

## **Emotion-Focused Mindfulness Therapy**

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## **Abstract**

With emotion-focused mindfulness therapy (EFMT), we are exploring integrating mindfulness-based interventions (MBIs) into the process-experiential/emotion-focused (PE-EFT) therapy approach, oriented to its neohumanist principles, emotion theory and dialectical constructivist epistemology. Both MBIs and EFMT value the role of implicit experience in meditation. While MBI meditation may include allowing the felt sense to arise, it does not specify symbolizing it in order to fully resonate with, receive and carry forward its implications. Instead, MBIs emphasize attending to present-oriented experience and decentering from and letting go of distractions from this, such as thoughts and feelings about the past or the future. In doing so, MBIs create optimal conditions for, but do not specify, experiential and emotional processing. In contrast, EFMT uses its emotion-focused perspective to integrate process-diagnostic, marker-oriented tasks such as focusing into meditation, journaling, and empathically exploring clients' experience in order to deepen experiencing, address unfinished business and inner conflicts, better navigate life, and cultivate growth and flourishing. Research is needed.

Key words: process-experiential therapy, emotion-focused therapy, mindfulness-based interventions, meditation, empathy, focusing

## Introduction

Emotion-focused mindfulness therapy (EFMT) emphasizes enhancing emotional experiencing for addressing unfinished business and inner conflicts, better navigating life, and cultivating growth and flourishing. Mindfulness-based stress reduction (MBSR; Kabat-Zinn, 1990) and mindfulness-based cognitive therapy (MBCT; Segal, Williams & Teasdale, 2012 [2002]), collectively known as mindfulness-based interventions (MBIs), emphasize attending to present-oriented experience in a non-judgmental way and decentering from and letting go of distractions from this, such as thoughts and feelings about the past or future (Segal, Williams & Teasdale, 2012; Dunne, 2015; Bernstein, Hadash, Lichtash, Tanay, Shepherd & Fresco; 2015). “Decentering” refers to observing thoughts and feelings as mental events rather than truths about self, other or world (Safran & Segal, 1990). MBI mindful experiencing (Teasdale, 1999) creates optimal conditions for experiential and emotional processing, something MBIs do not specify or encourage (Cornell, 2013, Introduction, Mindfulness section; Garland, Farb, Goldin & Fredrickson, 2015). In contrast, EFMT is exploring integrating MBIs into process-experiential/emotion-focused therapy (PE-EFT; Greenberg, 2015 [2002]; Elliott, Watson, Goldman & Greenberg, 2004; Elliott & Greenberg, 2007) to enhance how we process emotions and navigate our lives, treating emotions as adaptive resources.

PE-EFT is oriented to neohumanist principles (Elliott et al., 2004), specified by emotion theory (e.g., Frijda, 1986; Lazarus, 1991; Greenberg, 2015 [2002]) and dialectical constructivist epistemology (Pascual-Leone, 1991; Greenberg & Pascual-Leone, 1995, 2006). As a PE-EFT approach to mindfulness, EFMT emphasizes cultivating optimal conditions for emotional work through therapeutic empathy, bonding and genuineness with clients, and collaborating on process-diagnostic, marker-oriented empathy, relational, experiential, reprocessing and enactment tasks when exploring meditation experience with clients, so they can flexibly integrate these processes into meditation and life. This is the first paper on EFMT; research is needed.

“Emotion-focused therapy” (EFT) was coined to refer to therapies that focus on emotions regardless of their theoretical commitments. Process-experiential (PE) therapy and emotion-focused

couple therapy (Greenberg & Johnson, 1988; Greenberg & Goldman, 2008) are the foremost neohumanist EFTs, and PE therapy is increasingly referred to simply as emotion-focused therapy.

Gendlin's pioneering work on implicit experience (1962, 1964, 1996) lies at the heart of PE-EFT, integrated into its epistemological foundation and providing two of its experiential tasks (clearing a space and experiential focusing), as well as micro-processes integrated into other tasks. Gendlin's research (1969; Hendricks, 2001) indicated that positive therapy outcomes are associated with focusing processes whether these were specified or not. He recommended "experientializing" therapies by integrating focusing as a therapeutic sub-process (Gendlin, 1969, page 9), as PE-EFT has done.

The PE-EFT focusing task involves: recognizing the task marker of an unclear ("vague, stuck, blank, global or externally focused") feeling; attending to the unclear feeling, allowing a whole felt sense to arise and experiencing it; searching for and checking an image, word or phrase and using it to deepen one's resonance with the felt sense; experiencing and exploring felt shifts; fully receiving, appreciating and consolidating a felt shift; and carrying forward the new feeling into new therapy processes and the rest of one's life (Elliott et al., 2004, Table 9.2, page 182).

In essence, focusing is not a skill or technique; instead, it is a psychological stance of inward-directed attention, in which the person allows himself or herself to temporarily set aside expectations and theories about thoughts, feelings, or reasons in favour of what has been described as "waiting, of quietly remaining present with the not yet speakable, being receptive to the not formed" (Leijssen, 1990, page 228). (Elliott et al., 2004, page 179)

Both MBIs and EFMT value the role of implicit, subjective experience in approaching and accepting difficult experience. However, MBI meditation does not encourage symbolizing the implicit felt sense in order to more fully resonate with, receive and carry forward its implications (Cornell, 2013, Introduction, Mindfulness section). Gendlin, on the other hand, recommended integrating focusing as a form of meditation into other forms of meditation in a process-diagnos-

tic, marker-oriented way, to deepen experiencing of vague, unclear or troubling feelings in meditation for personal development and enhancing coherence in meditation (Gendlin 1996, pages 65-66). While Gendlin valued deeply relaxed states in meditation (*ibid*, page 225), he contrasted these with the role of focusing in meditation, which requires some arousal.

This paper will compare and contrast EFMT and MBI theory and practice; reflect on their Buddhist roots; briefly review the PE-EFT approach; and then describe the EFMT protocol, providing a case example.

## **Mindfulness-Based Interventions**

Mindfulness-based stress reduction (MBSR) teaches mindfulness meditation in a brief behavioural-medicine group approach, developed for hospital patients with severe medical issues including chronic pain (Kabat-Zinn, 1990). MBSR encourages meditators to cultivate a non-judgmental stance toward difficult thoughts and emotions that supports disengaging from or exposure, habituation and desensitization and letting go of emotional arousal (*ibid*). Mindfulness-based cognitive therapy (MBCT) integrated MBSR into cognitive therapy to address vulnerability for depression relapse (Segal et al, 2012 [2002]), and has been adapted for other disorders. MBCT theory emphasizes the role of decentering in mindfulness. A recent meta-analysis found MBIs are most consistently helpful for depression, pain, smoking and addictions with effect sizes comparable to evidence-based treatments and superior to other forms of comparison (Goldberg et al., 2018).

MBIs emphasize shifting out of being (1) caught up in our heads, engaged with propositional meanings and out of touch with subjective feelings, or (2) being too immersed in and driven by difficult emotions and thoughts, by shifting into (3) mindful experiencing where working memory is engaged with implicit subjective experiencing and integrated affective/cognitive processes (Teasdale, 1999). Mindful experiencing enables attending to present-oriented subjective experience and decentering from and letting go of distractions from it.

According to Bernstein et al.'s (2015) metacognitive model of decentering, which integrates previous models and research on central mindfulness mechanisms, decentering is subserved by three interdependent processes: meta-awareness, disidentification, and decreasing reactivity to cognitions. Meta-awareness involves awareness of subjective experience as processes occurring in consciousness, for example, instead of thinking, "I am worthless," reflecting, "I am thinking a self-critical thought" (ibid, page 601). Meta-awareness leads to disidentification by introducing a distinction between subjective awareness and what is observed (e.g., noting "a feeling of fear" rather than "I am afraid" (ibid)) and to decreased reactivity to thoughts by shifting awareness to process rather than content, and understanding that thoughts are interpretations rather than direct apprehensions of events.

MBI mindfulness has much in common with the experiential task, clearing a space, which was initially developed by Gendlin (1981) as a preparatory step within focusing, but increasingly treated as a separate task, and integrated into PE-EFT along with focusing as a separate, but related experiential task (Elliot et al., 2004, pages 169 to 179; see also Leijssen, 1990, 1998).

The basis of this task lies in Gendlin's (1981) concept of working distance, defined as an optimal state of emotional arousal for exploring one's experiences. Clearing a space is used when clients alternate between being too close to and too distanced from their emotions... The clearing a space task directly addresses clients' immediate attentional focus difficulties with working distance and is thus useful for helping clients restore a productive relationship with painful or difficult experiences. (Elliot et al., 2004, page 170)

A difference between clearing a space and MBI mindfulness is the former brings to mind and lists issues interfering with feeling good, whereas the latter approaches issues when they appear. However, both are concerned with helping people shift into subjective experiencing and out of being too distanced from or too close to emotions. Both involve acknowledging, distancing, disidentifying from, and setting aside negative thoughts and feelings, lowering reactivity, and appreciating the feelings of relief, safety and wholeness that emerge. Both create optimal condi-

tions for focusing and processing emotions, but where clearing a space was developed to facilitate experiential processing, MBI mindfulness was not.

MBI mindfulness is rooted in a variety of Buddhist and Vedantic forms of meditation (Kabat-Zinn, 2011; Dunne, 2015), which may involve different relationships with the felt sense. For example, Teasdale (1999, pages S71-72) provides an example of MBI mindful experiencing involving attending to sensations (that happened to be in the stomach) while noting whether its global hedonic feeling tone<sup>1</sup> is pleasant, unpleasant or neutral, a specific Buddhist technique. In PE-EFT, global feelings are potential markers for focusing (Elliott et al., 2004, Table 9.2, page 182), not a part of Teasdale's example. This fits with Cornell's (2013, Introduction, Mindfulness section, para. 6) statement:

Focusing incorporates mindfulness and then goes further. "Mindfulness" is a good description of the quality of attentiveness that is the optimal environment for the forming of a felt sense. It is the forming of the felt sense itself, and the further attending to it, that is the Focusing process.

On the other hand, the way Kabat-Zinn describes "the bloom of the present moment" (2010 [1994]) seems to fit better with how two psychologists familiar with focusing, Welwood (2000) and Geller (2011, page 264), describe their Buddhist mindfulness practices as allowing the felt sense to arise without symbolizing its implicit meaning, instead, allowing feelings to let go within a transcendental focus on emptiness. Welwood (2000, page 239) describes "emptiness" as having

many levels of meaning in different Buddhist contexts and traditions... Emptiness is a word that points to what is beyond all words and concepts... the spacious boundlessness of being... pregnant with possibilities and intrinsically free of conceptual obscurations.

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<sup>1</sup> For an explanation of the role of "hedonic feeling tone" in this type of Buddhist meditation, see Olendzki (2016, Chapter 5, para 3). For a description of different forms of Buddhist meditation, beyond the scope of this paper, see Dunne (2015).

As Kabat-Zinn wrote, “This has everything to do with holding the present moment in its fullness without imposing anything extra on it, perceiving its purity and the freshness of its potential to give rise to the next moment” (2010, Part 1, Doing Non-Doing chapter, para 7). From this perspective, symbolizing the felt sense in meditation is viewed as imposing extraneous conceptual obscurations and approximations on it.

## **Buddhist Roots**

EFMT emerged from using the PE-EFT approach in dialogue with humanistic and existentialist Buddhist perspectives (e.g., Batchelor, 2010, 2012, 2015; 2017; Higgins, 2012; Bazzano, 2014, 2016), to explore, reflect on and adapt types of Buddhist practice that integrate experiential and emotional processing (Dawson, 1989; Higgins, 2009; Siff, 2010). As a humanistic approach, PE-EFT is critical of dogmatism, authoritarianism, as well as corporate neoliberal forces appropriating, simplifying, and commodifying clinical and religious approaches (Elliott et al., 2004, pages 20-23). Humanistic critics have encouraged mindfulness clinicians in deepening their dialogue with and understanding of Buddhism, clarifying similarities and differences, to avoid oversimplifying and fetishizing it (Cole, 2015) in a way that may collude with its appropriation (Bazzano & Webb, 2016; Bazzano, 2016; Hyland, 2016). However, Buddhists with humanistic perspectives also warn against over-idealizing and glossing over how dogmatic and authoritarian traditional Buddhism, like any religion, can be (Bubna-Litic & Higgins, 2007; Higgins, 2012; Batchelor, 2012). It is also important to not gloss over related longstanding, widespread challenges concerning Buddhist teacher boundary violations and lack of accountability now coming to a head with the #Me Too movement (e.g., Kornfield, 1993, pages 254-271; Campbell, 2018 [1997]; Edelstein, 2011; an Olive Branch, 2015; Gleig, 2015; Varvaloucas, 2018; Biddlecombe, 2018).

Cole describes in his (2015) study of Buddhist and Christian scriptures how a new approach can “fetishize” an older one by imbuing a text or practice with the power and authority of the older tradition, while claiming it subsumes and replaces the entirety of that tradition. Purser (2015) makes a similar point criticizing Kabat-Zinn for being unclear and chameleon-like in describing MBSR’s relationship with Buddhism, raising concerns involving “truth in advertising” and in-



formed consent for not being clear how deeply involved it is in Buddhism (ibid, page 25), while, in other contexts, “having gone so far to say that MBSR and MBIs are a recontextualization of the Buddhist teachings in all of their ‘essential fullness’” (ibid, 24, citing Williams & Kabat-Zinn, 2011, page 15), an over-simplification—ancient world religions are too vast, profound, and varied to be recontextualized in a clinical format in all of their “essential fullness.”

Bazzano (2014, Preface, para. 9) writes:

Many agree that mindfulness programmes have been beneficial in the mental health field. At the same time, there is a growing recognition that two crucial components have been missing so far: (1) the background (historical, religious, and anthropological, as well as mythical) upon which the teaching of mindfulness rests; and (2) the social, familial, and philosophical context in which the individual is embedded.

The Buddhist humanistic perspectives that have influenced EFMT are informed by a hermeneutic (Higgins, 2012, page 117) which (1) takes care to contextualize the words of the Buddha historically, culturally and linguistically, rather than presenting them as “contextless iterations of timeless truths” (ibid) and (2) reflects on and values how our contemporary perspectives inevitably condition interpretations. Traditional Buddhist claims to possess definitive accounts of what the Buddha taught are fideist, that is, based on faith or revelation, rather than reflecting academic scholarship (ibid; Dunne, 2015, page 252; Analayo, 2016), often tied to bolstering Buddhist institutions’ and teachers’ authority (Bubna-Litic & Higgins, 2007; Higgins, 2012; Batchelor, 2010, 2012, 2015; Cole, 2015). Higgins (2012, page 115) and Batchelor (2015, Chapter 1 After Buddhism, Section 6, para 15) cite (MacIntyre, 1985) in describing how living fields, whether academic disciplines, professions or religions, are intergenerational evolving debates alive to the founders’ generative questions and how each generation responded to them, and which value new, creative developments.

Batchelor (2012, 2015) brings this sensibility to analyzing early Buddhist scriptures. Traditional Buddhism holds that craving (*tanha*, shorthand for grasping, aversion and confusion) causes suffering (*dukkha*), not only subjective suffering, but also our existential condition including cycles

of birth, aging, illness, dying and being reborn. Instead, for Batchelor (2015, Chapter 5, Section 4), the Buddha's central point is craving is how we inauthentically react to suffering including our existential situation. This repetitious emotional reactivity may cause subjective suffering, but, most significantly, obscures developing a more authentic relationship with suffering, joy, and our existential condition and cultivating our own and others' eudemonic flourishing. Batchelor, like Bazzano (2014, 2016), emphasizes a life-affirming approach, based on embracing the tragic aspects of the human condition. These perspectives fit well with PE-EFT's humanistic perspective. However, PE-EFT emphasizes new, distinctive developments in the way emotions are understood and treated as adaptive resources that extend beyond this shared ground.

### **Buddhism and Focusing**

Some North American Buddhists have expressed concerns that the transcendental focus of Buddhist mindfulness meditation on emptiness can lead to "spiritual bypassing" (Welwood, 1983; Kornfield, 1993; Geller, 2011), that is, avoiding dealing with emotional unfinished business, inner conflicts and developmental tasks. Some (e.g., Welwood, 2000; Rome, 2004, 2011; Aitken, quoted in Rome, 2004; Morrell, 2011; Abels, 2012) have recommended vulnerable practitioners balance their practice by supplementing it with focusing.

I studied with two Buddhist teachers who integrated focusing into meditation. Dawson (Namygal) (1989) told me he drew on Gendlin's (1981) book to create holistic clearing meditation, a set of four "anti-paralytic" practices (Dawson, personal conversation, between December 1985 and March 1986). However, Dawson's approach is more directive and structured. The first three practices involve experiential focusing on pre-determined themes: strengths, negative conditioning interfering with growth, and under-developed areas. The fourth, a "balancing meditation," like Welwood's (2000) and Geller's (2011) practices, allows experience to arise and release into emptiness.

Siff has compared his recollective awareness meditation approach to experiencing in focusing (2014, page 171), and, like Dawson, highlights its usefulness for overcoming impasses (2010,

Part 2). However, he emphasized to me differences with focusing in how he eschews teaching specific focusing steps (Siff, personal conversations, fall 2010 to 2015), without apparently appreciating focusing is not so much a skill or technique as it is a particular “psychological stance of inward-directed attention” (Elliott et al., 2004, page 179). Siff’s influence can be seen in EFMT’s emphasis on gentle receptivity, curiosity, permission to do any meditative practice, and on further developing intimacy with experience through journaling and dialogue. However, EFMT’s use of the PE approach to follow and build on Gendlin’s process-diagnostic, marker-oriented experientialization of meditation and therapy provides a middle path between Namgyal’s more directive approach and Siff’s avoidance of specifying focusing micro-processes altogether.

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

The process-experiential (PE) approach emphasizes therapeutic empathy, bonding, genuineness and collaboration on therapeutic tasks. Therapists use process-diagnostic skills to empathically follow clients’ emotional processes and strategically guide and facilitate engagement in emotion-processing tasks using markers that indicate when clients are available for specific kinds of emotional work. PE therapy aims at enhancing skills in emotional intelligence (Greenberg, 2015; Salovey & Mayer, 1990). There is a considerable body of process and outcome research supporting it, including for depression, depression relapse, and personal injuries (Greenberg, 2010, 2015), and complex trauma (Paivio & Pascual-Leone, 2010; Mlotek & Paivio, 2017).

Process-experiential therapy’s overarching neohumanist principles emphasize relational presence and growth, comprising: the primacy of experiencing; wholeness; freedom, agency and self-determination; pluralism and equality; presence and authenticity; and growth (Elliot et al., 2004, pages 21-22). “Organismic experience consists of all the ways human organisms experience themselves and their environments through their bodily felt sense (Gendlin, 1962, 1996; Rogers, 1961)” (Watson, 2011). “*Experiencing*” as a gerund “reflects its active, ever-changing, “non-thinglike” nature (Gendlin, 1962)” (Elliott et al., 2004, page 21), reminiscent of the Buddhist principles of not-self (the inability to experience an inherent, non-contingent self) and imperma-

nence. *Wholeness* highlights the importance of including all the processes of experiencing in therapy (ibid).

Process-experiential therapy's principles are *neo(new)*humanist because they are specified by its emotion theory and epistemology, providing "a distinctive perspective on emotion as a source of meaning, direction, and growth" (Elliott et al., 2004, page 4):

Emotion-theorists (e.g., Frijda, 1986; Greenberg, [2015] 2002; Greenberg & Paivio, 1997; Greenberg & Safran, 1987, 1989; Lazarus, 1991; Tomkins, 1963) hold that emotion is fundamentally adaptive in nature, helping the organism to process complex situational information rapidly and automatically in order to produce actions appropriate for meeting important personal needs... Emotion identifies what is significant for well-being and prepares the person to take adaptive action. Emotion also coordinates experience, provides it with direction, and gives it a sense of unifying wholeness. In other words, emotion tells people what is important, and knowing what is important tells them what they need to do and who they are.

In therapy, this means that the therapist can use the client's emotions as a kind of therapeutic compass, guiding therapist and client to what is important and what the client needs to do about it. (Elliott et al., 2004, page 24)

In this approach, emotion schemes provide an "implicit higher-order organization for experiencing" (ibid, page 25). PE therapy emphasizes activating, exploring, expressing and reflecting on emotion schemes by means of the perceptual-situational processes that trigger them, and the bodily-expressive, symbolic-conceptual and motivational-behavioural processes that are activated by them (ibid, pages 26-27). The way these interdependent processes co-construct emotional experience is reminiscent of the Buddhist principle of dependent arising, how experience is woven by multiple inter-dependent processes, but without causality spanning different lives (c.f., Thompson, 2015, Chapter 10).

Process experiential emotion theory describes different kinds of emotions. *Primary* emotions happen first; *secondary* emotions are defensive reactions that tend to obscure them. For example,

criticism might trigger shame, obscured by secondary anger. *Instrumental* emotions are ones people express to manipulate others, for example, although angry, crying to elicit sympathy.

Primary emotions are either *adaptive* or *maladaptive*. Adaptive emotions orient and motivate us in situations. Examples include joy when being reunited with an old friend, sadness when we lose someone, and anger when someone violates our boundaries. Maladaptive emotions were conditioned by negative developmental situations and tend to be out of proportion to current situations and paralyzing.

Primary maladaptive, secondary and instrumental emotions could be compared to Batchelor's (2015) understanding of craving as repetitive emotional reactions that interfere with authentic encounter with our existential condition and drive the "unnecessary" suffering in our lives, while learning how to navigate and let go of them frees us to cultivate our own and others' flourishing. Emotion-focused theory specifies how to let go of secondary emotions by welcoming, accepting, and perhaps calming or intensifying emotions, in order to discern and arrive at primary emotions, determining whether they are adaptive or maladaptive, and responding to them differentially (Greenberg, 2015). If primary emotions are adaptive we orient to and make sense of them. For example, a client anxious about work, realized underneath she was grieving her father. Expressing and reflecting on her grief helped her make better sense of and heal from her loss, carrying forward her father's memory as a continuing positive influence in her life.

On the other hand, maladaptive emotions are transformed by adaptive emotions. For example, an HIV<sup>+</sup> gay man expressed in therapy anxiety and unwillingness to date, certain of rejection if he disclosed his HIV status. Exploring this, he realized the anxiety was being driven by maladaptive shame and humiliation associated with memories of his father's emotional abuse. Working on this in an enactment task, imagining his father in an empty chair in front of him, intensified and clarified how his feelings were due to his father's maltreatment and helped him recognize unmet needs for love and respect. His therapist helped him express implicit adaptive anger to his father, as well as compassion and validation for his younger self's feelings of shame and humiliation. These adaptive emotions transformed the shame and humiliation, leading to feelings of integra-

tion and wholeness, the development of a new healing narrative, and a new willingness to date and disclose his HIV status.

Process-experiential therapy is also based on dialectical constructivism, a neo-Piagian epistemology concerning the development of the self (Pascual-Leone, 1991; Greenberg & Pascual-Leone, 1995, 2006).

In a dialectical view, it is the interaction and synthesis of different levels of processing and different emotion schemes that explain human functioning... It is by reflecting on experiencing that we make sense of what we feel. It is through a dialectical process of explaining our experience that we create meaning. (Elliott et al., 2004, pages 36-37)

From this perspective, “there is no permanent, hierarchical organization topped by an Executive Self or ‘I’” (Elliott et al., 2004, pages 37-38). A sense of self-coherence emerges through various aspects of the self dialectically constructing and integrating our emotional experiencing, not once and for all, but like jazz musicians improvising together in various situations (*ibid*, page 38). Problems arise not from contradictions between them but hostility or parts suppressing, ignoring or compartmentalizing each other.

Process-experiential therapy encourages the emergence of implicit, overlooked, or silenced self aspects so that the more dominant, vocal aspects can hear the previously ignored aspects (Greenberg, [2015] 2002; Greenberg & Paivio, 1997)... The result of this process is a new, integrative experience leading to a new synthesis. (Elliott et al., 2004, page 39)

Emotion-focused case formulation (Goldman & Greenberg, 2015; Goldman, 2017) guides EFMT therapists in how to “conceptualize cases as well as follow markers across therapy in order to initiate tasks that promote change in emotional processing” (*ibid*, abstract). This takes place in three phases. In phase 1, “the therapist listens to the client in order to deconstruct the client’s presenting problems and accompanying narrative and to observe the client’s emotional processing style” (*ibid*, page 92), including presenting problems, poignancy and painful emotional experience, and the emotion-based narrative life story related to identity and attachment themes. Stage 2 involves the therapist and client co-creating a focus and identifying the core

emotion: “the therapist guides the client by listening for markers, unpacking the different elements of core emotion schemes, identifying themes, and a coherent formulation narrative emerges, summarized by the acronym, MENSIT” (ibid): identifying *markers* for key therapy tasks, primary *emotions*, *needs*, *secondary* emotions, how clients may self-interrupt emotions, and the key *themes* which emerge out of this work. In stage 3, “the therapist listens for emerging task markers and embedded micro-markers, and facilitates the construction of new meaning... [and assesses] how new meaning influences the reconstruction of new narratives and connects back to presenting problems” (ibid).

## Background

The development of EFMT was inspired by research colleagues and I conducted on MBSR for gay men living with HIV ( ). When we compared our data to pooled samples of mixed medical and cancer patients used to validate the Toronto Mindfulness Scale (Lau et al., 2006), our baseline mindfulness was so far below the pooled data that even though we had the same amount of pre-post change they did, our post-group mean was statistically below their baseline. This led me to reflect more deeply on how to adapt mindfulness to better address interactions between the psychological effects of internalized stigma such as shame, harsh self-criticism, difficulties generating self-warmth and social isolation (Gilbert & Procter, 2006) and the developmental traumas prevalent in this population (Brezing, Ferrara & Freudenreich, 2015; Bekele et al., 2018).

I explored integrating self-compassion techniques (Gilbert & Procter, 2006; Neff, 2011); emotional alchemy (Bennet-Goleman, 2001), an integration of schema therapy (Young et al., 2006) and MBSR to address maladaptive schema modes; and acceptance and commitment therapy (ACT, Hayes, Strosahl & Wilson, 2012) for behavioural activation oriented to values and enhancing willingness to have the difficult thoughts and emotions part of living a deeply valued life. ACT and emotional alchemy emphasize approaching and decentering (“defusing” in ACT (Bernstein et al., 2015)) from difficult emotions and thoughts. Gilbert’s and Neff’s work on compassion are based on Buddhist meditation that concentrates on compassionate wishes and feelings toward self and others (Analayo, 2015).

It was only when I began reflecting on recollective awareness meditation from an emotion-focused perspective that I realized that wise compassion is empathic, involving not only feeling moved by suffering (ibid), wishing it be alleviated (ibid), and wanting to help, but also the ability to follow thoughts and feelings in oneself and others with kindness. Empathy is a fundamental relational skill and a key aspect of emotional intelligence (Elliott et al., 2004, page 103).

Emotion-focused therapy emphasizes differentiating three inter-related emotion systems, attachment, bonding and identity (Greenberg & Goldman, 2008; Goldman & Greenberg, 2015). Attachment depends on the proximity of attachment figures who comfort and calm anxiety and fear. Bonding and connection involves interest, affection, warmth and attraction and its nadir coldness and disconnection. The identity emotional system is fundamental in constructing our sense of self. It develops and is strengthened by developmental figures empathizing with and validating our emotions. Its absence leads to diminishment, shame and humiliation difficult to tolerate. Addressing identity issues and shame involves developing self-empathy, arriving at and differentiating primary adaptive from maladaptive shame, and expressing vulnerable feelings. Adaptive shame is a vital part of our social radar and tells us when we are failing our own or others' expectations, we need to learn how to tolerate and make sense of it. Maladaptive shame needs to be arrived at and transformed through alternate adaptive emotions.

Perhaps integrating mindfulness into PE-EFT, with its focus on therapeutic relationship and empathy, may engage aspects of identity needs implicated in shame in a way that MBIs do not, because they do not emphasize the need for empathic following and making sense of emotional processes.

While the impetus to develop EFMT was inspired by research on mindfulness for HIV<sup>+</sup> gay men, we are also exploring its broader application in outpatient settings for which PE-EFT seems so well suited, “with clients experiencing mild to moderate levels of clinical distress and symptoms... [who] may have a variety of diagnoses and problems, including adjustment reactions, clinical depression, post-traumatic stress difficulties, various anxiety disorders, low self-esteem, internal conflicts, and lingering resentments and difficulties with others” (Elliott et al., 2004,



page 270). EFMT groups are being offered for such patients in general psychiatry and family medicine; for gay and bisexual men living with HIV and for artists in specialized psychiatry clinics; as well as for outpatients in individual therapy practices.

## **Emotion-Focused Mindfulness Therapy**

Emotion-focused mindfulness therapy (EFMT) integrates mindfulness meditation into process-experiential (PE) therapy. Sessions include 20 to 35 minutes of silent meditation, journaling the meditation experience for 10 minutes, and each participant describing their meditation experience and the therapist empathically exploring with them, alive to markers indicating readiness for specific therapeutic tasks. These processes, as well as experientially oriented psycho-education in the early sessions, are oriented to PE therapy's neohumanist principles specified by its emotion theory and epistemology.

The individual intake and initial EFMT sessions emphasize developing strong therapeutic relationships, productive working environment, group coherence, introducing clients to the program and to emotion-focused meditation, helping clients unfold their narratives, deepen their experiencing, observing their emotional processing style, and co-creating with clients a therapeutic focus including identifying core emotions and other MENSIT factors involved in developing a process-oriented, emotion-focused case formulation.

Engaging in the more intensive processes such as enactment tasks is left until strong therapeutic relationships and group coherence has developed. PE tasks are collaborative processes between therapists and clients which clients internalize in order to better navigate their own lives. EFMT is the same, except that clients are also encouraged to flexibly explore using these in meditation.

Rather than emphasizing attending to a particular object such as the breath, people are introduced to meditation in a way that is oriented to the principles of experiencing and wholeness, emphasizing attending to all the processes that co-construct experience and self-empathic exploration of problem experience that is interesting, troubling, intense or puzzling. With the exception of brief, guided meditations for calming or grounding, the principles of freedom, pluralism and self-de-

termination are honoured by silent meditation in which people are not subjected to the subtle, unintended coercion of the therapist guiding meditation, as well as by permission to do any form of meditation they wish, with an invitation to loosen up around the meditation instructions they are following.

People may start meditation by opening into experiencing or by initially focusing attention on a pleasant or neutral object such as the breath, but they are not asked to hold attention there. If something else draws it, they can follow this to get a deeper feeling for what is happening within them. In session one, the introduction to meditation includes calming techniques for overwhelming distress and grounding for dissociation.

After meditating, people journal their experience. Kerner & Fitzpatrick's (2007, page 334) review found writing has been shown to be helpful for accessing, expressing and regulating emotions (Pennebaker, 1990) and processing negative events (Pennebaker, 1997). Other benefits may include decreases in depressive symptoms and stress-related illnesses and enhanced psychological well-being, coping with traumatic events, post-trauma positive growth, and working memory capacity (Kerner & Fitzpatrick, 2007, page 334).

As long as the level of arousal in the client is workable, EFMT therapists, aside from following responses and small empathic reflections and affirmations (Elliott et al., 2004, pages 81-83) to support the client in describing their meditation, listen to the client's whole narrative about their meditation experience before empathically exploring any part of it, even if markers for specific tasks appear. This enables them to get a sense of the whole course of the client's meditation, how they processed feelings, and how they are feeling now, and respects their autonomy and self-termination.

One does not have to focus attention narrowly in order to enter states of calm. Deepening experiencing is a powerful way of regulating emotion and developing coherence (Greenberg & Pascual-Leone, 2006; Greenberg, 2010). Emotions are richly wired into the brain and have a coordinating, integrating function (LeDoux, 2012; Greenberg, 2015). While processing difficult emotions can be challenging, anecdotally, in meditation, it often seems to lead to states of deep co-

herence and calm, which may involve reflecting on situations and life, or thoughts may fall away and processes of discernment become more subtle, but meditators can still navigate experience by cultivating sensitivity to state-dependent characteristics, such as colours, images, sounds, feelings, and perceptions of space. We can appreciate the potential wholesomeness, coherence, sense of freedom, exploration, wonder, and intuitions of interconnectedness that may accompany such states, without judging them based on traditional Buddhist soteriology.<sup>2</sup>

### **Group vs Individual Format**

EFMT is primarily a group therapy approach, which, like MBIs (Schroevers, Tovote, Snippe & Fler, 2016), can be adapted for individual therapy. Research indicates that in general individual and group therapy are equally effective (Burlingame & Jensen, 2017), and this may be true for MBIs as well (Schroevers et al., 2016).

Group format in general tends to be more time and cost-effective than individual. This is particularly true for mindfulness groups given the considerable amount of time spent meditating. For this reason, a study comparing individual and group MBCT involved individual sessions of 1.5 hours rather than normal psychotherapy hours (Wahbeh, Lane, Goodrich, Miller & Oken, 2014), while one that used normal psychotherapy hours shortened the time spent in meditation and other exercises (Schroevers et al., 2016, page 1341).

Groups can also provide motivation and synergistic learning opportunities for the participants. Meeting other people with similar or other issues can give the participants a wider perspective of their own situation and allow them to see how others handle their problems. Participants can provide encouragement and emotional support for each other instilling a sense of camaraderie (Allen, et al., 2006). (Wahbeh et al., 2014, page 88)

Participating in a group may also help encourage people to develop a regular at-home meditation practice (Wahbeh et al., 2014; Schroevers et al., 2016).

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<sup>2</sup> Salvational metaphysics

“There is evidence that certain clients may obtain greater benefit from group therapy than from other approaches, particularly clients dealing with stigma or social isolation and those seeking new coping skills” (Yalom & Leszcz, 2005, page 53). For example, research indicates groups are helpful for people living with HIV in addressing social isolation by providing social connection and integration as well as improving the course of illness progression (Lesserman et al., 2000).

However, two studies suggest some people may prefer individual over group MBI format (Lau, Colley, Willett & Lyndet al. 2012; Wahbeh et al., 2014). Special consideration should be given to clients “who are... severely ill, immobile, highly stressed, or have sensitive diagnoses, aversions to group sharing, or constrained schedules” (Wahbeh et al., 2014, page 89). Participants with insecure attachment styles may be more likely to drop out of MBSR group treatment (Cordon, Brown & Gibson, 2009).

While the vast majority of MBI research has been on groups, almost all PE therapy research has been with individuals, however, there have been three pilot studies of emotion-focused therapy groups (Ivanova, 2013; Lafrance Robinson, 2014; Wnuk, Greenberg & Dolhanty, 2015). My experience of the role of enactment tasks in EFMT groups resonates strongly with Lafrance Robinson’s (2014, p. 11) qualitative observations of how they seemed to enhance emotion-focused group therapy for anxiety and depression both in terms of group therapy factors (Yalom & Leszcz, 2005) (i.e., imparting of information, instillation of hope, group cohesiveness, catharsis, universality, altruism and imitative behaviour) and emotion-focused factors (i.e., softening defences, deepening processing, enhancing empathy for self and other, and vicarious learning and processing during chair work). As a participant remarked in the last session of an EFMT group said, “This is like a Yalom therapy group on steroids.”

### **Emotion-Focused Mindfulness Therapy Format**

Current EFMT groups consist of an individual intake session, eight to twelve weekly 2.5-hour group sessions, and a one-day retreat. Groups have approximately eight participants. Programs often offer monthly continuation groups.

In providing EFMT individually, 1.25- to 1.5-hour sessions could be considered or the length of meditation, journaling and experiential exercises could be shortened to fit normal psychotherapy hours. Therapists can take two to three assessment sessions before introducing clients to meditation and then follow the general group format in a flexible way prioritizing the client's process over an agenda.

Aspects of EFMT group format are drawn from MBI formats. Individual intake for EFMT groups involves introducing the approach, beginning to develop a therapeutic relationship, helping the client to unfold their narrative and observing their emotional processing style, beginning to contract around therapy goals, describing group boundaries, and assessing whether the person meets group inclusion and exclusion criteria. In the first session, participants are introduced to the program, reminded of boundaries, introduce themselves, and are introduced to emotion-focused meditation. They meditate, journal, and then share and explore their meditation experience with the therapist. The session ends with coaching on how to develop a practice at home.

Subsequent sessions start with meditation, journaling, sharing and exploring meditation experience, followed by discussion to support developing a meditation practice at home. Sessions two to four end with experientially-oriented psycho-education on PE therapy processes including clearing a space, focusing, and enactment tasks and how to flexibly integrate these into meditation and life.

After session four, formal psycho-education is dropped, leaving more time for emotionally evocative tasks such as enactment tasks. After an intense process, the client and the group debriefs, followed by the therapist providing a brief summary to consolidate direct or vicarious experiential learning and support its integration in meditation and life.

EFMT sessions are more structured than individual PE-EFT sessions, although other EFT groups are also structured into participants taking turns having therapeutic encounters with the therapist, followed by debriefing and discussion. The first four EFMT sessions are less process- and marker-oriented than individual PE-EFT sessions, in the sense that they include more psycho-education, albeit most of this involves orienting clients to silent experiential processes in which they

are about to engage. Goldman (2017, page 96) notes increased psycho-education and process directiveness is particularly supportive to clients low in experiencing. Meditation, journaling and sharing are set up in the first session and then reinforced through marker-oriented therapeutic encounters, vicarious learning, group discussion and psycho-education to become increasingly process- and marker-oriented as the course progresses. This begins in the first session: for example, anecdotally, many clients describe discovering in the first meditation a new freedom in allowing and experiencing affective, cognitive and sensory processes and a new ability to remember to respond to harsh self-criticism through compassionate self-empathy.

### **Case Example**

It is optimal if individual EFT proceeds and accompanies EFMT groups, but many people turn to mindfulness groups as an alternative to individual therapy because of financial constraints or personal preferences. In this case, an EFMT group helped a client to calm difficult emotions, compassionately self-soothe emotional suffering through inner child work (Greenberg, 2015, pages 136 to 138), soften defenses, deepen self-understanding, begin to address unfinished business and self-critical splits and make life changes, and develop willingness to enter individual therapy. Both the common group and emotion-focused therapy factors Lafrance Robinson (2014) described seemed strongly present.

Jack is a fictional name for a client who has given me permission to use his case, disguised to avoid identifying features. A single, unemployed, 48-year old, HIV<sup>+</sup> gay man who had seroconverted two years before, Jack had left work due to anxieties about HIV. His psychiatrist told me Jack was struggling with acute major depression, chronic dysthymia, and worsening generalized anxiety disorder, with rumination and shame about his lost career, living in the closet, and HIV. His antidepressant, sertraline, had been increased to 100 mg daily.

In the intake session, Jack expressed longing to be more authentic and understood and accepted by others, but feeling paralyzed by his own harsh self-criticism and anxieties about being humiliated and rejected. I observed strong emotional defenses, apparently longstanding patterns of avoidance and suppression ratcheted up and becoming increasingly difficult to tolerate in the

context of his HIV diagnosis. Jack told me he declined his psychiatrist's offer of individual therapy, because he did not want to deal with the past. I did not challenge him directly, but, when I presented the rationale about how EFMT addresses emotional patterns rooted in the past, he seemed to accept it. He was preoccupied with how his mother who had passed away a decade ago would have reacted if she knew he was gay, suggesting his primary vulnerability involves identity/shame rather than attachment. With acute depression and worsening generalized anxiety, I was concerned whether he could tolerate emotional processing in the group and the challenge of developing a meditation practice, but, exploring empathically with him, he was able to turn inward and soften his defenses, identifying, underneath secondary anger at himself, sadness about how hard he is on himself, how he needs to develop self-compassion, and how lonely he is, suggesting he might be a good candidate for the group.

The goals Jack described introducing himself to the group, "finding inner peace and escaping from worries and harsh self-criticism," made sense but reflected his avoidant defenses. In the early sessions, he described his meditation experience with a striking lack of gentleness and curiosity. In the first meditation, he became overwhelmed thinking about an important relationship he had ended because he was afraid to disclose his HIV status. He used a calming technique to calm himself, but had not yet discovered self-compassionate empathy.

At home, Jack meditated three to five times a week pretty much throughout the course. He initially focused his meditation on pleasant objects such as the breath. Meditation at home was pleasant and calm, but the group triggered self-criticism and need to perform, and his meditation in the group was plagued by this. However, he also used the group to take risks in expressing himself more authentically and the group responded with support and respect. In session two, he acknowledged how avoidant he is, and wondered how being open to unpleasant emotions could possibly help him enjoy life.

Describing his experience of clearing a space in session two, it looked like he had experienced easing in imagining the stressor of his mounting debt on the other side of the room, but he im-

mediately jumped into telling us how worried he was about the debt. I asked him to notice he was “up in his head” and invited him to find out how he was “down here,” gesturing to my chest. He looked inward and his expression transformed as he discovered a sense of spaciousness and safety, which I helped him deepen. At home, he began to integrate clearing a space into his calming meditation practice.

In describing his meditation experience in session three he took the risk to express deep disappointment with gay life, but this triggered him. His head was spinning and he seemed to be dissociating, so I led the group in a grounding exercise that helped him regain equilibrium. In the focusing exercise that session, Jack explored difficulties with a friend. His handle was “a rock” which transformed into “a comforting iceberg.”

In session four and in the last meditation of the retreat, Jack experienced very calm states including phenomena such as his body and the room falling away and bright lights. In session four, this included reflecting on what really matters to him, and what his new sense of direction should be, and, in the retreat, how a new perspective on life was beginning to take shape. During the latter, thoughts fell away and his calm deepened. I helped him find words for that calm and he described feeling “very still” and “very spacious,” phrases I repeated so he could resonate with them and deepen his experiencing.

In session seven, Jack described reflecting in meditation how he had known he was gay from a very young age, but had been frightened of disappointing his parents. He remembered another participant doing inner child work in the previous session, a form of empty-chair work adapted for early life trauma, the imaginal confrontation procedure (Paivio & Pascual-Leone, 2010), and realized his feelings related to a young self-aspect within himself (an example of vicarious learning). He spontaneously tried to comfort this inner child-aspect. This is a recently developed PE-EFT task called compassionate self-soothing for emotional suffering and anguish (Greenberg, 2015, pages 136 to 138), usually initiated in PE-EFT by having clients imagine a child that is not themselves, lowering the risk of becoming identified with the emotions of the anguished inner child—which is what happened to Jack, he became identified with the boy’s secondary emotions



of guilt and self-blame. Exploring these feelings with him, there was a marker for unfinished business with his mother. In empty chair-work, I was able to help him bypass his anxieties about disloyalty and express adaptive primary anger to her for never having discussed his sexuality with him, even though she had seen him teased for being effeminate within the extended family. He was also able to deeply validate his inner child's primary emotions of shame and humiliation, leading to a deep sense of wholeness and peace.

In session eight, Jack followed secondary upset and crankiness in the meditation deeper, into a compassionate self-soothing conversation with an inner child-aspect, who asked him for more room and say in his life, which motivated and empowered him to reflect on being more open and authentic with others.

In the ninth session, Jack described intense anger in his meditation about complying with others' expectations, which he suppressed, leaving him less distressed, but vaguely uneasy. I had him focus on this vague feeling, and harsh self-criticism about being gay and closeted emerged. In two-chair work, his critical side expressed contempt for him as a "weak, pathetic," gay, closeted "loser," and ordered him to keep his sexuality secret, while the feeling side expressed sadness about being suppressed and lonely, then increasing anger about the criticism, and then very painful shame as he started to agree with the critic, who remained adamant. Perhaps I should have allowed this evocation of maladaptive shame to continue in order to eventually evoke adaptive anger and empowerment in the feeling side, but responding to my sense of Jack beginning to reach the limits of his ability to tolerate this emotional intensity, I instead shifted to empathic exploration and conjecture with the critic, which revealed a boy within the critic desperately terrified of being humiliated and abandoned by his parents for being gay. The feeling side mobilized, responding as an adult, using compassionate self-soothing to comfort and reassure the boy-inside-the-critic that the adult would take care of things now and the boy could step down now and be a boy. Afterwards, Jack was feeling more integrated and calm, but the process was not fully resolved. In debriefing, he said it had been "surprising and illuminating" for him. The group was impressed and supportive about Jack's courage and depth of work, and grateful for having been able to witness and learn from it.

In the last session, session ten, Jack described secondary emotions of helplessness and aversion and then arriving at primary maladaptive emotions of shame and feeling unlovable. He kept asking himself, “Mom said she loved me, but what if she knew I was gay?” There was no time to process this unfinished business in the session, but we reflected on how this issue seemed to underlie his avoidant coping. Jack said he would like to pursue individual therapy and I offered him a course of individual emotion-focused therapy. He also joined the monthly EFMT continuation group and continued meditating.

In his first individual therapy session, Jack remembered a long-suppressed traumatic memory of his mother losing her temper at him when he was five years old, brutally humiliating him and threatening to abandon him. This was revelatory for Jack. We had seven more sessions before he moved to a nearby city for a job with good benefits. We did empty chair work with his mother in session four and then another in session six for the larger family context, which led to complete resolutions in both sessions. In the next monthly EFMT continuation session, he told the group, “I am turning a corner.”

In session seven we did empty chair with his mother and asked her, “Why didn’t you support me around my sexuality?” She responded, “I love you.” He told her he was not sure he could trust her because she did not know him, and then came out to her about his sexuality, sex with men, his HIV status, and how he was unemployed. She responded with unconditional love, loving and hugging him and telling him to come out to his father (which he did that week with good results). He felt loved and imagined hugging her back, but he also had a “very sad, sick pit” in his stomach which he was able to turn toward and embrace. There was a deep transformation and a feeling of deep healing that he described radiating throughout his body. He said with a tear in his eye, “I can heal from this.”

Building on the EFMT group, and supported by his ongoing EFM practice, Jack was able to do a significant piece of work in individual PE-EFT, to more deeply address unfinished business from the past and develop more self-compassion, self-confidence, self-efficacy and sense of meaning in life. His depression seems to have remitted and the GAD eased, although this was not formally

measured. He found a new job, deepened his relationship with his father and reestablished one with a former colleague. Still, given the brevity of the therapy and the longstanding nature of his GAD and dysthymia, it would not be surprising if he decided to return to therapy in the future.

## Conclusion

EFMT is exploring the integration of MBIs into PE-EFT. I look forward to EFMT being challenged and enhanced through research. In this paper, I have explored EFMT's roots in MBIs and Buddhism, while clarifying differences, describing how, as a process-experiential therapy, EFMT experientializes meditation.

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