

A Critical Evaluation of Emotion-Focused Therapy Working with Clients Who Have Experienced Trauma

This assignment will critically reflect on the use of Emotion Focused Therapy (EFT) when working with clients who have experienced trauma. It will start by exploring what trauma is, how it presents in clients and will then discuss how EFT can be applied to clients with trauma using the principles of the underpinning theories and the techniques used by therapists working with this approach. The key principle and theories of EFT will also be outlined to provide an understanding on why certain techniques are used and the overall aims of this particular form of therapy. The assignment will focus on different forms of trauma though will primarily focus on the use of EFT with clients who have experienced intrapersonal abuse, discussing how this type of therapy can support this particular client group.

An individual's experiences are considered traumatic when they subjectively experience a threat to their sanity, life or bodily integrity and they are not able to deal with such threat with their internal and external resources (Katz, C, 2019). Trauma can happen to anyone regardless of their religion, race, socioeconomic status or race and every person has the capacity to experience the effects following a traumatic event such as feeling isolated, powerless, having poor boundaries and catastrophising situations (Barrow et al, 2019). Pilgrim (2020) describes trauma as being an emotional response to a traumatic event such as abuse, illness or an accident and can leave individuals with physical symptoms, unpredictable emotions, experiencing vivid flashbacks and difficulties forming interpersonal relationships. Traumatic events can be man-made, natural and be experienced both a social community and personal level (Hashmi, A, 2017). It is clear that the effects after individual's have experienced trauma can be intense and have long-lasting effects on the individual on a personal and interpersonal level.

Individuals who have been exposed to traumatic situations are at risk of developing Post-Traumatic Stress Disorder (PTSD) or complex trauma. Both PTSD and complex trauma are considered to be trauma –related disorders diagnosed after certain symptomatic criteria is met such as flashbacks, vivid memories and interpersonal difficulties (Elliott, R et al, 2020). Both disorders present with similar symptoms and as a result are often misdiagnosed. A distinct difference between the two disorders could

be explained as complex trauma arising as a result of repetitive and long-term trauma leading to difficulty forming relationships with others and their self-concept whereas PTSD can be triggered from experiencing a single traumatic event and leaves individuals struggling with their identity and making meaning of the world around them (Meyers, L, 2019). Although many of the symptoms and how an individual presents show distinct similarities between the two disorders, it seems complex trauma can lead an individual to stronger interpersonal difficulties whilst PTSD can trigger distressing symptoms within their 'self'. These disorders will be discussed interchangeably throughout the assignment when discussing the use of EFT and trauma.

Trauma can lead to problematic behaviour patterns as a result of the direct or perceived threat to the individual (Newell, J et al, 2015) These behaviours can be considered as the ways in which an individual copes with their experience and how they have learnt to react to stimuli. These behaviours are usually those of disassociation and are formed as a result of closing down of emotional and behavioural processing (Schalinski, I et al, 2019). However, despite the individual's tendency to suppress these processes, a traumatic event will manifest itself as a traumatic memory which, as a result of internal or external stimuli linked to the trauma, can produce reactions of intense anxiety and fear as though they are experiencing that trauma again (Katz, 2019). The individual's inability to regulate their emotions can lead to emotional numbing which although can protect the individual in the short term, it increases the risk of memories being triggered in the long term if not addressed (Stappenbeck, C et al, 2016). These can often present as flashbacks which are a vivid form of memory leaving the individual being unable to distinguish between what is happening now and what is the memory of the past (Marks et al, 2018). This can result in the individual being disconnected from reality which can result in them being detached from their "self" as well as other people and can be considered a stress response more commonly present in survivors of sexual abuse where their sense of trust is impaired and thus have difficulties in forming relationships (Kearney, M et al, 2018). Similarly, this disassociation can also be explained as an individual's way of coping, surviving and gaining control of situations and general life but in turn displays maladaptive behaviours leaving them exposed to the risk of re-victimisation in cases of interpersonal trauma. (McGuire, K, 2019). Behaviours and tendencies displayed by

an individual exposed to trauma leave them vulnerable to experiencing further trauma unless addressed.

Counselling can be a safe way to address the behavioural and emotional impact of trauma on a client. Although a lot of traumatic experiences are as a result of other individual's actions, emotional resilience and recovery from a trauma often occurs through safe and significant relationships with others (Karris, M et al 2015). This would suggest that a strong therapeutic relationship is key to supporting clients who have experienced trauma supporting the key principles of the humanistic approach to counselling. However, counsellors working with clients who have experienced trauma must consider that previously avoided emotions will arise throughout the therapeutic process as the client replays their accounts of previous interpersonal relationships with intense dynamics and graphic accounts of events. This can be distressing and intolerable for both the client and the counsellor (Merriman, J, 2018). As well as running the risk of re-traumatisation for the client, there is a risk of the counsellor experiencing secondary re-traumatisation. Therefore, it is vital that the counsellor has received appropriate training for working with trauma and receives adequate supervision to protect themselves and the client.

Counselling has proven to be effective on working with trauma for reducing impact of previous experiences. However, studies have looked into the relationship between the effectiveness of such therapy and gender of the client. A study by Olf (2017) found that women are 2 to 3 times more likely to suffer with PTSD than men but believe this is due to women having an increased likelihood to being exposed to trauma such as sexual abuse. Similarly, a study by Silore et al (2017) found that despite men being exposed to a higher number of traumatic events, women were twice as likely to experience PTSD due to the nature of the trauma they experience and generate a more immediate reaction of shame and self-blame leading to PTSD. Following research from Nanny-Warriser (2018), it has also been suggested that women are more likely to report trauma related symptoms and create their own social support systems than men. This would suggest than the impact of trauma can be influenced by gender and the societal norms of expressing emotion I.e., men being more likely to hide emotions. Therefore, it would be fair to say that individuals processing and experiencing of trauma can be influenced by the communities they live in.

Social and cultural considerations and the individual's external world must be considered as much as the internal dynamics when working with trauma clients. Different cultures have varying ways on perceiving trauma and how they deal with situations. A study found that women in South Africa were silenced and unable to talk about their trauma as this was a cultural norm and therefore repressed their emotions (Segalo, P, 2015). Many non-Western cultures do not relate trauma to mental health and believe trauma is solely a physical, somatic responses. These beliefs can cause further damage to an individual if their reaction does not fit with the cultural norms and values of their communities leading to higher levels of shame and self-blame (Engelbrecht et al, 2016). A study by Abdelhamid (2018) supports this when researching responses to Palestinians exposed to distressing situations such as witnessing injury, demolition of homes and other stressful events and found that they reported little to no psychological symptoms due to these events being normalised. This has been explained as being influenced by the political stance of the country as well as their religious beliefs to accept no self-control in situations as it is what god brings. There have been strong arguments that cultural considerations need to be taken into account when working with trauma, although no clear adaptations to therapy have been made (Ennis, N et al, 2019). These findings and considerations have implications for therapists when working with clients as they must not assume how the client is experiencing the trauma based on their own culture but must explore and consider these differences with the client when starting and working through the therapeutic process.

Emotion-focused therapy is grounded with humanistic values and theories believing that emotional change is fundamental for positive growth and the well-being of the client (Greenberg, L 2011). The main premise behind the theory is that our emotions are what makes up our "self" (Greenberg, L, 2004). As well as experiencing these emotions, we are constantly in the process of making sense of them (Greenberg, L, 2010). The aim of emotion-focused therapy is to bring these emotional processes into the client's awareness in order to, what the theory refer to, turn as maladaptive responses into adaptive responses (Pinherio et al, 2018). Maladaptive responses can be described as an undesired learned response to traumatic events which can bring strong feelings of shame and a resistance to change. Primary adaptive emotions are the appropriate response to a traumatic event such as being sad when working

through a loss (Pascuel, A, 2013). Whilst working with the client to change maladaptive emotions to adaptive emotions, EFT works heavily on emotions and recognises the primary emotions, the individual's initial reaction and secondary emotions, the emotion response to the primary emotion. The therapist works with the client and addresses these by processing the emotions moment to moment throughout therapy to allow the client to safely respond to painful experiences and address unmet needs (Ladislav, T, Pascuel-Leone, A, 2015). In order to achieve this emotional regulation with clients, EFT adopts the principles of person-centred therapy such as empathy, congruence and unconditional positive regard. However, EFT builds on this by applying certain techniques as well as the value being placed on the therapeutic relationship.

EFT places importance on being empathically attuned to the client alongside applied techniques to enhance change. EFT has been proven to reduce symptoms such as depression and distress more effectively than using person-centred alone as techniques such as two chair work/empty chair work promotes emotional arousal and brings the clients unaddressed emotions into the client's awareness and identify unfinished business (Reidar, J, 2018). Chair work is used to enact interpersonal and intrapersonal relationships using powerful dialogues between an individual's different parts of their 'self' or between them and a significant other to their issues i.e. an abuser. Bell et al (2017) found that participants in their study felt they accessed emotions they did not associate with their presenting problem and felt they had a sense of agency over their emotional experiencing whilst working with the chair technique. The technique is in place to empower the client and allow them to tolerate the painful emotional responses, similar to the Cognitive-Behavioural approach, but also builds on this by facilitating the expression of unmet needs with adaptive emotional responses (Ladislav, T, Daragh, K, 2019). Despite Cognitive Behavioural Therapy (CBT) being the initial choice of treatment when treating general anxiety disorder (GAD), it has reported a low success rate whereas Murphey et al (2018) found EFT to be a successful treatment for GAD when focussing on 'worry' as a key emotion in secondary process tasks which allows the clients primary emotion to be uncovered. This demonstrates how uncovering emotions usually hidden and bringing them to the surface can allow healing emotions to take place. This has proven to be more effective with high intensity emotions being necessary accessed (Bell et al, 2019) which has been supported by findings from a study by Pinheiro et al, (2018) who found that the

emotional processing was higher with those experiencing more intense symptoms. However, it must be noted that the study was conducted on short term therapy and perhaps the same level would have been found on other participants over a longer treatment period. These findings do support the theory and process of EFT which believes that accessing the most powerful yet painful emotions during therapy can promote higher levels of positive change in clients (Khayyat, A, 2019). However, the intensity of therapies such as EFT on exploring the client's emotions can lead to high dropout rate, particularly with clients who have experienced trauma and feel they cannot cope with the exposure of re-living of these experiences (Pavio, S, Pascuel, A, 2010). Therefore, it is important when working with clients with trauma, they are not exposed to replaying traumatic events too soon.

Emotion-focused therapy has proven to be an effective form of therapy for clients who are experiencing complex trauma following being subject to abuse over a long period of time (Goldman, R, 2017). Murphey et al (2019) supports this by reporting a lack of findings of the effectiveness of EFT on anxiety but found positive outcomes on clients experiencing interpersonal issues as a result of abuse. Maladaptive schemes from trauma experienced through childhood abuse can cause distressing emotions and dysfunctional behaviours which emotion focused therapy aims to address and then replace with adaptive emotions which are appropriate responses to their experiences (Tynanun, K, 2018). EFT can help resolve issues of trauma derived from abuse by using experiential techniques in order to resolve issues with the perpetrators at a deep emotional level. The greater the depth of experiencing the greater the outcome whilst it has also been reported that the earlier the deep emotional engagement occurs the more likely the client will experience a positive outcome (Murdoph et al, 2014). The deep emotional processing experienced in EFT is primarily carried out through the exploratory tasks of empty chair and two chair work. Two chair work involves 2 chairs laid out in the therapy room, each representing conflicting parts of the client's self to resolve the conflict whereas the empty chair represents another individual, often the perpetrator of abuse. The aim of this task is to allow the client to assert themselves, forgive the other person or themselves or hold the other person to account (Murtigel et al, 2017). In other words, the empty chair task aims to complete any 'unfinished business' within the client that may be holding them back and causing the maladaptive emotions and behaviours the client displays in order to avoid the painful experiences.

Elliott et al (2004) explain that many individuals living with trauma following a series of distressing events either avoid painful emotion as a way of coping or are overwhelmed with the level of emotion. From an EFT perspective, these individuals can often interrupt themselves from accessing these emotions and as a result remain in a state of 'incompletion' with the negative emotions leaving the client feeling stuck. Chair work within EFT can allow the client to accept these emotions and reach a stage of completion which can only be achieved with deep emotional processing and acknowledging the painful emotions.

Many clients who have experienced intrapersonal trauma often suffer with complex trauma with intense feelings of fear. In addition to this, clients may also experience high levels of guilt, shame and anger (Gorge et al, 2019). Often confused with guilt, feelings of shame are considered to be a core issue in those living with complex trauma; an intense and painful feeling leaving the client unable to relate to other in a health way which often leaves an individual with low self-compassion and highly critical of themselves (Peitao, Z, 2020). Chair work would identify and process these feelings of shame by working the client and their dialogue between their self and a significant other with the aim of replacing the maladaptive emotions of fear and shame to the appropriate responses of adaptive emotions such as anger or sadness towards the perpetrator and the trauma experienced throughout their abuse (Khayyat et al, 2019). This allows the client to deeply process the feeling of shame and completing the unfinished business with appropriate responses whilst empowering the client to say what they need to say and own their emotions to overcome issues of low self-compassion and possessing a high internal critic.

A study by Karonicivia et al (2020) found clients who accessed EFT to address self-compassionate issues due to being subject to abuse and found a clear shift from maladaptive emotional schemes such as fear and shame to feelings of empowerment and calmness with a distinct shift from passive reactions and avoidance. They also noted that these effects were the same for those with high and low levels of self-criticism. This evidences how EFT can identify and work with key emotions such as

shame can help the individual replace these with appropriate emotions. For example, assertive anger would replace the shame towards a perpetrator of abuse. On the other hand, Lucre and Corten (2015) found that EFT on highly critical trauma victims were not so effective due to their strong internal beliefs that they do not deserve it. Although this study was based on EFT there is nothing within this study to suggest this would not have been the case with other forms of therapy. It must also be noted that this study did not allow participants to access therapy for as long as necessarily needed as trauma victims often require longer to achieve positive outcomes in therapy. This could be due to the danger of retraumatising clients if deep exploratory and experiential is accessed too soon. Wastell (2020) provides an explanation that crisis intervention teams working with trauma victims support clients to contain disturbing memories and suppress emotions in order to gain control of their reactions. As a result, the client may experience damaging effects of re-traumatisation should EFT tasks be introduced too soon.

Emotional-focused therapy would address client's in an empathic yet directive manner to guide the client through the processing of traumatic events. However, clients who are traumatised following abuse have high avoidance tendencies and will find the tasks too anxiety provoking (Salter, C, 2018). Herman (2018) found that as little as 1 minute of connection to primary adaptive emotions in EFT can have positive outcomes. However, Pavo and Angus (2017) argue that introducing tasks too early can lead to re-traumatisation and trigger intense flashbacks as though the client is re-experiencing the trauma and therefore the therapist must be empathically engaged and in tune with the client's moment to moment emotional experiencing to gauge the timing of tasks in therapy. This would suggest the therapeutic relationship in EFT is significant when working with trauma. Trauma can lead to a disordered experience of hope within the client which can result in them over and under valuing the trust in others. The meeting between the client and therapist who is willing to listen can spark these feelings of hope within the client and begin their process of emotional recovery. (Lanyado, 2016). On the other hand, Elliott and MacDonald (2020) argue that the relational process is not a significant part of EFT and is only relevant to the process if a rupture occurs such as the client refusing to do EFT tasks, the therapist being too directive or too non directive and not contributing to the process. It could be argued that a strong therapeutic relationship would build a trust between the client and therapist and in turn would remove such barriers. It has been argued that empathy is

in fact the key principle of effective EFT for survivors of abuse. Murphey et al (2018) explored this and found that the stronger the empathy in the therapeutic relationship, the greater the reduction in the trauma symptoms displayed by the client. However, they did note that there is a significant risk of therapists focusing strongly on the person-centred approach and the non-directive principles attached and as a result not providing the client with the necessary trauma-focused tasks that EFT can provide. EFT has been seen as a valuable resource for female trauma survivors providing, they were actively involved in the process and not simply passive recipients of coping skills (Singe, H et al, 2017). This discussion highlights the need in EFT to balance the non-directive style of person-centred approach and forming a strong therapeutic relationship whilst also providing directive tasks necessary to help clients overcome their trauma.

This essay has discussed trauma, what trauma is and how it presents in individuals, the use of Emotion-Focused Therapy and how this particular form of humanistic counselling can be applied to clients who have experience of trauma. It is evident that no one is exempt from trauma which can include intrapersonal difficulties, flashback, intrusive thoughts and memory loss. This can result in individuals developing disorders such as PTSD and complex trauma. It is evident that how we perceive and cope with trauma can depend on the influence of culture and external influences and expectations placed on an individual. The client's external world will influence how they perceive their traumatic experience and in turn how they respond to this. As discussed, some cultures would describe trauma as a somatic experience whilst other cultures would experience it more spiritually. Some experiences that cultures would consider traumatic are dismissed in others. Culture can also influence how likely an individual is likely to seek support such as counselling. An example of this provided above is a South African women are silenced from discussing and presenting their trauma which could have a detrimental effect on them reaching out and addressing their trauma. Gender influences have also been addressed when discussing trauma. Women are more likely to experience PTSD and complex trauma due to their increased likelihood of being subject to intrapersonal abuse yet despite being more likely to live with PTSD, in comparison to males, they are more likely to reach out for support and disclose their trauma. This supporting the idea that society's gender

norms influence and impact how individuals feel and how they do react and experience trauma.

The essay has discussed how counselling, in particular the use of EFT can be to address a client presenting with trauma. The discussion has demonstrated how EFT can be used to address negative maladaptive emotions such as guilt and shame following a traumatic event or series of events such as abuse and allows the client to work through these and replace them with feelings of worthiness and empowerment. EFT has also demonstrated its value in promoting client's autonomy over their emotions and promoting high levels of self-compassion which is often low following repeated abuse. The techniques such as chair work can be applied to situations to abuse survivors to work out unresolved feelings towards their perpetrators which can allow them to complete any unfinished business and any feelings the client may have of feeling stuck. This can be effective by allowing clients to break through their habits of interrupting themselves from accessing their adaptive emotional responses. As discussed, EFT proves to be more effective when more intense emotions were experienced. However, due to the intensity of this therapy style, it does increase the risk of re-traumatising the client or other damaging effects if the counsellor does not direct the sessions to safeguard this from happening e.g., the creation of a safe place. It is evident that EFT places importance on a strong therapeutic relationship like the person-centred approach building on trust between the client and therapist which is so strongly required with trauma client but also adopts the benefits of a directive style guiding the client through their emotional experiences by providing experiential and exploratory tasks. The clients are not passive recipients to the methods but they are provided with effective techniques to work through the emotions safely so they can be addressed and replaced with positive adaptive emotions. Overall, the person-centred principles of the therapeutic relationship and the directive exploratory tasks can be an effective form of therapy for individuals who have suffered trauma.

Reference list

Afana, A (2018) Coping with Trauma and Adversity Amongst Palestinians in the Gaza strip: A Qualitative Culture Informed Analysis, *Journal of Health Psychology*, 25 (2)

<https://doi.org/10.1177/1359105318785697>

Barrow, J et al (2019) Trauma-Informed Career Counselling: Identifying and Advocating for the Vocational Needs of Human Service Clients and Professionals, *A Journal of Human Science*, 8 (2) p 173 – 185 <https://doi.org/10.1002/cdq.12221>

Bell, T et al (2019) “A Definite Feel-It Moment” Embodiment, Externalisation and Emotion During Chair Work in Compassion – Focused Therapy, *Counselling and Psychotherapy Research*, 20 (1), p 143 – 153

<https://doi.org/10.1002/capr.12248>

Elliott, R et al (2020) Prevalence and Predictive Value of ICD –11 – Post Traumatic Stress Disorder and Complex PTSD Diagnoses in Children and Adolescents exposed to Single Trauma Events Trauma – The Journal of Child Psychology and Psychiatry <https://doi.org/10.1111/jcpp.13240>

Elliott, R, MacDonald. J (2020) Relational Dialogue in Emotion-Focused Therapy, *Journal of Clinical Psychology*, 1 (11) pp 10-15, <https://doi.org/10.1002/jclp.23069>

Elliott, R et al (2004) Learning Emotion-Focused Therapy, The Process of Experiential Approach to Change, American Psychological Association

Engelbrecht, A et al (2016) Exploring Trauma Associated Appraisals in Trauma Survivors from Collectivist Cultures, *Springer Plus* 5 (1), - 1 – 11, doi: [10.1186/s40064-016-3043-2](https://doi.org/10.1186/s40064-016-3043-2)

Ennis, N et al (2019) Treating Post-Traumatic Stress Disorders Across Cultures. A Systematic Review of Cultural Adaptations of Trauma-Focused Behavioural Therapies, *Journal of Clinical Psychology*, 76 (4) pp587-611 <https://doi.org/10.1002/jclp.22909>

Frank, C et al (2018) Deployment-Related Trauma and Post Traumatic Stress Disorder: Does Gender Matter? *European Journal of Psych traumatology*, 9 (1) pp1-9, doi: [10.1080/20008198.2018.1486123](https://doi.org/10.1080/20008198.2018.1486123)

Goldberg, R (2017) Introduction Part II of the Special Issue on Emotion-Focused Therapy, Person-Centred and Experiential Psychotherapies, 16 (3), p197,
<https://doi.org/10.1080/14779757.2017.1330702>

Gorg et al (2019) Changes in Trauma- Related Emotions Following Treatment with Dialectical Behaviour therapy for Post Traumatic-Stress Disorder After Childhood Abuse, Journal of Traumatic Stress, 32 (5), pp764 – 774, doi: 10.1002/jts.22440

Greenberg, L S (2004) Emotion-Focused Therapy, Clinical Psychology and Psychotherapy, 11 (1), p 3-16, <https://doi.org/10.1002/cpp.388>

Greenberg, S, L (2010) Emotion-Focused Therapy, A Clinical Synthesis, A Journal of Lifelong Learning in Psychiatry 8 (1) pp32-42, <https://doi.org/10.1176/foc.8.1.foc32>

Greenberg, L S (2011) Emotion-Focused Therapy, Theories of Psychotherapy, Emotion-Focused Therapy, American Psychological Association

Haladane, J, Nickerson, A (2016) The impact of Interpersonal and Non-Interpersonal Trauma on Psychological Symptoms of Refugees: The Moderating Role of Gender and Trauma Type, Journal of Traumatic Stress, 29 (1) pp 456 – 465, doi: 10.1002/jts.22132

Hashmi, A (2017) Trauma Across Cultures, Assessment, Treatment and Prevention, Psychiatric Annals, 47 (3) pp 120 – 121, <https://doi.org/10.3928/00485713-20170208-02>

Hensel, J et al (2015) Meta-Analysis of Risk Factors for Secondary Traumatic Stress in Therapeutic Work with Trauma Victims, Journal of Traumatic Stress, 28 (2) p 83 – 91, DOI: [10.1002/jts.21998](https://doi.org/10.1002/jts.21998)

Karoniova, J et al (2020) Level of Self Criticism and Changes in Imagery Among Participants Attending Emotion-Focused Therapy for Self-Compassion and Self-Protection, Institute of Psychology, 64 (5) pp 608 – 624, <https://self-compassion.org/wp-content/uploads/publications/GilbertSelf-Criticism.pdf>

Karris, M, Caldwell, B (2015) Integrating Emotionally Focused Therapy, Self- Compassion and Compassion-Focussed Therapy to Assist Shame Prone Couples Who Have Experienced Trauma, The Family Journal, 7 (1) pp 346 – 357, https://self-compassion.org/wp-content/uploads/2016/06/Karris-Caldwell_2015.pdf

Katz, A (2019) Trauma-Informed Practice: The Future of Child Welfare, Widener Law Journal, 28 (1), pp51-84, doi: [10.3390/ijerph16132365](https://doi.org/10.3390/ijerph16132365)

Kearvey , MA at al (2018) Trauma and Dissociation: Predictors of Loneliness in Students at an Urban University, Journal of College Counselling, 21 (2) pp165-180, <https://doi.org/10.1002/jocc.12095>

Khayyat-Abutaita, U (2019) Emotional Processing of Trauma Narratives is a Predictor of Outcome in Emotion-Focused Therapy for Complex Trauma, Psychotherapy, 56 (4), pp 526 – 536, doi: 10.1037/pst0000238

Ladislav, T, Pascuel-Leone, A (2015) New Developments for Case Conceptualisation in Emotion-Focused Therapy, Clinical Psychology and Psychotherapy, <https://doi.org/10.1002/cpp.1922>

Ladislav, T, Keogh, D (2019) Emotion-Focused Therapy: A Transdiagnostic Formulation, Journal of Contemporary Psychotherapy, 50 (1), p 1-3, DOI: [10.1007/s10879-019-09426-7](https://doi.org/10.1007/s10879-019-09426-7)

Lanyado, M (2016) Transforming Despair to Hope in the Treatment of Extreme Trauma. A View from a Supervisors Chair, Journal of Child Psychology, 42 (2), p 107 – 121, <https://doi.org/10.1080/0075417X.2016.1191198>

Marks et al (2018) Cant Get it Out of My Mind: A Systematic Review of Predictors of Intrusive Memories of Distressing Events, Psychological Bulletin, 144 (6) pp584- 640, doi: 10.1037/bul0000132

Merriman, O, Joseph, S (2018) Therapeutic Implications of Counselling Psychologists Responses to Client Trauma: An Interpretive Phenomenological Analysis, Counselling Psychology Quarterly, 31 (1) pp 117 – 136, <https://doi.org/10.1080/09515070.2016.1266601>

Meyers, L et al (2019) Touched by Trauma: As Counsellors Dig Below The Surface and Uncover Clients' Personal Histories, They Often Find Lingering Trauma is Exerting Undue Influence on People's Lives – Counselling Today, 61 (9), pp22-30, <https://ct.counseling.org/category/counseling-today/page/48/>

McGuire, K (2019) The Embodiment of Complex Trauma in Domestic Minor Sex-Trafficking Victims and The Dangers of Mis-Identification, Journal of Human Behaviour in the Social Environment, 29 (4) pp 535 – 554, <https://doi.org/10.1080/10911359.2018.1543630>

Mundorif, E, Paivio, S (2014) Narrative Quality and Disturbance Pre and Pos Emotion Focused Therapy for Child Abuse Trauma, Journal of Traumatic Stress, <https://doi.org/10.1002/jts.20707>

Muntigl, P et al (2017) Entering Chair Work in Psychotherapy: An Interactional Structure for Getting Emotion- Focused Talks Underway, Journal of Pragmatics, 17 (1) p 168 – 169, <https://isiarticles.com/bundles/Article/pre/pdf/131749.pdf>

Murphey, D et al (2019) Identifying and Developing Therapeutic Principles for Trauma- Focused Work in Person-Centred and Emotion-Focused Therapies, Counselling and Psychotherapy Research, 19 (4) pp 497 – 507 <https://doi.org/10.1002/capr.12235>

Murphy, J et al (2017) Developing a Model of Working with Worry in Emotion- Focused Therapy: A Discovery Phase Task Analytic Study, Counselling and Psychotherapy Research, 17 (1), pp56 – 70, <https://doi.org/10.1002/capr.12089>

Nanny – Wamser, R (2018) Children's Trauma-Related Symptoms Following Complex Trauma Exposure. Evidence of Gender Differences, Child Abuse and Neglect, 77, pp 188 – 197, DOI: [10.1016/j.chiabu.2018.01.009](https://doi.org/10.1016/j.chiabu.2018.01.009)

Newell, J et al (2015) Clinician Responses to Client Traumas: A Chronological Reviews of Constructs and Terminology, Trauma, Violence and Abuse, 17 (3) pp 306 – 313, doi: 10.1177/1524838015584365

Olf, M (2017) Sex and Gender Differences in Post Traumatic Stress Disorder, An Update, European Journal of Psych traumatology, 8 (4), [10.1080/20008198.2017.1351204](https://doi.org/10.1080/20008198.2017.1351204)

Pascuel – Leone, A (2013) Problem Anger in Psychotherapy: An Emotion-Focused Perspective on Hate , Rage and Rejecting Anger, Journal of Contemporary Psychotherapy, 43 (2), pp83 – 92, DOI:[10.1007/s10879-012-9214-8](https://doi.org/10.1007/s10879-012-9214-8)

Pavio, S C, Angus, L E (2017) Narrative Processes in Emotion-Focused Therapy for Trauma, American Psychology Association, <https://doi.org/10.1037/0000041-000>

Pilgrim, D (2020) Key Concepts in Mental Health, Fifth Edition, Sage Publications

Pinheiro, P (2018) Emotional Processing and Therapeutic Change in Depression: A Case Study, Psychotherapy, 55 (3), p 263-274, <https://doi.org/10.1037/pst0000190>

Pugh, M, Salter, C (2018) Motivational Chair work, An Experiential Approach to Resolving Ambivalence, European Journal of Counselling Theory, 2 (7), https://www.researchgate.net/publication/330169010_Motivational_chairwork_An_experiential_approach_to_resolving_ambivalence

Punleng, S (2015) Trauma and Gender, Wiley Subscription Services Inc, Social and Personality Psychology Compass, 9 (9), pp447 – 454, <https://doi.org/10.1111/spc3.12192>

Reidar Steigler, J et al (2018) Does an Emotion-Focused Two Chair Dialogue Add to the Therapeutic Effect of the Empathic Attunement to Affect? Clinical Psychology and Psychotherapy, 25 (1) p86 – 95, doi: 10.1002/cpp.2144

Sandra, P, Pascuel-L, A (2010) Emotion focused therapy for complex trauma, An integrative approach, *Person-centred and Experiential Therapies* 16 (3), pp 198 – 214
<https://doi.org/10.1080/14779757.2017.1330704>

Schalinski, I et al (2019) Environmental Advertisers and Psychotic Symptoms. The Impact of Timing of Trauma, Abuse and Neglect, *Schizophrenia Research*, 205 (1), p 4-9, doi: 10.1016/j.schres.2017.10.034.

Silore, D et al (2017) The Contribution of Gender- Based Violence and Network Trauma to Gender Differences in Post Traumatic Stress Disorder, *Public Library of Science*, 12 (2), doi: 10.1371/journal.pone.0171879

Singe et al (2017) The Role of Therapy in Personal Recovery – Trauma Client's Use of Resources to Continue Positive Processes Following Group Therapy – Qualitative Social Work – *QSN: Research and Practice*, 18 (1), pp24-36, <https://journals.sagepub.com/doi/10.1177/1473325017699264>

Stappenbeck C et al (2016) In the Moment Dissociation, Emotional Numbing and Sexual Risk: The Influence of Sexual Trauma History, Trauma Symptoms and Alcohol Intoxication, *Psychology of Violence* 6 (4) p 585- 595, doi: 10.1037/a0039978

Tiyanuin, K, Barlas, J (2018) Thinking About Feelings: Using Trait Emotional Intelligence Understanding the Associations Between Early Maladaptive Schemas and Coping Styles, *Psychology and Psychotherapy*, 93 (1), p 1 – 20, doi: 10.1111/papt.12202

Wastell, C (2020) *Understanding Trauma and Emotion, Dealing with Trauma Using an Emotion-Focused Approach*, Routledge

Zheng, P et al (2020) An Exploration of the Relationship Between Culture and Resilience Capacity in Trauma Survivors, *Journal of Cross Culture Psychology* – 51 (6) p475 – 489, doi/10.1177/0022022120925907

Zhu, P et al (2020) An Ecological Approach to Understanding Pervasive and Hidden Shame in Complex Trauma, *Journal of Mental Health Counselling*, 42 (2), pp155 – 169
https://www.bps.org.uk/sites/www.bps.org.uk/files/Member%20Networks/Sections/Crisis/Disaster%20resource_0.pdf