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INTRODUCTION

The Rationale for Transdiagnostic Emotion-Focused Therapy

This book is the fruit of our clinical experience and of a decade-long research program. Our experience of adapting emotion-focused therapy (EFT) for generalized anxiety (e.g., Timulak & McElvaney, 2016, 2018) in the context of high comorbidity (e.g., Timulak et al., 2017, 2018), together with our research on the transformation of core chronic painful emotions (e.g., Dillon et al., 2018; McNally et al., 2014; Timulak, 2015) and on symptomatic presentations (e.g., Murphy et al., 2017; Toolan et al., 2019), shaped our thinking about the various diagnostic groups we were encountering. In our conceptualizations, we started to differentiate between symptom-level work and work that sought to transform deeper, underlying emotional vulnerability, and we began to study both dimensions in an explicit manner. This is what we refer to as *transdiagnostic emotion-focused therapy* (EFT-T; Timulak & Keogh, 2020; Timulak et al., 2020). In this book, we seek to systematically articulate these two dimensions of working both in the context of traditional, marker-guided EFT writing (e.g., Elliott et al., 2004; Greenberg et al., 1993; see also Chapter 2, this volume) and in the context of diagnostic classification systems. In particular, we focus on the diagnostic cluster most typically addressed by transdiagnostic treatments: depression, anxiety, and related

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Transdiagnostic Emotion-Focused Therapy: A Clinical Guide for Transforming Emotional Pain, by L. Timulak and D. Keogh

disorders, such as posttraumatic stress disorder (PTSD) and obsessive-compulsive disorder (OCD).

Although transdiagnostic EFT addresses both symptom-level presentation and core underlying vulnerability, we argue that the central work of therapy happens on the level of underlying core emotional vulnerability (e.g., Greenberg, 2017). Hence, we draw on the transformation model of working with and transforming core maladaptive painful emotion developed by A. Pascual-Leone and colleagues (A. Pascual-Leone & Greenberg, 2007a; Timulak, 2015; Timulak & Pascual-Leone, 2015).

THE CONCEPT OF TRANSDIAGNOSTIC APPROACHES TO PSYCHOTHERAPY

Psychotherapy was originally developed as a universal treatment that was more or less independent of specific diagnostic categories but, instead, tailored to the individual client by way of an idiosyncratic case conceptualization (Roy-Byrne, 2017). The advent of cognitive behavior therapy (CBT) in the 1970s and 1980s resulted in the development of therapy protocols that were diagnosis specific. This development was then further strengthened with the advent of the empirically validated (and, later, empirically supported) therapies movement that, as part of its formulation of the criteria by which therapies could be evaluated as evidence based, required therapies to be tested for specific diagnostic groups (Chambless & Hollon, 1998). This requirement naturally led to the development of single-disorder treatments (e.g., CBT for social anxiety). However, given the high comorbidity of mental health difficulties, difficulties with differential diagnosis, empirical findings about the shared etiology of mental health conditions, as well as shared psychopathology-maintaining mechanisms (Kennedy & Barlow, 2018), a reversal of this trend is starting to be seen, and we are now looking at a field in which more and more transdiagnostic treatments have started to appear.

The trend in developing transdiagnostic treatments is related to developments in our understanding of psychopathology, which suggest that discreet psychiatric disorders may have more in common than has traditionally been assumed (e.g., Caspi et al., 2014; for more about the rationale for transdiagnostic treatment, see Chapter 1, this volume). The developers of transdiagnostic therapies argue that, in contrast to traditional generic (in particular, psychodynamic and humanistic) psychotherapies, current transdiagnostic therapies either use a modular approach targeting clusters of symptoms irrespective of diagnosis or target underlying psychopathological mechanisms shared by several diagnostic groups (Sauer-Zavala et al., 2017),

and thus still differ from more traditional formulations. Essentially the claim is that even though the new breed of transdiagnostic treatment formulations cut across diagnoses, these therapies are still formulated in the context of existing classification systems and engage with those systems directly by explicating the relationship between particular diagnoses and the underlying difficulties that give rise to those diagnoses.

Transdiagnostic formulations have emerged primarily within the CBT paradigm, the psychotherapeutic paradigm most closely associated with the development of disorder-specific treatments. In particular, transdiagnostic formulations have been developed in the area of treating depression and anxiety disorders in which the problem of comorbidity is particularly pronounced (e.g., Brown, Campbell, et al., 2001). For example, transdiagnostic models targeting the shared mechanism of depression and varied anxiety disorders have been created as treatments for individuals by Barlow and colleagues (Unified Protocol for Transdiagnostic Treatment of Emotional Disorders; Barlow, Farchione, Sauer-Zavala, et al., 2017) and group treatments by Norton (2012). Similar developments have been made in the area of eating disorders in which a transdiagnostic treatment has been developed to simultaneously target several types of eating disorders (Fairburn et al., 2008). Some transdiagnostic CBT formulations have moved further from the psychiatric diagnostic classification system, and although they still refer to that system, they focus instead on targeting certain psychopathological characteristics, such as perfectionism, present in several disorders (Riley et al., 2007).

These developments have led to the creation of transdiagnostic therapeutic manuals that have the potential to gradually replace protocols for single-diagnosis treatments. An important argument here is that it may be preferable to train therapists to deliver a single intervention effective at treating many disorders rather than to train them to deliver multiple single-disorder protocols. The movement toward the development of transdiagnostic treatments has also received a boost from initial evidence suggesting that transdiagnostic therapies appear to be equally effective as single-diagnosis therapies, particularly in the area of anxiety disorders and depression (Barlow, Farchione, Bullis, et al., 2017; Newby et al., 2015; Pearl & Norton, 2017).

TRANSDIAGNOSTIC EMOTION-FOCUSED THERAPY

Non-CBT therapies, such as EFT (Greenberg, 2015, 2017; Greenberg et al., 1993), were traditionally developed as generic therapies whereby the therapist met the client wherever their difficulties lay and without explicit

reference to psychiatric diagnostic categories. EFT was developed in the context of the rich tradition of humanistic therapies, such as client-centered therapy (Rogers, 1951) and Gestalt therapy (Perls et al., 1994/1951). Although these classic therapies were subsequently assessed for efficacy in the context of various diagnostic groups (see Elliott et al., 2013, 2021), they did not traditionally emphasize diagnostic categorization. However, once the main features of the EFT approach were outlined in the late 1980s and early 1990s, further developments followed.

The mainstream trend (mentioned earlier) of developing therapies for specific diagnostic groups led EFT developers to adapt the therapy for a variety of presentations, such as depression (Greenberg & Watson, 2006), complex trauma (Paivio & Pascual-Leone, 2010), generalized anxiety (Timulak & McElvaney, 2018; Watson & Greenberg, 2017), and social anxiety (Elliott & Shahar, 2017). Early work has also been undertaken in adapting EFT for other diagnostic groups (for an overview of the clinical adaptations of EFT, see the edited handbook by Greenberg & Goldman, 2019a). All of this work has built on efficacy research on EFT for these diagnostic groups (e.g., Goldman et al., 2006; Greenberg & Watson, 1998; Paivio & Nieuwenhuis, 2001; Shahar et al., 2017; Timulak et al., 2017; Watson et al., 2003).

In this book (see also Timulak & Keogh, 2020), we conceptualize and systematize EFT in the context of current transdiagnostic formulations (Sauer-Zavala et al., 2017) using elements of a modular transdiagnostic approach that target clusters of symptoms (i.e., primary diagnoses or presentations) while simultaneously and primarily focusing on the underlying vulnerability (i.e., chronic emotional vulnerability) shared by these varied diagnostic groups. As we (e.g., O'Brien et al., 2017; Timulak, 2015; Timulak & Pascual-Leone, 2015) and other EFT writers (e.g., Greenberg, 2017) have already outlined, and as we elaborate on within this book, this shared emotional vulnerability appears to be centered around chronic painful emotions of sadness/loneliness, shame, and fear/terror.

OVERVIEW OF THE BOOK

Part I of the book presents the theoretical underpinnings of EFT-T. Chapter 1 provides a rationale for transdiagnostic treatments in general and then specifically for emotion-focused transdiagnostic treatment. This rationale is offered particularly with regard to the nature of client difficulties (e.g., comorbidity, shared etiology) but also with reference to practical reasons,

such as good treatment outcomes for both primary and comorbid diagnoses, and pragmatic factors, such as the benefits of training therapists in one rather than multiple approaches. In Chapter 2, we present an introduction to EFT as traditionally conceptualized. We introduce the reader to a number of core theoretical developments within this approach in terms of our understanding of the nature of emotion-based psychopathology but also regarding the nature of therapeutic work.

Chapter 3 presents a comprehensive outline of our thinking in terms of understanding the shared emotional vulnerability at the core of psychological difficulties, such as depression, anxiety and related disorders. We also present our understanding regarding the nature of symptom-level difficulties that clients present with and that are responsible for clients' meeting diagnostic criteria for various diagnoses. We present our understanding of the interplay between underlying emotional vulnerability and symptom-level presentations as well as discuss the implications this interplay has for our treatment approach. As already stated, this approach focuses primarily on targeting an underlying vulnerability that is not defining of symptom-level presentation while also targeting those diagnosis-relevant symptoms that are the expression of this vulnerability. The chapter, thus, is decisive in outlining our model of EFT-T.

Part II essentially presents a manual for how to conduct EFT-T. The ordering of subsequent chapters follows a logic whereby we first establish foundations and then address symptom-level distress before moving on to the core work of transforming underlying emotional vulnerability. Specifically, we begin in Chapter 4 by presenting our view of the role of the therapeutic relationship in EFT-T. We propose that the relationship must create a sense of safety for clients to be able to access and explore their most vulnerable feelings. The relationship facilitates client engagement in therapeutic tasks, and it can also be a place for corrective emotional experiences, including those that result from the repair of relational ruptures. We also discuss therapist reflections on client interpersonal interactions and their interplay with client emotional processing.

Chapter 5 looks at the use of case conceptualization and its application to various types of primary difficulties (e.g., depression, social anxiety, generalized anxiety, panic disorder, PTSD, OCD). Chapter 6 focuses on working with clients who become emotionally overwhelmed. We discuss the roles of empathic holding, grounding, and instructions for self-regulating as well as experiential tasks, such as clearing a space and self-soothing. Chapter 7 describes the nature of work with the opposite problem: when clients are

emotionally restricted, thus interrupting their feelings or the expression of feelings in a manner that leads to psychological difficulties. This chapter also presents an overview of the use of two-chair tasks for situational, chronic, or behavioral self-interruption.

Chapter 8 highlights the major features of working with various symptoms. It elaborates on our modular transdiagnostic approach that assumes that, although common underlying difficulties are shared by depression, anxiety, and related disorders, clusters of symptoms also may need to be addressed in a targeted way. This chapter presents several experiential tasks that target clusters of symptoms, including two-chair dialogue for self-worrying, for self-rumination, and for obsessions, self-worrying, and compulsions; and the retelling of traumatic memories. Chapter 9 introduces the two major experiential tasks that target underlying core emotional vulnerability: the two-chair dialogue for problematic self-treatment and the empty-chair dialogue for an interpersonal emotional injury. We focus on the transdiagnostic aspects of those tasks.

Chapter 10, the final chapter, considers the practicalities of delivering EFT-T. We discuss various formats of EFT-T, such as short-term, brief, and long-term therapy. We also discuss a range of practical issues, including the use of medication, life events interfering with therapy, cultural and gender considerations, the use of homework, and group and self-help formats. We provide an overview of the therapeutic process and summarize key points made in the previous chapters.

Throughout the book, we use many clinical vignettes and case examples. In some instances, they are fictional or composite examples. In other instances, we present illustrative cases or session segments based on real transcripts. In all instances in which we base our illustrations and excerpts on real clients, we have sought consent from clients for such use. Transcripts have been altered and edited both for didactic purposes and to disguise client identify, thus preserving client confidentiality.

THE INTENDED AUDIENCE

The intended audience for this book includes clinical and counseling psychologists, psychotherapists, counselors, and graduate students in those disciplines. It also includes those interested in humanistic psychotherapies or those working with typical outpatient presentations, such as depression, generalized anxiety, social anxiety, panic disorder, specific phobias, OCD, and PTSD.

The approach presented in the book is transdiagnostic. Thus, we explain therapeutic processes applicable across the aforementioned diagnoses (i.e., we focus on commonalities) and describe interventions that target specific clusters of symptoms more typical for particular diagnostic groups. The book can serve as a basis for training in EFT internationally, particularly through the network of trainings provided by the institutes organized through the International Society for Emotion Focused Therapy (see http://www.iseft.org).