Transition from Integrative Psychotherapy to Emotion-Focused Therapy (EFT) and Re-integration Attempt Along with Cultural Diversities

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Psychotherapy is quite new in our country. Psychotherapy Institute of Turkey, one of the very few psychotherapy schools in the country, provides trainings on psychodynamically-oriented integrative psychotherapy. The institute hosts workshops and ongoing supervision groups with several leading psychotherapy schools mainly of North American origin. Leslie Greenberg's emotion-focused therapy (EFT) is one of them. Prepared by a therapist who was trained in psychodynamically-oriented integrative psychotherapy and later received EFT training and supervision, this presentation focuses on the therapist's wavering, pains of adaptation and the experience of a synthesis that includes local cultural characteristics.

Keywords: emotion-focused therapy (EFT), psychotherapy, integration

Introduction

I started my career as a gynecologist and took a step towards psychotherapy after having received Integrative Psychotherapy training. My training background is dynamically-oriented integrative psychotherapy. Psychotherapy Institute is a place where we study behavioral, cognitive, dynamic and existential approaches. During the period when I took my training, Psychotherapy Institute was particularly in co-operation with the Masterson Institute. The reason of this cooperation was the great impact of the approach upon our faculty members, especially the head of the faculty.

Masterson Approach (1, 2, 3)

In the psychoanalytic psychotherapies, Masterson approach aims to synthesize Self Psychology, Object Relations, Psychoanalytic Development theories, Attachment Theory and Neurobiological Approach. This synthesis was created by James F. Masterson et al. (1926-2010).

Dr. Masterson emphasized the underlying pathological characteristics rather than the symptoms (phenomenology). Having examined borderline adolescents, Masterson observed that the adolescents utilize the "acting-out" defense mechanism to protect themselves against depression that was seen as a result of insecure attachment with the mother in the period of separation-individuation among the developmental stages as described by Mahler.

The fact that the mother draws her libidinal energy from the child in his effort of separation is like an appointment with death for the child. The helpless and desperate child waives from autonomy, namely the self. The child clings to the mother in order not to experience this feeling. A dependent relationship begins.

The child who gives up on his independency efforts sinks himself into the pattern of getting approval rather than acting towards his desires. A link is formed between self-activation and negatives feelings (depression). As the reason of this depression is the abandonment fear, Masterson calls this as abandonment depression.

Classification

The old version categories of personality disorders based on Masterson approach are as follows:

- (1) Borderline disorders: It exhibits the behavior of clinging to object and withdrawal from object:
 - (a) Histrionic personality disorder;
 - (b) Dependent personality disorder;
 - (c) Passive-aggressive personality disorder;
 - (d) Compulsive personality disorder.
- (2) Narcissistic disorders: It exhibit from intra-psychic fusion with the object:
 - (a) Exhibitionary narcissistic personality disorder;
 - (b) Closet narcissistic personality disorder;
 - (c) Devaluing narcissistic personality disorder.
- (3) Paranoid and schizoid disorders: It exhibits the behavior of withdrawal from threatening and hazardous object:
 - (a) Paranoid personality disorder;
 - (b) Schizoid personality disorder;
 - (c) Avoidant personality disorder.

And (4) Anti-social personality disorder: Masterson views this disorder from the perspective of affectively split parts of the internalized object relations.

The new version categories of personality disorders based on Masterson approach are as follows:

- (1) Borderline disorders: It exhibits the behavior of attachment to object and withdrawal from object:
 - (a) Clinging (Mild, Medium. Severe Type);
 - (b) Withdrawing (Mild, Medium. Severe Type).
- (2) Narcissistic disorders: It exhibits intra-psychic fusion with the object:
 - (a) Exhibitionary narcissistic personality disorder;
 - (b) Closet narcissistic personality disorder;
 - (c) Devaluing narcissistic personality disorder.
- (3) Paranoid and schizoid disorders: It exhibits the behavior of withdrawal from threatening and hazardous object:
 - (a) Paranoid;
 - (b) Schizotypal;
 - (c) Schizoid;
 - (d) Pure Schizoid;
 - (e) Social (Hidden) Schizoid.

(4) Anti-social disorder: Masterson views this disorder from affectively split part of the internalized object relations.

Therapist in the Masterson Approach

The therapist does not talk about his own history. He helps the client to create a new perspective and life style by means of exploring (inquiring quietly) and interpreting. He maintains his silence in the large part of process in order to allow the client to put his narrative into words. He does not interfere in the process unless the client distorts the narrative by activating the problematic mechanisms and ways of thinking.

The patient is diagnosed in this approach. The defenses used by the patient are determined. Transference and counter-transference is taken into consideration. The therapist should remain anonymous and neutral, but not like a cold fish.

My Career

Psychotherapy Institute organized workshops with many outstanding psychotherapists. These studies were valuable with regard to learning and evaluating with regards to different approaches. To mention some of these workshops:

- (1) Object relations, psychoanalytic psychotherapy, loss and grief workshops, Vamık Volkan;
- (2) Time-limited Dynamic Psychotherapy, Hanna Levenson;
- (3) “Unified Psychotherapy” workshop, Jeffrey J. Magnavita;
- (4) “Developmental Neurobiology and Attachment Theory” Workshop, Allan N. Schore;
- (5) Transference-Focused Psychotherapy Workshop, Otto F. Kernberg and Frank E. Yeomans (2011);
- (6) Integrative Relational Psychotherapy Workshop, Paul Wachtel;
- (7) Cognitive Behavioral Couple and Family Therapy Workshop, Frank M. Dattilio;
- (8) Virginia Satir Transformational Systemic Family Therapy, Pat Bragg;
- (9) Applied Clinical Hypnosis Training;
- (10) Transference-Focused Psychotherapy Workshop, Frank E. Yeomans and Fatih Özbay (Personality Disorders Institute, 2013).

I preferred EFT because I considered it to be closer to my personality, style and culture of my society. I found it to be a more humanistic approach. I concluded two workshops for EFT and two-year supervision, as well as two workshops for EFT for Couples and two-year supervision.

Emotion-Focused Therapy (EFT)

The 17th century French scientist Descartes said; “I think, therefore I am”. EFT founder Leslie Greenberg (1980s) said, “I feel, therefore I am”.

The EFT emerged from Western psychotherapies and was a response to the excessive emphasis on cognition and behavior. Although it includes some theories, understanding and perception about human functionality, it is not built on a hypothesis like psychoanalytic psychotherapy. How do we help people change in therapy? From this point forth, it is an understanding which has been developed for the human functionality.

According to emotion-focus approach (4), emotions are the foundation of thinking and behaviors. Changing the emotions ensures the change of self-organization which is a dynamic structure. How we can change these emotions in the therapy through accessing and experiencing them. EFT is experiential.

In therapy, the client is helped to identify, experience, accept, explore, make sense, transform and flexibly manage their emotions.

In EFT, emotions are categorized as primary, secondary, and instrumental. Primary emotion is the first basic response to a state. It is an emotion difficult to be felt and is avoided and revealed in therapy. The secondary emotion is a response to the primary emotion. It emerges as the primary emotion is difficult to be experienced and felt. For example, women respond with the sadness although their primary emotion is anger. Men respond with anger although their primary emotion is shame. The third one is instrumental emotion. It is the usage of conscious and unconscious emotions in order to achieve certain goals.

We may view the primary emotions as adaptive and maladaptive. Maladaptive emotions result in dysfunction after a traumatic experience. In therapy, we want to access adaptive emotions, as they give us useful information. We want to identify the maladaptive emotions, too, since they are the source of the problem and need to be transformed.

We try to help people access fundamental painful emotions. For example, I felt very alone; we identify what they need. Feeling of deserving something or need is a basic change component. The thing that is useful to the people is to satisfy the needs and hence be re-organized.

Phases of Emotional Change Process

Increase Emotional Awareness & Symbolization in the Context Salient Personal Stories: Symbolizing emotional experience in awareness in order to make sense of one's experience. What am I feeling?

Express Emotion: Expressing changes the self and changes interactions both by mobilizing and revealing self; Overcome control and inhibition; Completion of expression; Neuro-chemical changes.

Enhance Emotion Regulation: Explicit regulation; Use deliberate cerebral capacities to contain and regulate maladaptive amygdale reactions (especially fear, rage and shape); Implicit self soothing; Allowing, tolerating, accepting and soothing.

Making Sense of Experience: Dis-embedding; Creation of new meaning; Insight; Seeing patterns, Understanding in a new way; New narrative construction.

Changing Emotion with Emotion: An alternate self-organization, set of emotion schematic memories, or voices in the personality based on primary emotions are accessed by (a) Attentional re-allocation, (b) focus on a new need/goal, or (c) Changing interactions.

The maladaptive emotional response is synthesized with, or transformed by, more adaptive emotional response.

Changing Emotion with New Interpersonal Experience: New lived experience with another provides a corrective emotional experience; Disconfirms pathogenic beliefs; Provides interpersonal soothing; New success experience changes emotion.

Basic Change Process

People usually begin with secondary sadness, for example, "I am desperate, I am in depression"... Then they switch to primary maladaptive state: "I am useless, I feel ashamed, I have no confidence, and I cannot survive by myself". In general, they do not process this feeling; they just become depressed or desperate. We help them to return to the core emotion; because what they avoid is that painful feeling. Then, we access the need within this emotion; because this need will help us to ensure the transformation. We will then get a

primary adaptive response and reaction. This is a new theory of change.

The clients are directed to the emotion that was very painful for them to reach. The client who reaches the painful emotion realizes what he needs at that moment. The client feels that he did not get what he needed but has right to get it. The therapist validates his need and desire. In this manner, his emotion starts to changes. This is a basic change process. When this happens for the first time, a sense of self begins to develop upon this primary adaptive emotion. In order to achieve this, the client needs to think that he deserves it. In that case, he automatically begins to feel sad, angry or compassionate. After that, new adaptive response and emotion emerges. This need is combined with the feeling of “I do not deserve to be loved”, and a new emotion emerges and replaces with the old one.

When we work in a process-focused manner, we focus on the most poignant state which gives the most pain to the client rather than the content. The manner of expression is more important than the content. Therapist is not an expert who knows everything about the client. Therapist follows the client who knows himself.

As Therapist

In Masterson-oriented integrative approach, we need to make confrontations and interpretations and wait, while we need to be more active in EFT. In EFT, the therapist makes an assumption about what the client feels and reaches in to help reveal his feelings. In other words, the therapist talks more and becomes more active.

In EFT, therapist helps the client to focus on his body and understand his emotion. It is hard to shift from the secondary emotion to the primary emotion. However, the therapist is viewed to be warm by the clients as he is more active and concerned. When the therapist is less responsive and more neutral, clients find it odd in our society which may lead to drop-outs.

Transition from an approach in which it is more desirable for the therapist to keep quiet and listen to an approach in which he is more active. Transition from an approach in which the client must be diagnosed to an approach in which the therapist follows the process and tries to reach the primary emotion, switching from knowing to wondering,

Anecdote

In EFT, Greenberg’s empathic and accepting approach resembles NasreddinHodja profile in our society.

NasreddinHodja (5) (1208-1284) is one of the most important humor masters in Turkish literature and tradition and the pioneers of humor style which includes emotion and subtlety. NasreddinHodja is a well-educated person who performed the duties of imamate, mufti and teaching. In general, he is characterized as he mounts a donkey backwards. Having approached the problems encountered in the social life with a humorous style, NasreddinHodja narrates, in his anecdotes, Anatolian people’s habits, thoughts and points of view. In the heart of his anecdotes is directing the people to good and right and revealing the defects and mistakes by combining them with humor.

NasrettinHodja is a judge in the city he lives.

One day, two men sue each other.

Hodja listens to the first men and says “You are right”.

The other man objects; then Hodja says him “You are right too”.

NasreddinHodja's wife who watches everything from the distance says:

"How is that possible? You said 'You are right' for both of them".

Then Hodja turns to his wife and says:

"You are also right".

Continuing (as a Result)

EFT worked with most of my clients. However, it led some of my clients to drop out. Asking myself why, I finally figured it out, my method was sound but not suitable for these clients. I have other methods and approaches in my hand. Is it forbidden to utilize them? No, I felt relieved. First learn the theories, and then toss them out then focus in what the client needs at that moment.

I am a therapist who neither keeps quiet nor empathetically follows the client all the time. The therapist must guide the client by focusing on the present and observing what he needs sometimes by using EFT, sometimes psychodynamic, sometimes cognitive behavioral.

Turkey

A civilization for four thousand years: Anatolia. The community-type organization lasting for thousands of years in Anatolia has changed upon the rationalization (westernization) concept which has been effective for the last two centuries. 100 years ago, upon the proclamation of the republic, the modernization accelerated and a secular system was adopted. However, the reflections of this transition are still painful and have not become a healthy synthesis. A complete nationalization and individualization has not been accomplished. After 1980s, the complexity increased more with the effect of post-modern approaches and consumption culture.

Toleration and forgiveness is a virtue in the mysticism culture which has an influence on our society. In this sense, the person has to cast aside grudge and anger and be forgiving. Besides, it is unaccepted to bear injustice and abasement, which is considered to be weak.

The patient concept in the history of our society is different from the west. Abnormal ones are embraced and even enshrined (Deli-Veli).

While some live in a community type collectivized life style, some has a western-like life style. However, both are influenced by each other. My clients are from the western-like part. However, they suffer from individualization.

A large mass of society, organizations such as family, religion, etc., support and guide the individual. The individuals exist in conjunction with family, religion, sectarian and ethnic group. In community type organization, Individualization is denigrated since it is considered to be selfishness. It is possible to see the traces of this even in the individuals who are well-educated and raised autonomously. The community rules are even more important than the child. This might be the cause that the neutral state of therapist is to be perceived cold. There is no problem with the supportive therapies, but it takes time to establish an alliance in the exploratory therapies. As the therapists are used to the hierarchic structure, they consider the therapist to be authoritative too. Therapy clients are often those who internalize modernization and individuation but also suffer from it. More conservative individuals utilize the support groups such as family, religion etc. The psychological problems are commonly expressed through somatization and medicine use which result in the hospital clinics swarming with people. Besides, the psychological underlying factors of the problems are underestimated. The fact that the problems are psychological is underestimated.

Figure 1. Geographical position of Turkey.

In large sections, the psychological problems are preferred to be solved with the support of family and friends. Seeing a psychologist means to be labeled as “crazy”. For this reason applying to a specialist is found odd. It is shamed to express intimate relations and problems. In our culture, complaining about someone is a derogatory attitude. The society casts the informer aside. Although almost all my clients have a university degree, it is possible to see this kind of social pressure.

Furthermore, therapy is very expensive and hard to be reached. Failing to solve a problem or seeking help creates the fear of being labeled in the society. When examining the family structure; the families feel obliged to support their children throughout their life and, for sure, interfere with them.

The concepts such as family, mother and father are so sacred that it is hard to feel anger against them. Such anger and criticism is shamed in the society. In EFT sessions, they feel guilty about the unfinished business. Besides, since individualization is weaker, it is hard for them to take responsibility of their behaviors and express self-criticism.

In general, therapy is still not a commonly-accepted phenomenon. I hope we will achieve a precious synthesis by combining our cultural wealth with the contributions of science and therefore will make contribution to our country and the world of psychotherapy.

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