

are seen only as useful tools that provide perspective not as definitive determinants. Thus clients are understood in their own terms and each understanding of the client is held tentatively and is open to reformulation and change as more exploration takes place. Treatment is not driven by a theory of the causes of, say, depression or anxiety but, rather, by listening, empathy, following the client's process, and marker identification; a sense of the determinants are built from the ground up using the client as a constant touchstone for what is true. Treatments therefore are custom-made for each person.

APPLICATION TO PSYCHOTHERAPY TECHNIQUE

Initially and throughout therapy sessions, the therapist is empathically attuned to the client's frame of reference, listening moment by moment for that which is currently most meaningful and poignant. It is through this co-constructive meaning-making expedition that therapist's become apprised of how clients schematically organize their emotional world and eventually come to make process formulations. That is, through this continuing focus on the creation of meaning, markers that signal different types of affective-cognitive schematic processing problems arise. These markers inform the therapist on how to intervene differentially at different times. Introducing therapeutic tasks that facilitate the working through of blocks to healthy meaning construction and affect regulation does this.

Once in a mode of facilitating a particular task, the therapist is guided, both explicitly and tacitly, by a preexisting map of how such tasks tend to unfold. These maps are formulations of optimal problem-solving processes. Rather than being instructional or thinking about the steps, the therapist attends, as fully as possible, to the client's momentary experience and, in response, makes miniformulations of how to facilitate experiential exploration through to resolutions of processing difficulties. Therefore, we enter the client's meaning framework and intervene at markers of dysfunctional schematic processing that interfere with adaptive responding. Over the course of therapy, continual work on these interferences forms a coherent thematic focus.

A key aspect of formulation involves helping determine whether a core experience once reached is *primary adaptive emotion* or a *maladaptive emotional experience* generated by a core dysfunctional emotion scheme (Greenberg, 2002). Clients and therapists need to decide whether a primary emotion once arrived at is a healthy experience that can be used as a guide. If it seems as if the core emotion will enhance their well-being, they can stay with this experience and be guided by the information it provides. If, however, they decide that being in this place will not enhance them or their intimate bonds, it is not a place to stay or to be guided by. When people in

dialogue with their therapists do which they have arrived as a source need to be transformed. Now a path must be found.

It is through the shift into that change occurs. Thus in some client accesses adaptive underlying, or accesses adaptive sadness and to recover, or reaches out for contacting the need and action to the motivation and direction for responding. Action replaces hopelessness.

In many instances, however, it is understood to be a complex rather than simply unexpressed or anger. Core schemes that are sense of powerlessness, or feeling of shame, of insecurity, of worthless. It is these that often are at the core of bad feelings such as despair, and have found that core experience anxious dependence (Greenberg) core of the self-critical process of being bad, or at the core of being unable to hold together a core emotion-based bad/weak maladaptive feelings of worthless accessed in order to allow for a realization that emotional distress can be worthless or insecurity until one first the ability to symbolize the and then to access alternate adaptation of alternate schemes is needs that get activated in response to distress. It is the person's response adaptive and must be accessed.

The core of EFT practice is in these situations. The goal is to acknowledge nonsymbolized primary adaptive experience of primary emotion and concerns and the action tendency aroused, if it is tolerated, it follows and a falling off of intensity