

of their client's emotional pro-
 client statements is partly influ-
 painful and difficult aspects of
 nately processed.

and the accessing and working
 by the facilitation of client tasks
 integrate previously disallowed
 tive problem markers and tasks
 therapy progresses. Research has
 py states are markers of particu-
 can be resolved in specific ways
 g, 1984; Greenberg, Elliott, &
 types of affective problems that
 entions. The therapist therefore
 nes in a specific manner to facil-
 problem. The main markers and
 and studied are (1) problematic
 out emotional or behavioral re-
 ics a readiness to explore by
 splits in which one aspect of the
 which indicates readiness for a
 its in which one part of the self
 ce and expression, which indi-
 (4) an unclear felt sense in which
 confused and unable to get, a
 indicates a readiness for focus-
 statement of a lingering unre-
 which indicates an opportunity
 ility in which the person feels
 spect of his or her experience,
 nation. A variety of markers of
 states and specific intervention
 ation of new meaning when a
 ve been identified (Elliott, Wat-

one session to the next, they do
 mes that consist of underlying
 de healthy functioning. A focus

on the main intrapersonal or interpersonal themes that are contributing to
 clients' pain does emerge over time. For example, in one case the therapy
 might focus on feelings of insecurity and worthlessness and encourage their
 exploration if they seem of core importance. In another, unresolved anger
 may emerge as a focus. Focused empathic exploration and engagement in
 tasks often leads clients to important thematic material. We have found
 that in successful cases, core thematic issues do emerge. Themes have been
 observed to fall into one of four major classes of determinants. Clients are
 seen as suffering from (1) a general inability to symbolize internal experi-
 ence, (2) problems in intrapersonal relations, (3) problems in interpersonal
 relations, or (4) existential concerns, or from some combination of these
 four (Greenberg & Paivio, 1997). Intrapyschic issues generally relate to
 self-definition and self-esteem, such as being overly self-critical or per-
 fectionistic, whereas interpersonal issues generally entail attachment and
 interdependence-related issues such as feeling too dependent or vulnerable
 to rejection. Existential issues relate to limit situations involving loss,
 choice, freedom, and death.

Attending to Moment-by-Moment Processing to Guide Interventions within Tasks

In the tasks and throughout therapists attend to and respond to clients'
 moment-by-moment processing to guide their interventions. The therapist
 attends to micromarkers such as poignancy, vividness of language, inter-
 ruptions, deflections, and many other indicators of the person's manner of
 processing affect while the tasks are being done. Thus once tasks are en-
 gaged in therapists come full circle to attending to moment-by-moment
 process as the main guide to formulation and intervention. In addition, the
 models of the resolution process for each task described in the research sec-
 tion also guide differential moment-by-moment intervention during tasks.
 Thus, EFT therapists pull together information from multiple levels in
 working with their clients. The different levels of processing to which ther-
 apists listen together constitute a sequence of comprehension. Right from
 the start therapists attend carefully to clients' moment-by-moment process
 in the session and to how clients are engaging in the work of processing
 their emotional experiencing. They also listen to clients' life histories to
 identify their characteristic ways of being with themselves and others. Ther-
 apists listen as well for markers of specific cognitive-affective tasks or
 problem states and for the client's main underlying problems to emerge.
 Once a focus has been established and the client and therapist are engaged
 in working on core themes the focus is on moment-by-moment experience.
 While sensitized by theories of determinants of problems or disorders
 (e.g., for depression self-esteem vulnerability via self-criticism and depend-
 ence, loss, unresolved anger, powerlessness, shame or guilt), these theories