. Additional steps are added to the emotion-focused approach to facilitate individual self-regulation, to deal with unmet needs from individuals' childhoods and also to separate the development of the self. Steps have been added to create self-regulation before the bonding events (Goldman & Greenberg, 2013; Greenberg & Goldman, 2008). It is considered necessary, in this emotion-focused therapy model to help partners regulate selves first and to deal individually with maladaptive emotions, so they are better equipped to do the more intense work of attuning to the other partner and to be open to restructuring the attachment bond.

#### **Emotionally focused couple therapy (Johnson, 2004)**

Emotionally focused couple therapy works with the original, empirically validated 9- step model to facilitate a restructuring of the attachment bond to first create a co-regulating context that strengthens individual regulation. In this model, reshaping the attachment bond and creating more effective co-regulation and effective dependency increases individuals' self-regulation and resilience (Johnson et al., 2013; Mikulincer & Shaver, 2016). The couple is helped to respond and thereby to meet each others' unmet needs and injuries from childhood. The newly shaped secure attachment bond becomes the best antidote to traumatic experience from within and outside of the relationship. Research with an fMRI component validates the effectiveness of emotionally focused therapy to create secure bonds and to reduce the brain's response to threat (Johnson et al., 2013).

In summary, the two models of couple therapy differ in the steps and stages of the model, in the primary goal of couple therapy and in the extent to which the model is researched. Creating secure attachment bonds is given prominence in emotionally focused therapy (Johnson, 2004). The development of the self and the promotion of self-soothing is placed alongside other-soothing, as goals in emotion-focused couple therapy (Goldman & Greenberg, 2013; Greenberg & Goldman, 2008). Only emotionally focused couple therapy meets the couple and family research guidelines to be classified as an evidence-based couple therapy, with process of change and predictors of outcome research.

### **Differences in Approaches to Individual Therapy**

#### **Emotion-focused therapy with individuals (Greenberg and colleagues)**

Emotion-focused individual therapy is primarily a humanistic experiential approach (Pos, Greenberg, & Elliott, (2008) with a fourteen-step case formulation process (Goldman & Greenberg, 2015). This 14-step process regards dysfunction as stemming from at least from four different possible causes, has four categories of emotion, categorizes needs under "attachment" and "identity," specifies four types of emotional processing difficulties, delineates different types of empathy, has eleven different markers for four types of therapy tasks, relies on two interactive

tracks of emotion and narrative processes as sources of information about a client – and works with an emotion schematic system. “The emotion schematic system is seen as the central catalyst of self-organization, often at the base of dysfunction and ultimately the road to cure. For simplicity, we use the term emotion schematic process to refer to the complex synthesis process in which a number of coactivated emotion schemes coapply, to produce a unified sense of self in relation to the world” (p. 92). Greenberg (2002) also offers an intrapsychic emotion-focused approach to coach clients to work through their feelings. Emotion-focused therapy is found to be an effective intervention in the treatment of depression, interpersonal problems, trauma (Goldman, Greenberg & Angus, 2006; Greenberg & Watson, 2005, Paivio & Greenberg, 1995; Paivio & Niewenhaus, 2001; Pavio & Pascual-Leone, 2010; Watson, Gordon, Stermac, Kalogerakos, Steckley, 2003) and avoidant personality disorder (Pos, 2014). The Gestalt empty chair technique is frequently used for resolving “unfinished business” (Elliott et al., 2004) and the two chair is frequently used for self-critical splits (Goldman & Greenberg, 2015) to name a few popular techniques.

### **Emotionally focused therapy with individuals (Johnson)**

This approach embraces an attachment orientation, while integrating the experiential focus of empathic attunement for engaging and reprocessing emotional experience and tracking and restructuring the systemic aspects and patterns of engagement and emotion regulation. The EFT therapist follows the attachment model by addressing deactivating and hyperactivating strategies (Johnson 2009a, 2009b). Attachment theory influences individual therapy as a process of developing secure connections between therapist and client, between client and past and present relationships, and within the client's internal processes. Attachment principles impact EFT in the following ways: forming the collaborative therapeutic relationship, shaping the overall goal for therapy to be that of “effective dependency” (Bowlby (1973) upon one or two safe others, impacting the depathologizing approach to working with emotion by normalizing separation distress responses and shaping interventions and change processes. The change processes are that of identifying patterns of emotion regulation and deepening the underlying emotion and creating corrective emotional experiences to transform negative patterns into secure bonds interpersonally and intrapsychically (Brubacher, 2017, 2018). “The relevance of attachment theory to understanding change in adult psychotherapy, whether individual or couple therapy, has become clearer because of the enormous amount of research applying attachment theory to adults in the last two decades...Attachment theory is now used explicitly to inform interventions in individual therapy....the attachment perspective helps the humanistic experiential therapist address individual problems such as anxiety and depression” (p. 410, Johnson 2009a).

### **Differences in Approaches to Working with Families**

#### **Emotion-focused family therapy /Emotion-coaching (Greenberg)**

According to <http://emotionfocusedfamilytherapy.org> EFFT is a form of emotion coaching. It is described as still early in its development and as a treatment model first developed for individuals struggling with an eating disorder and their families based on the principles and techniques of four different approaches:

- 1) traditional emotion-focused therapy,
- 2) behavioural family therapy,
- 3) motivational enhancement therapy,
- 4) the new Maudsley family skills-based approach.

It has been adapted for a variety of mental health issues such as anxiety, depression and adjustment disorders, as well as parent-child relationship difficulties.

Emotion-focused emotion coaching is seen to be related to family therapy and it has 5 basic steps (from <http://emotionfocusedfamilytherapy.org>). Each step builds on the previous step in a linear fashion:

1. Attend to the emotion
2. Name it (put it into words)
3. Validate the emotion
4. Meet the emotional need
5. "Fix / Problem-solve"

In emotion-focused family coaching, the therapist's role is to empower and support caregivers to master skills, tasks, and feelings involved in four different domains. This coaching role is described as "facilitating relationship repair and healing possible wounds from the child or family's past in order to help loved ones to let go of the weight of old injuries, and working through and resolving the fears and obstacles that surface in the caregiver during this challenging and novel journey" (<http://emotionfocusedfamilytherapy.org>)

### **Emotionally focused family therapy (Johnson)**

This model is distinctly different in that it is not a coaching approach or a skills-based approach. It is a therapy approach consistent with the attachment oriented experiential, systemic emotionally focused model (Johnson, 2004) in three stages: (1) de-escalating negative cycles of interaction that amplify conflict and insecure connections between parents and children; (2) restructuring interactions to shape positive cycles of parental accessibility and responsiveness to offer the child or adolescent a safe haven and a secure base; (3) consolidation of the new responsive cycles and secure bonds (Brassard & Johnson, 2016). Its primary focus is on strengthening parental responsiveness and caregiving, to meet children's and adolescents' attachment needs (Palmer, 2015).

Emotionally focused family therapy (EFFT) is used to promote secure bonds among distressed family members. 12 articles and 7 chapters are provided on EFFT (see <http://www.iceeft.com/index.php/resources>) beginning with a research study on EFFT (Johnson, Maddeaux, & Blouin, 1998). Early writing on EFFT include Johnson and Lee, (2000) and Palmer and Efron, (2007). The key text for emotionally focused therapy (Johnson, 2004) - includes a chapter, Emotionally Focused Family Therapy: Restructuring attachment.

In summary, the significant differences in the approaches to family therapy are that emotion-focused therapy uses an emotion coaching approach with teaching skills, tasks and ways of dealing with feelings/emotions. In contrast, emotionally focused therapy takes a family therapy approach to working with families. Emotionally focused therapy "build[s] stronger families through 1) recruiting and strengthening parental emotional responsiveness to children 2) accessing and

clarifying children’s attachment needs and 3) facilitating and shaping caregiving interactions from parent to child” (p. 5, Palmer, 2015).

### Conclusion

In spite of some experiential humanistic similarities and a shared beginning, process-experiential (emotion-focused therapy) and emotionally focused therapy are substantially different. Emotion-focused therapy is best characterized as an experiential-humanistic therapy with an emotion-focused change process that its developers are seeing as a common element to incorporate into all therapies (Goldman & Greenberg, 2015; Greenberg, 2011b). Emotionally-focused therapy with individuals, couples or families is an integrated blend of attachment theory with experiential and systemic interventions. It is interpersonal first and foremost – consonant with neuroscience and attachment theory- where co-regulation precedes self-regulation (Coan & Maresh, 2014; Cassidy & Shaver, 2016) and connection and autonomy are inseparable elements of optimal or effective dependency (Bowlby, 1973; Feeney, van Fleet, & Jakubiak, 2015).

Process experiential therapy (emotion-focused therapy) is predominantly an intrapsychic approach, steeped in the experiential-humanistic tradition and adopting “a dialectical-constructivist model that interweaves emotion and narrative processes” (Goldman & Greenberg, 2015, p. 27). While there is *some mention* of attachment and systems theories these theories do not substantially shape the approach, whereas attachment and systems theories are predominant in emotionally focused therapy. Attachment is mostly included in emotion-focused or process-experiential therapy in reference to family of origin experiences, but attachment theory does not guide the moment-to-moment therapy process as it does in emotionally focused therapy. Emotion-focused therapy retains a focus on individual identity and self-soothing before co-regulation, in both its individual therapy as well as in the recently developed modification of EFT couple therapy (Goldman & Greenberg, 2013; Greenberg & Goldman, 2013).

Seeing these two diverse models as complimentary would be to miss the fundamentally different emphases in the therapy process, the different therapeutic goals and the different theoretical bases of the “two EFT’s”. Some therapists may prefer to work in an intrapsychic mode that is not grounded in and guided by attachment theory, but is instead grounded in a *theory of dysfunction* that is formed and shaped by experiential-humanistic, learning theory, existential theories and psychodynamic theory (Goldman & Greenberg, 2015). For them, emotion-focused therapy may be a better fit. It is certainly a huge challenge for therapists to work systemically, with an attachment perspective, in the face of many therapy models and western values that elevate individuality, independence and differentiation and diminish what Bowlby called our human need for effective dependency on one another.

Therapists who are drawn to the non-pathologizing nature of attachment theory as a theory of adult love, motivation, and emotion regulation (Cassidy & Shaver, 2016; Coan & Maresh, 2014; Johnson, 2013) are likely to be drawn to emotionally focused therapy. Emotionally focused therapy’s grounding in the attachment perspective can keep an emotionally focused therapist on track and focused on the goal of shaping bonding moments that respond to human needs for

secure connection (Brubacher and Johnson, 2017; Johnson, Lafontaine and Dalglish, 2015). Secure attachment is valued for its capacity to retain emotional balance during times of stress and threat, to seek and receive care and support in ways that constantly renew attachment bonds and to implicitly access the powerful mental and physical health benefits of social connections (Feeney & Collins, 2014; Mikulincer and Shaver, 2015).

My purpose in distinguishing between the two EFT's is to encourage mental health professionals to invest in explicating their therapeutic approach and in being informed consumers of professional development. It seems unfortunate that the common beginning of these two approaches, the ongoing experiential aspects and name-brand similarities, and confusion fostered by theoretical conflation on some websites and in some publications, all contribute to therapists' confusion about their differences.

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