

ments that clients make that indicate unresolved cognitive-affective problems. As they listen to their clients' narratives EFT therapists ask themselves what specific in-session behaviors are indicators of their client's emotional processing difficulties. The focus on specific client statements is partly influenced by therapists' understanding of the painful and difficult aspects of clients' experiences that have been inadequately processed.

A focus on underlying determinants and the accessing and working through of maladaptive schemes is aided by the facilitation of client tasks that enable clients to access, explore, and reintegrate previously disallowed or muted self-information. Particular affective problem markers and tasks may become increasingly more central as therapy progresses. Research has demonstrated that particular client in-therapy states are markers of particular types of dysfunctional processing that can be resolved in specific ways (Greenberg et al., 1993; Rice & Greenberg, 1984; Greenberg, Elliott, & Lietaer, 1994). Markers signify particular types of affective problems that are currently amenable to particular interventions. The therapist therefore notices when a marker emerges and intervenes in a specific manner to facilitate resolution of that type of processing problem. The main markers and the affective tasks that we have identified and studied are (1) problematic reactions expressed through puzzlement about emotional or behavioral responses to particular situations, which indicates a readiness to explore by systematic evocative unfolding; (2) conflict splits in which one aspect of the self is critical or coercive toward another, which indicates readiness for a two-chair dialogue; (3) self-interruptive splits in which one part of the self interrupts or constricts emotional experience and expression, which indicates readiness for a two-chair enactment; (4) an unclear felt sense in which the person is on the surface of, or feeling confused and unable to get, a clear sense of his or her experience, which indicates a readiness for focusing; (5) unfinished business involving the statement of a lingering unresolved feeling toward a significant other, which indicates an opportunity for empty-chair dialogue; and (6) vulnerability in which the person feels deeply ashamed or insecure about some aspect of his or her experience, which indicates a need for empathic affirmation. A variety of markers of other important, research-based problem states and specific intervention processes such as alliance ruptures, the creation of new meaning when a cherished belief has been disconfirmed, have been identified (Elliott, Watson, et al., 2004).

Identifying the Thematic Intrapersonal and Interpersonal Processes

While therapists do not direct content from one session to the next, they do facilitate a continuing focus on internal themes that consist of underlying painful emotional issues that appear to impede healthy functioning. A focus

on the main intrapersonal or clients' pain does emerge over time. Therapists might focus on feelings of isolation or loneliness if they seem of concern. A focus on anger may emerge as a focus. Focusing on core tasks often leads clients to states that in successful cases, core themes are observed to fall into one of four categories: (1) a focus on self-compassion, (2) problems in intrapersonal relations, or (4) existential concerns. The four (Greenberg & Paivio, 1991) are self-definition and self-esteem, self-compassion, perfectionistic, whereas interpersonal relations are interdependence-related issues such as rejection. Existential issues include choice, freedom, and death.

Attending to Moment-by-Moment Interventions within Tasks

In the tasks and throughout the session, moment-by-moment processing is attended to micromarkers such as interruptions, deflections, and maladaptive processing affect while the therapist is engaged in therapists come fully present to the process as the main guide to the client. Models of the resolution process also guide differential interventions.

Thus, EFT therapists pull attention to working with their clients. Therapists listen together constitute the start therapists attend carefully to the session and to how clients are in their emotional experiencing. Therapists identify their characteristic work. Therapists listen as well for markers of problem states and for the client's state. Once a focus has been established, therapists are working on core themes the client is experiencing.

While sensitized by theories of emotion (e.g., for depression self-esteem, loss, unresolved anger, 1