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## Experiences of the change process during Emotion Focused Group Therapy

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### ABSTRACT

Emotion Focused Group Therapy has demonstrated preliminary efficacy for multiple syndromes. The groups involve individual chair-work in the context of the group, followed by interpersonal processing of the aroused emotions. So far there has been limited investigation of the mechanisms of change, including participants' experiences of the change process. This study aimed to qualitatively examine participants' experiences of the change process during Emotion Focused Group Therapy. Sixteen participants were interviewed about their experiences of the change process during the therapy group. The interview was structured to move from overarching reflections on the process of change, to specific experiences of their own chair-work and watching others' chair-work. During the interview, participants were shown salient video segments of the group to prime their recall of moments of high arousal that were deemed likely to contain emotional change processes. Thematic Analysis extracted five main themes: Value of Vulnerability; Connectedness; Vicarious Emotional Processing; Understanding My Critic; and Barriers to Emotional Processing. These findings suggest that there may be both common and unique change processes that occur during Emotion Focused Group Therapy, compared with the individual Emotion Focused Therapy.

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Emotion Focused Therapy; Group Therapy; vicarious processing; experiential therapy; interpersonal process

Emotion Focused Group Therapy (EFT-G) are a relatively recent format of Emotion Focused Therapy (EFT), which builds on the tradition of experiential group therapies (e.g. Daldrup et al., 1988; Perls, 1967). EFT-G have emerging evidence of their effectiveness for treating depressive and anxious symptomatology (Lafrance Robinson et al., 2014; Thompson & Girz, 2020), eating disorders (Compare & Tasca, 2016; Ivanova, 2013; Wnuk et al., 2015) and in reducing recidivism among perpetrators of domestic violence (Pascual-Leone et al., 2011).

One of the common protocols of EFT-G (Thompson & Girz, 2020) combines the central intrapsychic processing techniques of individual EFT (EFT-I; Elliott et al., 2004;

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Greenberg et al., 1993) with an interpersonal processing focus. In this protocol, most sessions consist of two parts: in the first part, one focal group member engages in chair-work while the remaining group members observe, while in the second part the group as a whole processes their experience of witnessing the chair-work. Chair-work is a central technique of the individual therapy (Elliott et al., 2004; Greenberg et al., 1993), and involves directly enacting their negative self-treatment, such as a self-criticism, to a chair that represents themselves. This evokes the maladaptive emotion schemes that are the target for intervention, allowing these emotion schemes to be processed. This chair-work also functions as an evocative stimulus for the subsequent interpersonal processing with observing participants. Thus, it is likely that EFT-G will facilitate both the intrapsychic and interpersonal central change mechanisms.

### **Intra-personal change process**

One of the central change mechanisms that is highlighted in individual EFT is *changing emotion with emotion*, (Greenberg, 2021; Greenberg & Paivio, 1997). This involves first evoking the client's *primary maladaptive emotions*, which are old stuck feelings that stem from past experiences, such as worthlessness or shame from historic abuse or neglect. These emotions are no longer adaptive in the current context and are, therefore, the target of intervention. Primary maladaptive emotions can be transformed by evoking *primary adaptive emotions*, such as assertive anger at injustice, compassion for the hurt self, and grief for loss. An extensive body of research has shown that good therapy outcome is related to a sequence of expressing primary maladaptive emotions then shifting to accessing and expressing primary adaptive emotions (see Pascual-Leone, 2018 for a review).

### **Interpersonal change process**

In the interpersonal processing segment of EFT-G observers are guided to express their reactions to the focal participant's chair-work (Thompson & Girz, 2020). Typically, this could include expressing identification with the participant's experience (e.g. 'I feel how you feel'), protective anger at their critical-process/harmful-others, or feelings of compassion for their hurt. These types of interpersonal processes have the potential for additional therapeutic benefit beyond intrapersonal processing. These interpersonal expressions are similar to enactments in EFT-C (Greenberg & Johnson, 1988). In that context, the clients' primary emotions are seen to indicate their needs, which are then met interpersonally through couple enactments. Similarly, in the group context, the clients' primary maladaptive emotions indicate their needs, which can then be met interpersonally via the expression of primary adaptive emotions by the observer participants.

The observers' expressions could also contribute to a variety of experiences that Yalom and Leszcz (2005) have posited to be beneficial in group therapy. These include the experience of *universality*; the notion that group members benefit from realizing they are not alone, which reduces feelings of isolation; and *cohesiveness*, which is the idea that groups promote feelings of belonging, validation, and acceptance among members. Yalom and Leszcz also posit that group members benefit from watching each other

grapple with similar problems to themselves, which they refer to as *vicarious learning* and *imitative behaviour*.

### **Client reported change processes**

There is preliminary evidence that participants in EFT-G have both intrapersonal and interpersonal therapeutic experiences. Two extant qualitative studies have examined participants' experiences of EFT-G, one with participants with eating disorder symptoms (Brennan et al., 2015) and one with participants with depressive and anxious symptomatology (Lafrance Robinson et al., 2014). The two studies, however, emphasized different factors. Brennan et al. (2015) primarily reported intrapsychic processes, summarized in five themes of: 1) *Struggling to separate from the critic*, 2) *Recognising the destructive impact of the critic*, 3) *Recognising the critic's protective function*, 4) *Accessing and accepting previously avoided feelings*, and 5) *Accepting my needs*. They also found one interpersonal theme 6) *Valuing the group*, which described a form of vicarious learning from witnessing each other's chair-work. In contrast, Lafrance Robinson et al. (2014) revealed a balance between intrapersonal and interpersonal processes. The intrapersonal ones including: 1) *Personal chair-work as the most powerful in-session experience*, as well as 2) *other Emotional Experiences* including *Emotional Education*, *Experiencing Interrupters*. They also noted extensive interpersonal processes as being therapeutic, including *Validation*, *Interpersonal Soothing*, *Universality*, and as with Brennan et al., *Vicarious Emotional Processing*, whereby clients described learning about their own emotions by watching other members' chair-work.

### **The present study**

Taken together, the limited extant qualitative research on the process of therapeutic change in EFT-G suggests that some of these processes that overlap with EFT-I, including the intrapsychic emotional processing during clients' own chair-work. Importantly, however, it also indicates that EFT-G involves change processes that are uniquely beneficial in group settings, including interpersonal and vicarious processes of healing.

The present study aimed to build on the above past findings by qualitatively examining participants' experiences of the change process in EFT-G, with an increased focus on the two areas of putative change: 1) the individuals own chair-work, and 2) observing other's chair-work. We also aimed to heighten participants' recall of the key moments of high emotional arousal during the therapy, as those moments are likely to be related to emotional change events. This was achieved by using physiological measures of arousal taken during the therapy to identify and relate moments of high arousal to observations on the video recordings of the EFT-G therapy. During the interviews, participants reviewed these therapy tape segments to heighten their recall of potentially salient moments. The participants were asked about their change process over the course of the group, as well as specifically during both their own chair-work, and observing other's chair-work.

## Method

### Participants

A total sample of 16 participants were recruited and formed two therapy groups. The group participants were male ( $N = 6$ ) and female ( $N = 10$ ) adults aged between 19 and 64 years ( $M = 34$  years). One male withdrew from a group after session one, and one female failed to attend from the first session of the other group. In total, there were seven participants in each group. An additional female withdrew from a group in week 15 out of 18.

Participants were recruited into an overarching Group Therapy research project that involved consenting to videotaped therapy sessions, and recordings of Galvanic Skin Response (GSR). Participants were recruited via flyers in health care, community centers and on social media, a local community newspaper article, and a university online news alert. Respondents that expressed interest were initially screened via telephone, and then invited to attend a further screening interview if eligibility criteria were met. Inclusion criteria were symptoms of anxiety and/or depressive determined through a clinical interview, and through self-report on the Depression, Anxiety and Stress Scale (DASS-21). Exclusion criteria were self-reported: active suicidality, excessive substance use, psychotic and dissociative symptoms, post-traumatic-stress disorder, and violent temperament.

During the screening interview, participants were provided with an information sheet about the overarching study. Participants then consented to participate in the study, consented for group therapy sessions to be videorecorded and consented for GSR data to be collected. The present qualitative analysis was presented as an optional additional component of research. At the first therapy session group participants were provided with an additional information sheet and signed a consent form to participate in the interviews relating specifically to the present study. All participants of the overarching group project consented to these additional interviews.

### Therapy

The therapy consisted of weekly two hours groups. They each ran for a nine-week block. At the end of the nine weeks, the participants were offered an additional nine weeks. One of the groups accepted the extension, the other did not have sufficient people who wanted the extension. The groups were facilitated by the first author (JS) a clinical psychologist with extensive experience in EFT and subsequently accredited as an EFT trainer, and the second author (KR) a Clinical Psychology masters student.

The structure of therapy sessions followed the protocol of EFT groups outlined by Thompson and Girz (2020). Each session comprised a 'check in', after which one member of the group participated in the active chair-work with the therapist while other group members observed. Following this, the entire group was involved in interpersonal processing focused on their reactions to the chair-work.

The chair-work involved a two-chair dialogue for a negative self-treatment, often either a self-critical or self-silencing process. In some cases, this linked to some unfinished business or self-soothing work. However, the self-treatment provided the base intervention for the sessions and provided focus for the group.

The interpersonal processing was informed by the structure of enactments used in Emotion Focused Couples Therapy (Greenberg & Goldman, 2008; Greenberg & Johnson, 1988). This involved helping the observing participants shift from secondary reactions or advice, to articulating their primary emotions, and directly expressing them. For example, observers would be guided to express their compassion directly to the focal participant. Similarly, observers would be guided to express their assertive anger to the critical voice or negative self-treatment in a way that is protective of the experiencing self. Blocks to expression were also focused on, as necessary.

### *Procedure*

Ethics approval for this study was received from the Edith Cowan University Human Research Ethics Committee. The therapy sessions were videorecorded, and participants wore skin-conductance monitors to measure their GSR throughout the sessions. Individual qualitative interviews were conducted with each participant, voice recorder and transcribed verbatim.

For each participant, peaks in their GSR data were matched to coinciding videorecorded session times. Two video clips from the group sessions were selected for each participant; one clip that depicted their own chair-work, and one clip that depicted them witnessing another group member's chair-work. We attempted to identify video segments that showed the highest levels of arousal. This was only partially successful, as in several cases clients' arousal was at ceiling for long periods of time, or in some cases there were numerous peaks of equal intensity. There were also some missing data due to GSR failure (e.g. loss of contact of the sensors) and/or video recording errors. In cases where there was not a clearly identifiable peak moment in the GSR, one of the researchers (KR) selected moments based on perceived salience of the video segment. Further, one participant declined to view video of themselves or others. Full analyses of the GSR data is beyond the scope of the present article, and we intend to present and discuss them in a subsequent paper.

Each participant took part in a semi-structured interview between weeks 10 and 15. In these interviews participants were asked open questions about their overall experience of the group and their experiences of the change process, their emotional state, their own processes, or the group interpersonal processes. During the interviews they were shown the selected video segments and asked about their experience of the depicted moments to heighten their recall. The interviews were structured to move from open broad reflections on their experience of the change during the group overall, to more specific questions about their own chair-work and observing others' chair-work, including the video segment recall.

### *Qualitative analysis*

Interview transcripts were analyzed using thematic analysis as described Braun and Clarke (2006). The interviews were initially transcribed and read several times by KR to immerse and familiarize herself with the data. During the readings, the transcripts were annotated with notes around the content to inform potential theme codes. Next the notes and initial theme codes were reviewed to identify commonalities, relationships, and differences between the potential themes. From these notes, initial themes were derived. These

themes were then grouped in a mind-map style diagram to begin to map out relationships between the themes. Next the themes and the initial mind-map were reviewed in collaboration with JS and EG, to further refine the theme names and the organization. At this stage, the themes were reviewed to ensure that they were relevant to the research question and were considered to be pertinent if they related to emotional states and potential intra- or interpersonal change processes. The organization of the themes was then discussed between KR, JS and EG in a recursive process of organizing and structuring the themes, to form the nested structure of higher order and lower order themes. Our initial plan was that the themes would be separately structured around the intra- and interpersonal change processes. However, during the analysis it became apparent that the themes did not naturally fall into those categories, and the pre-conceived distinction was dropped. The final organization represented a consensus between the researchers of the final themes and structure.

Credibility was addressed via use of member checking whereby KR contacted several participants via telephone, to ensure that extracted themes accurately reflected their experiences and voices (Kitto et al., 2008). Cross- researcher analysis was undertaken to further ensure credibility, which involved an independent research student reading several transcripts and sharing with the researcher themes that they identified. These were congruent across researchers. Finally, trustworthiness was maintained by the keeping of a full audit trail of all raw data and researcher notes.

## Results

Five main themes were extracted within which 11 sub-themes were identified, as shown in Table 1.

### *Value of vulnerability*

Despite initial fears about joining a group and confiding in others, participants overwhelmingly reported that being part of the group was ultimately beneficial. Overall comments about the group being a life-changing experience were common. Participants shared that during the process of the group, they came to understand the benefit of being open and vulnerable to others. This theme consisted of two subthemes.

**Table 1.** Major themes and sub-themes.

Main Theme	Sub-Theme
Value of Vulnerability	Taking Risks Being Open and Vulnerable
Connectedness	Universality Support and Cohesiveness Same Feelings, Different Circumstances
Vicarious Emotional Processing	Feeling Compassion Towards Others Vicarious Learning About My Own Emotions Self-compassion
Understanding My Critic	
Barriers to Emotional Processing	Fear of Chair-work Automatic Dissociation Wall of Protection

### *Taking risks*

The sub-theme of taking risks reflected mostly self-focused, intrapsychic processes. Many participants acknowledged that taking part in a therapy group was a step outside of their comfort zone, and that navigating initial fears and insecurities was an important part of the process. Having to take risks was identified both in terms of joining a therapy group generally and was also evident in how members felt when they were approaching and participating in chair-work. One participant revealed that navigating the challenge of being in a group gave them the courage to participate in the chair-work:

Going to a group with complete strangers was the most daunting thing of my life. Like I don't even talk about this stuff with my parents ... So going to group, it was very, very daunting. And I was also the first one to do the chair-work. I was like no one was going to do it – I was like you know what, I'm just going to do it and get it over with. And when I did do it – I felt so good

Importantly, the difficulty of taking emotional risks was a particular requirement of the chair-work and was also in the context of the security from the groups' support and compassion. For example, one participant shared:

... there's so much kindness and compassion there in the group ... after someone goes up and does the chair-work, it really takes so much sort of courage and bravery ... and such ... spirit to ... do that. To sort of go through their internal dialogue ... talk it through with themselves in front of everyone ... with everyone's kind words of encouragement.

Thus, a prerequisite of other therapeutic processes involved taking the emotional risks of being vulnerable in the group context by engaging in the chair-work.

### *Being open and vulnerable*

Vulnerability was reported as being an important and productive aspect of the group, both in terms of self and other, and was regarded favorably by participants. Members felt bolstered by each other's courage to be vulnerable and felt that it enabled them to share their vulnerabilities. For example, one participant described how the unique experience of seeing others being vulnerable helped her to access and share her own truth:

Seeing everybody else at their worst has helped me to be okay with my worst ... because you don't often see the worst of people ... outside of like your family space, and even then ... you don't often see the very raw, most damaged part of people but I feel like I've seen the worst of-oh maybe not the worst of everyone in that room but, I've seen the most vulnerable state they probably can be in

One participant described a state of vulnerability as being 'open' and 'authentic', and noted that this occurred in the context of the safety and support provided by the group:

I think it allowed me to be sort of open and talk about things in a way ... that maybe I wasn't so used to, but I was allowed to be open ... in a way that was sort of guided towards at least trying to understand the problem a bit more in a kind of safe and impartial environment where there weren't any judgments ... being able to be in that group and sort of be able to give it my all I suppose and ... be authentic and open has definitely opened some positive pathways I think

The participants reported that they had not spoken about their difficulties and painful emotions openly before, even to close family and friends, and found that being open and



vulnerable within the group to be a liberating experience that ultimately gave them significant feelings of relief.

### **Connectedness**

Participants reported that a significant part of their progress and healing in the group was facilitated by a feeling of being connected to other members, which was often a novel experience. This theme had three subthemes of Universality, Cohesiveness, and Same Feelings Different Experiences.

#### **Universality**

Participants described how powerful it was for them to realize that they were not alone in their struggles with their critic and upsetting emotions, highlighting the importance of witnessing others' processes. Many had struggled for years, thinking that they were somehow alone in their despair. One participant commented:

It was in a good environment just listening to people and sort of listening to their worries and their stories and it made me feel a bit less kind of lonely and stuck with my own issues I think because I was able to, to sort of share some mutual feelings with the group and know that you know, sort of everyone has some sort of problems

Participants revealed that seeing others share their pain and vulnerability normalized the difficult experiences and painful emotions that they had. This universality also facilitated feelings of compassion toward others and a shared sense of the universal human experience. For example:

I think it's taught me . . . I'm not the only person in pain, certainly not the only person in pain, and that everybody regardless of who they appear on the outside, is carrying something . . . and whether they're ready to look at it or not . . . everybody's been hurt in some way (mm) so. it's taught me compassion

Participants described the pre-group state of feeling alone and isolated in their pain, which seemed to exacerbate their vulnerable feelings of shame, insecurity, and hopelessness. The group setting permitted this to shift to a perspective of universality, where they saw that others had similar painful experiences. This permitted the experience of soothing and empathic validation and normalization from their peers who were facing similar difficulties and became a source of strengthening self-concept.

#### **Support and cohesiveness**

Participants expressed that the support and cohesiveness they felt in the group were most powerful and even surprising aspects of participating and indicated that this support led to intrapsychic shifts in self-perception. Josh expressed the powerful feelings of togetherness and support that he felt from the other members:

They were . . . not just supportive but also complementary and wanting to play up my strengths and wanting me to be the best that I could be. So that was good to sort of have a perspective of someone else, having someone believe in me so firmly . . . and so passionately. That made it a lot easier for me to try to believe in myself like that. Having a real frame of reference from someone . . . from an outside perspective who is taking enough of an interest in me and you know who is willing to show that they want to support me.

Others similarly valued the experience of being heard and supported while also hoping that others felt the same. For example:

I hope that other people got the same kind of benefit from it ... I felt like everyone was there, like listening and caring'. And: 'I didn't realise what it would be like to be ... in a safe, embracing...and just ... present group of people

These experiences of support and cohesiveness were often seen as a powerful source of healing, providing a counter participants' internal critical or negative self-processes.

### *Same feelings, different circumstances*

When participants shared how hearing about others' pain and experiences negated their feelings of loneliness and isolation with their pain, they noted that often it was the shared emotional experiences, despite different life circumstances, that was the most powerful. This finding was similar to the universality theme; however, it differed in the explicit focus on emotion as being central to feeling one was not alone. One participant shared:

... it's nice knowing that like yeah we all had like similar feelings but they were all ... from different aspects ... it was so crazy knowing that I could feel one way and ... the others could feel the same way, but it was related to something completely different. Like it was not even the same thing but it all just came together.

Josh identified how connecting on an emotional level, despite different experiences, fostered feelings of empathy and a group environment of support:

the fact that everyone sort of seemed to have such a completely different experience ... but despite all the different experiences and circumstances I think you know it was just on an emotional level I think we were all on the same wavelength ... we were all able to connect and empathise and sympathise and...I suppose just create an environment of understanding and kindness and an openness.

Participants being able to identify emotionally with another, despite coming from very different backgrounds and circumstances, speak to the importance of emotion in the context of learning and processing in a therapeutic group setting. Members not only felt validated by others' shared stories of struggles that they could identify with, but they also came to understand that their sometimes-overwhelming emotions were felt in the same way by others.

### *Vicarious emotional processing*

Watching others participate in chair-work was described as a transformative experience for members in the context of their own emotional learning and processing. This theme broadly represents the impact that others' processing had on participants' own emotional process. Participants all experienced vicarious emotional processing in some form while watching others doing their chair-work, or observing others navigate emotions during the processing segment of the groups each week. This theme involved three components, Feeling Compassion Towards Others, Vicarious Learning About My Own Emotions, and Self-compassion.

### *Feeling compassion towards others*

Participants described wanting to protect or support fellow group members when watching them participate in their chair-work. Participants reported wanting to comfort, hold and support the group members who were expressing pain or crying. One described how strongly protective and supportive she felt toward others when they were doing their chair-work:

I just wanted to reach out and give them a big hug and just let them know that its – everything that they are experiencing ... they're amazingly strong, and they have come through all of these things, trials and tribulations and I think I remember saying to [another group member], you know you're not alone ... you just that desire to take some of that pain away for people and help them feel better

Others described how feelings of support and compassion toward other members while they were doing their chair-work led to more complex feelings about themselves. A strong theme in group sessions was the paradox described by members where they felt significant supportive feelings for others, while having difficulty applying the same compassion to themselves. Participants described this as a powerful insight that led them to being more self-supportive. For example:

I automatically wanna like help her and give her advice. But then it's like the ultimate struggle with yourself knowing that, you know, giving someone advice on something that you don't do for yourself is a little bit hypocritical ... but it's a lot easier to want that for other people ... than it is to be compassionate towards yourself and your flaws

Thus, seeing people expressing pain, lead to the observers feeling compassion for the others, and then for themselves.

### *Vicarious learning about my own emotions*

Participants spoke about how watching others navigate emotions during chair-work from an observer stance helped them learn about emotions more broadly. Group members described how powerful it was to see familiar emotions being played out in real time and how this process facilitated self-discovery. Particularly, seeing other people describe similar emotional experiences helped participants make sense of their own experience. One participant described:

Watching the chair [work] ... that was useful to see other people ... kind of voice out loud ... what you, what happens in your own head? Sort of like watching it play out in front of you ... some similarities ... and it's really uncanny ... to think someone's speaking on your behalf but ... they're obviously speaking on their own, their own point of view

Another participant, who was in a caring profession, described how he could feel a process of identification and internalization as he watched others, which then translated into being able to connect with himself and then also to others externally, including clients in his work:

[JS] is trying to tell me you look tense, and I was like 'well I don't really feel that'. But then I'll see somebody looking tense and I'll be like oh! That's what it looks like. I would see one of them experience a big emotion I would try to internalise and try to see where does it fit? Does it sit anywhere? ... I had to see somebody experiencing that to register it. I even realised in my

work ... I got better at what I was doing and connecting with people ... because a lot of their feelings then started slotting in. It wasn't just oh yeah I can see it was really difficult for you it's like I can really see it's difficult for you, I mean I can really see how you're feeling oh yeah I can see it was really difficult for you it's like I can really see it's difficult for you, I mean I can really see how you're feeling

Participants described how witnessing others in various emotional states facilitated growing emotional awareness. This emotional awareness was reported to be beneficial in terms of overall learning and facilitating a more nuanced self-capacity to feel and recognize emotions in themselves.

### *Self-compassion*

Participants expressed that experiencing compassion toward others and learning about their own emotions vicariously led to a process of self-compassion. Participants discovered that watching others speak to their critic during chair-work made them connect to how their own critical voice causes damage to them. This process was particularly strong between participants who felt a strong identification with each-others' experiences. One participant, reflecting on a clip of himself watching the chair-work of his peer that he related to, described the evocative emotional power of watching her having this experience:

I think what's going through my head there is that... first of all it's like what she's saying about herself ... it's sort of like, scarily accurate and it sounds just like a dialogue that I have with myself ... and just sort of seeing how much pain that's putting her in, I think it's, it's quite... upsetting quite frankly for me to see... someone you know, the damage that talk like that can cause a person ... [Watching this] it did help me ultimately because I felt like I wanted her to be hurting less from that. And I was also able to reflect and say ok well if she doesn't deserve that, I don't deserve that either

This sentiment was repeated by others, for example:

It was a very common theme in the group ... the self-criticism and the ... the kind of like degrading thoughts that you have of yourself, tended to be quite common. And seeing in other people obviously you like you wish they didn't do that to themselves yeah but you know that you do it to you.

Participants recalled how it felt to witness other members speaking negatively about themselves and reflecting on how they have their own similar processes. They spoke about feeling anger toward the critic of other members and sadness that the cost to their peers was great. In turn, this facilitated changes in their own view of what they themselves thought they deserved.

### *Understanding my critic*

Participants generally found witnessing other's chair-work as more impactful, than doing their own. However, they also uniformly valued their own chair-work as an important exercise that gave them unique opportunities to work through painful issues in a powerful way. Many of the comments that participants made about their own critics focused on how they learnt and understood about their own internal functioning, which lead to a sense of agency and self-understanding. For example:

I think I needed to know ... how my thoughts worked ... and like how they kept... me, in a certain emotion ... if I was, you know, frustrated, or angry, or ... sad, then you know that

self-critical, criticising voice- it didn't help me get out of it any quicker. If anything, it just made me stay in it longer. So, kind of recognising that and realising that

Participants indicated that learning about their critic and how it maintained painful emotions could help them identify times when they were becoming self-critical so that they could intervene. This seemed to give participants a feeling of agency over their emotions. Participants also spoke about the process of understanding the purpose that their critic had initially served, which led them to realize that they could let go of their critic. One participant described this unfolding process:

I think it was a gradual shift to say that...that part of me isn't needed anymore and I can begin to phase that out. It was helpful for me to kind of understand why I do those things and ... understand the intent of the feelings, to address my core needs and core hurts ... once I'd understood its intentions it's like ... I can do that now. So I don't need that old paradigm anymore, because it's sort of ... destructive and overprotective and ... very self-defeating

Understanding their own negative or critical process seemed an important step for participants in developing a sense of agency over the process, and to begin to let go.

### ***Barriers to emotional processing***

Participants described experiencing barriers to their emotional process during the group. They described this as occurring both during their own chair-work, and when they were watching others' chair-work, as well as during the interpersonal processing segments of the group. The three main barriers were Fear of Chair-work, Automatic Dissociation, and a Wall of Protection.

#### ***Fear of chair-work***

The fear of chair-work primarily reflects participants' fear of their own emotions. Some participants described their own conscious process of feeling fearful of painful emotions that they had been avoiding for a long time. Part of this trepidation seemed to be around not having control over the process and having a fear that emotions will be overwhelming, and that they will not be able to cope. For example, one participant described this initial fear, and then the surprise that they were able to process them:

I think yeah. the bit of uncertainty there was ... around I guess being open and sort of letting out the emotions ... I guess a bit worried about how much of my emotions I've suppressed over the years and how that could manifest ... I think I was kind of worried that it would be sort of this like emotional flooding ... But I think yeah instead it was a much clearer kind of, it was a ... it was an environment of ... understanding ... sitting down with your feelings and I guess talking with them and talking through them

Thus, the initial fear of being overwhelmed or flooded was a barrier to initial engagement, and successfully navigating it, helped people learn that they could cope with their emotions.

#### ***Automatic dissociation***

A common experience reported by participants was what could be described as fleeting dissociation whereby they would unconsciously disconnect from what they were thinking or feeling when they became overwhelmed by their own or others' work. This was usually an automatic process, they variously called 'shutting down', 'zoning out', or 'dissociating'.

During interviews, participants spoke about their dissociative experiences, which often meant that they could not recall clearly what had transpired while watching others participating in chair-work. For example:

I mean sometimes at the beginning I wasn't registering thoughts, I'd just see the mouth moving and I'd tune out – I wasn't registering what they were saying.

While the dissociative states were initially a block to processing, becoming aware of the dissociation during the group was a step to gaining agency over their process. This awareness came from both bringing awareness to their own dissociation, as well as seeing others' similar process. For example:

I realised probably very early on that I'm a natural dissociator. Because I observed that in the group and I went 'oh! That's exactly what I do!' ... it's second nature ... so it's been really insightful for me learning about myself.

Thus, dissociations were a common block to processing, and becoming aware of the dissociations were an important part of the group process.

### *Wall of protection*

Participants also described a more conscious processes of wanting or needing to put a barrier of disconnection in place to protect themselves from experiencing painful emotions. This was experienced as more deliberate than the automatic dissociative states described previously. For example, one participant described noticing that they walled themselves off to keep an emotional distance:

I'm just...here...in the room listening and ... I don't know ... I just didn't feel that kind of ... connection. That might have just been because I like ... walled myself off ...

For some this strategy meant that the negative emotions would persist after the group and not be dealt with:

I'm one of those people that's kind of like, 'ok it's happened, done, push it away'. And so if another feeling came up ... it kind of bought it all back and then ...the following day or like when I would get home ... it would kind of ...be still there. I would kind of feel a little bit anxious...like 'oh I don't want to do this anymore' and I would put a wall up ... but then I just get over it...and then move on to the next week.

This suggests that successfully shutting off the emotions is a negative process, that can lead to the emotions persisting unprocessed after the groups. In contrast, when participants initially disconnected from the feelings, and then engaged with them, they were met with a new sense of strength and resilience.

Collectively these change experiences were seen as powerful, with participants noting that the group had a substantial impact on them:

I do not regret going to that group ... it made such a ... significant impact on my life ... you know, that's an experience I'll not soon forget.

Another commented:

it was really good ... I think it's one of the best experiences of my life. Honestly.

## Discussion

This study qualitatively analyzed participants' experiences of EFT-G, with a particular focus on in session events theorized as central to change processes. Thematic analysis identified five major themes: Value of Vulnerability; Connectedness; Vicarious Emotional Processing; Understanding My Critic; and Barriers to Emotional Processing. The global advantages of being part of a therapeutic group, such as universality and cohesiveness, are consistent with findings from previous humanistic experiential groups (for a review see Page et al., 2016), and what has been theorized from process-groups more generally (Yalom & Leszcz, 2005). Participants reported prizing a supportive, non-judgmental group space where they could experiment with vulnerability, emotional expression, feeling understood, taking risks, and supporting each other.

Supporting previous findings from Lafrance Robinson et al. (2014), group members reported significant benefits from observing other members navigating painful emotions during chair-work. Such vicarious emotional processing seemed to be a particularly salient change process, with participants recalling significant emotional arousal, learning, and productive processing. Feelings of compassion and protection toward other members when observing them participate in chair-work were strong features of vicarious emotional processing reported by participants in this study. Group members reported compassion for others arose from realizing the damaging impact of the inner critical voice on others, which evoked primary assertive anger at the critic and sadness for the person. Further, group members in the observing role reported realizing that the chair-work enactments they were observing were familiar from their own process, and that if they could feel sadness and compassion for the other, they should be able to apply this to themselves.

These findings support the theorized link between evoked compassion for others and self-compassion in EFT-G (Thompson & Girz, 2020). Previous research has established that self-compassion is an antidote to self-criticism, and that self-compassion transforms maladaptive shame and is central to healthy psychological functioning (Gilbert, 2009; Greenberg, 2010; Kelly et al., 2009; Neff & McGehee, 2010). Compassion for others, fostered by witnessing others' chair-work in EFT-G, may be a pivotal first step to fostering self-compassion and healing. Future research is required to further elucidate the role of this vicarious emotional processing in the mechanism and sequence of emotional change in EFT-G.

Participants in this study reported experiencing barriers to emotional processing at some point during the group, in the form of be fear of long-avoided painful emotions, dissociation, or shutting off from painful feelings. This is consistent with previous findings (Brennan et al., 2015; Lafrance Robinson et al., 2014), as well as research on individual EFT, which has consistently found that dislike and/or aversion to emotion, as well as self-interruptive attempts to stop or over-control emotional expression are common barriers to emotional processing (Elliott et al., 2004; Greenberg et al., 1993). Importantly, this was not just a difficulty, but also presented as a therapeutic opportunity, with participants in the current study described learning about dissociation facilitated their awareness of their own process and that of others. Despite fear of chair-work, participants in this study also described being able to ultimately access their own resources of courage, and with the support of fellow members, completed their own work. These findings suggest that witnessing others' expression of vulnerable emotions in EFT-G may foster courage among group members and may therefore provide fertile ground, beyond the benefits of individual therapy, for both learning about and overcoming barriers to emotional processing.

One of the limitations of the present study that some participants were interviewed several weeks after their chair-work had occurred. It is possible that these participants may have had less recall to their experiences, may have contributed to fewer reports of emotional processing related to their own-work compared to the rich material generated in response to watching others. The use of video replay may have prevented some of the memory loss through a re-evoking the memories. Still, future research may benefit from having participants interviewed soon after their own chair-work session.

An additional limitation of the study was that we did not verify that the clients had experienced any symptomatic change on any self-report questionnaire measures prior to interviewing them about their experiences of the change process. Therefore, we can not determine whether their reported experiences lead to symptom change. Nevertheless, we can say that the majority of the clients interviewed reported that they experienced the group as meaningful and beneficial. We intend to analyze various self-report measures in subsequent papers.

A further methodological limitation is that two of the group facilitators (KR & JS) were also the data analysts, which opens the door for some potential biases. Since the experiences of the facilitators in the group may have impacted the interpretation of the themes. This possibility was partially mitigated through the involvement of independent analysts (EG).

Our present results highlighted the clients' experiences of overarching change processes, rather than moment-by-moment detail. While the reflection of overarching processes is extremely useful for the early stages of research into the EFT-G, future research would benefit from more fine-grained and sequential analysis of small components of the group interaction. This could be done by immediate post-session moment-by-moment review of the process as is prescribed in the *Interpersonal Process Recall* methodology (Elliott, 1986).

Another limitation of the present study is that the use of the GSR to inform the moments of high arousal was only partially successful. The GSR data showed large segments where the readings were on ceiling, and other segments that were highly noisy. It is possible that the evocative nature of the groups mean that they are too arousing to allow for clear differentiation of the process by this measure. Still the potential for an objective index of arousal that can be cross checked with the video has potential to be a valuable data source. We intend to follow up our work on physiological measures during therapy in this regard but note there are substantial challenges inherent in it.

Finally, we note that in our present analysis we haven't attempted to differentiate whether different types of change process occur in different people. Specifically, it is possible that different types of maladaptive emotion schemes will be differentially impacted by different interpersonal processes within the group. Potentially, for example, people with shame schemes could respond mainly to interpersonal validation, or people with loneliness or insecurity schemes could respond to a sense of belonging. These differences could also manifest to different degrees across gender or cultural backgrounds. These types of differentiations would be useful in future studies.

The findings of this study suggest that as well as benefitting from being in a therapeutic group, EFT-G specific interventions such as chair-work appeared to evoke increased emotional processing beyond individual EFT. Of interest was the finding that participants seemed to learn and process more vicariously, through watching others, than they did regarding their own chair-work.



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## Notes on contributor

*Jason Sharbanee* is certified as a Trainer by the International Society for Emotion Focused Therapy. He conducts trainings in Emotion Focused Therapy at the at The Western Australian Institute of Emotion-Focused Therapy.

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