

Exploring Emotion-Focused Therapy for Generalized Anxiety Disorder
and Major Depressive Disorder

by

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Abstract

This capstone examined the evidence of emotion-focused therapy in the treatment of generalized anxiety disorder and major depressive disorder among adults aged 18 and older. Both disorders pose significant public health concerns due to their high prevalence and persistent impact on quality of life. A narrative literature review and thematic analysis of qualitative, quantitative, and mixed-methods studies published between 2017 and 2025 were conducted. Three themes emerged from the analysis: mechanisms of change, client outcomes, and obstacles and limitations to change. Findings demonstrate the promise of emotion-focused therapy in treating generalized anxiety disorder and major depressive disorder; however, more research is needed to strengthen and validate these results. Implications for clinicians, policymakers, funding bodies, and researchers are discussed, along with recommendations for future research to address empirical gaps.

Keywords: emotion-focused therapy, generalized anxiety disorder, major depressive disorder, outcomes, mechanisms of change, obstacles to change

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Chapter One: Introduction

Mood and anxiety disorders are a growing public health concern, increasing in prevalence both in Canada (Statistics Canada, 2023) and globally (Chen et al., 2025; Ferrari et al., 2022). Recent data indicate that rates of Generalized Anxiety Disorder (GAD) and Major Depressive Disorder (MDD) have risen in the past decade, particularly in response to the COVID-19 pandemic (Chen et al., 2025; Rong et al., 2025; Statistics Canada, 2023). Despite globally and locally worsening mental health, current evidence-based interventions continue falling short in treating GAD and MDD, two highly comorbid conditions (Ruiz et al., 2020; van Dis et al., 2020) that may share core mechanisms underlying their comorbidity (Dalglish et al., 2020; Timulak & Keogh, 2020). In light of treatment limitations, there is a growing need to promote therapeutic approaches that respond to the complexities of GAD and MDD while aligning with clients' preferences (Swift et al., 2018).

Currently, only about half of Canadians diagnosed with a mood and/or anxiety disorder receive professional help. For those who do, many report that counselling services inadequately address their needs (Statistics Canada, 2023). Heeding the call from researchers and clinicians emphasizing the necessity of treating GAD and MDD with expanding treatment options (Chen et al., 2025; Lindheim et al., 2014; Swift et al., 2018; Timulak et al., 2022), this capstone project explores emotion-focused therapy (EFT) as an intervention for GAD and MDD. Greenberg's Emotion Theory (ET) (2002, 2011, 2021), Timulak and McElvaney's (2018) conceptual framework for GAD, and Greenberg and Watson's (2006) conceptual framework for MDD will be used as the theoretical orientation and conceptual frameworks for synthesizing and interpreting the literature. This capstone seeks to explore the results (outcomes and efficacy) and mechanisms of change of Emotion-Focused Therapy (EFT) for GAD and MDD, and in doing so,

attempts to address an empirical and clinical gap around the need for advancing evidence-based interventions that align with GAD and MDD clients' needs and preferences (Lindheim et al., 2014; Swift et al., 2018; Timulak et al., 2022).

Overview

Mood and anxiety disorders contribute significantly to the global disease burden, a trend exacerbated by the COVID-19 pandemic (Chen et al., 2025; Rong et al., 2025). While distinct in diagnostic criteria, comorbidity between these disorders is the rule, not the exception, contributing to worse outcomes, including greater symptom severity and chronicity (Ruiz et al., 2020). Between 1990 and 2021, the global prevalence of mood and anxiety disorders increased dramatically (Chen et al., 2025; Rong et al., 2025); global cases of depression increased from 172 million in 1990 to 258 million in 2017, a nearly 50% increase, with MDD accounting for the vast majority of cases (Zhang et al., 2025). In Canada, the lifetime prevalence of MDD is estimated at 11.2% (Knoll & MacLennan, 2017), while the 12-month prevalence is 7.6% (Statistics Canada, 2023). Estimates of the lifetime prevalence of anxiety disorders in Canada vary widely, ranging from 4.6% (Williams et al., 2024) to 33.7% (Bandelow & Michaelis, 2015). Between 2012 and 2022, the number of Canadians ages 15 and older diagnosed with GAD doubled from 2.6% to 5.2% (Statistics Canada, 2023). Notably, the 12-month prevalence of GAD nearly tripled among young women in the same period, rising from 3.8% to 11.9%, a trend reflected in the 12-month prevalence of MDD among young women, which doubled in the same decade (Statistics Canada, 2023). GAD has a lifetime comorbidity of 81.9%, particularly with other anxiety disorders (51.7%) and mood disorders (63.0%) (Ruscio et al., 2017; Yan et al., 2023). These numbers underscore the need for effective interventions that can address both disorders, particularly given their frequent co-occurrence (Ruiz et al., 2020; van Dis et al., 2020).

The American Psychiatric Association defines GAD as a debilitating condition in which individuals experience excessive anxiety and worry that impact their social, occupational, and relational functioning. Common symptoms of GAD include feeling restless and irritable, difficulty concentrating, muscle tension, sleep disorders, and fatigue (American Psychiatric Association, 2022). Several demographic factors are associated with GAD, including being a young woman, middle-aged, single, divorced, widowed, female, unemployed (Watterson et al., 2017), and having a low household income (Afrin et al., 2021). Diagnostically distinct, MDD is a common and serious disorder that negatively impacts how individuals perceive and experience the world. Symptoms include losing interest in once enjoyable activities, changes in sleep patterns, decreased energy, feelings of purposelessness, hopelessness, sadness, emptiness, and worthlessness, difficulty concentrating, thoughts of death, and suicidal ideation and/or attempts (American Psychiatric Association, 2022). In Canada, certain demographics experience a heightened risk of depression, including women, older adults, youth, those with chronic illness, and those with substance use disorders (CMHA British Columbia, n.d.). While GAD and MDD are distinct disorders, they frequently co-occur, which can complicate treatment and lead to various medical conditions, such as asthma and vascular disease (American Psychiatric Association, 2022; Ruiz et al., 2020). Therefore, it is essential to identify appropriate treatment interventions.

Cognitive Behavioural Therapy (CBT), the gold standard for treating GAD and MDD, involves psychoeducation on the relationship between behaviours, thoughts, and sensations and uses self-monitoring and behavioural techniques to reduce symptoms (American Psychological Association [APA], 2017; Newman et al., 2020). A 2023 systematic review and network meta-analysis of randomized clinical trials determined that CBT was the only therapeutic modality

with long-term efficacy for GAD (Papola et al., 2023). However, a different systematic review and meta-analysis of mainly low-quality studies suggested that while CBT improved outcomes compared to control conditions, higher-quality studies were needed to enhance robustness (van Dis et al., 2020). This is consistent with results from a 2014 meta-analysis citing a high risk of bias among many CBT for GAD studies (Zhu et al., 2014). Their research aligns with evidence from a 2013 meta-analysis examining the effectiveness of cognitive therapy for GAD, which found that 43% of participants did not recover by the 12-month follow-up (Hanrahan et al., 2013). Similar patterns are observable in the depression literature. A 2023 meta-analysis comprising over 50,000 patients examined the therapeutic impact of CBT for depression and found that while CBT was significantly more effective than control conditions and other psychotherapies, this difference was small and ultimately non-existent when sensitivity analyses were applied (Cuijpers et al., 2023). Together, these meta-analyses question the dominance of CBT and indicate a need for developing and offering alternative treatment modalities capable of treating GAD and MDD, particularly in light of concerning epidemiological evidence.

Considering the lack of robust evidence highlighting the utility of CBT for GAD and MDD, researchers are calling for an investigation into alternative psychotherapy models (Chen et al., 2025; Cuijpers et al., 2023; Timulak et al., 2022). EFT, developed by Greenberg (2002; 2011), is an emerging evidence-based treatment model grounded in the humanistic, experiential traditions. Unlike CBT, which primarily targets cognitions and behaviours, EFT focuses on the transformation of maladaptive emotions (Greenberg, 2021). Since GAD and MDD share common mechanisms behind their presentations (e.g., experiential avoidance), EFT can be considered a potentially transdiagnostic intervention (Greenberg, 2021; Timulak & Keogh, 2020). Currently, EFT has an emerging evidence base for a better therapeutic outcome for eating

disorders (Osoro et al., 2021; Tschan & Goldman, 2024); premenstrual dysphoric disorder (Dehnavi et al., 2024); social anxiety disorder (Elliot & Shahar, 2017; Shahar et al., 2017); complex trauma (Khayyat-Abuaita et al., 2019); generalized anxiety (Timulak et al., 2022); and depression (Greenberg & Watson, 2022). This capstone responds to calls for more diverse and client-centred interventions by exploring how EFT may function as a treatment for GAD and MDD, including when they co-occur (Lindheim et al., 2014; Timulak et al., 2022).

Purpose Statement

GAD and MDD are highly prevalent and frequently comorbid conditions that significantly impair the mental, physical, and social health of individuals (Chen et al., 2025; Zhang et al., 2025). Despite increasing rates and widespread disease burden, GAD continues to be among the least researched and successfully treated anxiety disorders (Gersh et al., 2017), while MDD remains a long-standing contributor to global disability (Zhang et al., 2025). Although CBT remains a gold standard for both GAD and MDD, recent meta-analyses and systematic reviews question the long-term effectiveness and instead highlight a need for more robust studies and alternative treatments (Cuijpers et al., 2023; van Dis et al., 2020). In response to these empirical gaps, this capstone synthesizes current literature to explore the effectiveness of EFT for treating GAD and MDD, with attention to both client outcomes and mechanisms of change. This research is intended to inform counsellors, psychologists, psychiatrists, social workers, and researchers seeking alternatives to mainstream modalities. The research question that guided this inquiry is: “What is the effectiveness of EFT in treating GAD and MDD based on current literature?” In this narrative literature review, effectiveness refers to client outcomes (e.g., symptom reduction across quantitative measurement tools) and mechanisms of change that

contribute to client improvement in GAD and MDD. The following section will elucidate the theoretical and conceptual framework guiding this research.

Theoretical/Conceptual Framework

This capstone is grounded in Greenberg's ET (2002; 2011) as its primary theoretical framework. According to ET, emotions are fundamentally adaptive physiological and cognitive processes that inform people about their environment, including their values, needs, and actions. Greenberg (2011) distinguishes between primary and secondary emotions; primary emotions are one's first response to a situation, and secondary emotions refer to an emotion about an emotion (e.g., guilt about feeling angry). An emotion can also be instrumental, consciously or unconsciously used to achieve an aim, such as crying to elicit sympathy. Emotions can also be adaptive or maladaptive. A primary adaptive emotion helps meet one's needs and adapt to a present situation, while primary maladaptive emotions are based on past trauma and attachment ruptures, rendering people incapable of responding adaptively to an emergent situation, thereby preventing the satisfaction of needs (Greenberg, 2002, 2011, 2021). From this lens, emotional dysfunction lies at the core of mental health difficulties such as GAD and MDD, emerging when individuals experience persistent maladaptive emotions, lack emotional awareness, and struggle to construct coherent narratives around their emotional experiences (Goldman & Greenberg, 2015).

The purpose of EFT is emotional transformation, defined as "undoing a maladaptive emotion with another adaptive emotion" (Greenberg, 2021, p. 33). EFT therapists achieve emotional transformation using a range of relational and process-oriented techniques (Greenberg, 2021). Building on this foundation, Timulak and McElvaney (2018) developed a model of EFT for GAD, which will serve as a conceptual framework for this capstone. Building off Greenberg's ET (2002, 2011, 2021), Timulak and McElvaney's (2018) model conceptualized

GAD as a chronic avoidance of painful and unbearable emotions, such as loneliness, sadness, shame, and fear. According to their model, individuals with GAD attempt to manage emotional discomfort through problematic self-treatment strategies, such as self-criticism, self-doubt, over-preparation, and pervasive worry. Emotional and behavioural avoidance strategies also serve as mechanisms to manage and suppress distressing internal experiences. Timulak and McElvaney (2018) further proposed that anxiety functions as a global symptom of underlying emotional pain, with self-worry, self-criticism, and self-doubt emerging as defensive strategies aimed at regulating and avoiding distress.

Likewise, Greenberg and Watson (2006) developed a model of EFT for depression, which will serve as an additional framework. Greenberg and Watson (2006, 2022) posited that depression occurs when the self loses vitality and resilience. Such loss of resilience arises when individuals disown their own emotions and needs. By disowning one's emotional experience, the person subsequently loses touch with healthy resources and basic emotional needs, leading to feelings of worthlessness, loneliness, insecurity, and abandonment. Not claiming or owning one's emotions leads to needs being left unfulfilled, which ultimately, from this perspective, leads to resignation and hopelessness around ever having one's needs met. As a result, the person's self becomes deadened, and the characteristic depressed malaise ensues. In addition, this model proposes that self-criticism for being depressed, rumination, and hopelessness contribute to the burden. These secondary processes prevent an individual from fully accessing adaptive, life-affirming emotions that would support healthy functioning. Cognitions and narratives grounded in the depressed affect further concretize feelings of hopelessness (Greenberg & Watson, 2006, 2022). This model underpins the EFT for depression literature explored in Chapter 2. Together, these theoretical models provide the conceptual foundation for

analyzing if and how EFT facilitates change in clients with GAD and MDD. The following section will outline the methodology used to conduct the literature review.

Methodology

This capstone uses a narrative literature review format to synthesize evidence, including qualitative, quantitative, and mixed-methods studies (Creswell & Creswell, 2022; Efron & Ravid, 2019). In this capstone, the term effectiveness broadly encompasses clinical outcomes and processes contributing to changes across client presentations. Examining both outcomes and mechanisms of change allows the reader to conceptualize the complexity of therapeutic effectiveness over and above symptom reduction alone. The research process began by narrowing the topic from internalizing disorders to GAD and then broadening the topic to include MDD to account for frequent comorbidity between the two disorders.

A comprehensive literature search was conducted using the City University of Seattle electronic library with the following search terms: emotion-focused therapy, emotion focused therapy, EFT, psychotherapy, therapy, counselling, counseling, generalized anxiety disorder, GAD, depression, major depression, depressive disorder, MDD, comorbid, and co-morbid. Inclusion criteria included peer-reviewed journal articles published between 2017 and 2025, in addition to seminal sources central to the proposed topic. This time range ensured recency while accounting for the impact of the COVID-19 pandemic. Additional inclusion criteria included articles available in English, quantitative, qualitative, or mixed-methods studies, and relevance to EFT, GAD, and MDD. Seminal works were also included. The narrative review includes studies examining clients with symptoms of generalized anxiety and depression regardless of diagnostic status, so long as the clinical presentations align with GAD or MDD diagnoses. Studies involving couples, groups, or youth (<18 years old) were excluded. From an overall search result

of 539 articles, 34 articles met the inclusion and exclusion criteria and were subsequently included in the literature review.

The Critical Appraisal Skills Programme (2025) checklists were used to appraise the quality of qualitative and quantitative studies, while the Mixed Methods Appraisal Tool (Hong et al., 2018) was used to assess mixed methods data. Data analysis began with reading and re-reading each article multiple times to familiarize myself with the central research question, methodology, and results. This study utilized a thematic matrix and several tables to organize the literature and emerging findings. Engaging in inductive thematic analysis, the writer generated initial codes based on emerging patterns in the literature, then created themes and sub-themes. The literature review focuses on the themes and sub-themes.

This research did not examine human participants and, therefore, did not require ethical approval (Creswell & Creswell, 2022). Limitations of the methodology include only having access to online, full-text journal articles, which might restrict access to articles not published in this format (Creswell & Creswell, 2022). It is also possible that only studies with significant results were published, meaning that null or negative findings are missing from my data set. In addition, the variation in study designs (quantitative, qualitative, and mixed-method) made comparisons and thematic analysis challenging, though this was addressed through a thematic approach appropriate for a narrative review (Creswell & Creswell, 2022; Efron & Ravid, 2019).

Contribution to the Field

GAD and MDD are among the most prevalent mental disorders worldwide, significantly contributing to the global disease burden (Chen et al., 2025; Zhang et al., 2025). In Canada, mood and anxiety disorders are widespread, with prevalence rates increasing greatly between 2012 and 2022 (Statistics Canada, 2023). The COVID-19 pandemic also worsened mental health

concerns and access disparities, particularly among low-income and marginalized communities who face stigma and accessibility barriers that prevent care-seeking (Afrin et al., 2021; Public Health Agency of Canada, 2025). Given the current limitations in evidence-based interventions and the increasing emphasis on incorporating client preferences into therapy, it is essential to investigate alternative modalities that align with client needs (Lindheim et al., 2014; Timulak et al., 2022). EFT represents one such modality (Timulak et al., 2022).

Although developing and expanding EFT for GAD and MDD cannot fully resolve the widespread burden associated with these conditions, it represents a critical tertiary prevention strategy (Institute for Work and Health, 2015) and a step toward increasing client choice and matching clients with interventions that align with their goals, needs, and worldviews (Lindheim et al., 2014). Research suggests that when client preferences are involved in treatment planning, clients experience greater satisfaction, higher completion rates, and improved outcomes (Lindheim et al., 2014). In contrast, clients whose treatment preferences are not considered are nearly twice as likely to discontinue therapy prematurely (Swift et al., 2018). Over-relying on any one modality can thus limit client-centred care and increase the dropout risk (Swift et al., 2018).

This capstone further heeds calls from the Canadian Psychological Association (CPA), to develop knowledge within the field by attuning to societal needs and issues when developing research problems and services (CPA, 2017). Because the number of individuals diagnosed with GAD and MDD continues to rise in Canada and globally (Chen et al., 2025; Statistics Canada, 2023; Zhang et al., 2025), and since many individuals are non-responsive to current treatment (Cuijpers et al., 2023; Zhu et al., 2014), there exists a crucial need to develop and explore alternative modalities capable of treating a variety of common mental disorders. Thus, this

capstone has broad implications across the mental health field. Clinicians rely on empirical evidence to inform their clinical practice (CPA, 2017); clients benefit from having a wider variety of therapeutic approaches to meet their individual needs (Lindheim et al., 2014; Norcross & Cooper, 2021; Swift et al., 2018; Timulak et al., 2022); and policymakers and healthcare organizations require evidence-based treatments to support funding and delivery. This capstone seeks to contribute to the growing evidence base needed to inform decision-making among stakeholders.

Reflectivity and Positionality Statement

Acknowledging subjectivity is crucial in research and clinical practice (Jamieson et al., 2023). My beliefs, assumptions, biases, and values all influence the research questions I propose and my interpretation of literature. I cannot fully separate myself from the cognitive schemas and mental frames with which I understand the world. Therefore, it is essential to explicitly acknowledge my subjectivity, allowing the reader to better understand who I am and how I construct meaning (Pretorius, 2024). To begin, I am a White, upper-middle-class, heterosexual, cisgender, educated, urban, and English-speaking social worker. I am also a partner, daughter, sister, aunt, and friend, and I live on the unceded territory of the Snuneymuxw People.

I align myself with a critical psychology perspective and critique Western psychiatric nosology. I do not freely accept the labels of disorder or mental illness, including GAD and MDD. Yet, as a researcher within a Western academic context, I must contend with the reality that these labels are used within research and clinical settings. Thus, I adopted this perspective within this capstone. However, I philosophically align myself with the humanistic, experiential tradition, which has historically been critical of blanket psychiatric diagnoses (Timulak & McElvaney, 2018).

I have personally experienced cognitive and behavioural therapies and techniques, and while I certainly found some value, the most healing I experienced came from a clinician grounded in the humanistic, experiential tradition. I also consider myself recovered from GAD in large part thanks to experiential psychotherapy and a wholesome therapeutic relationship. My connection to the topic extends beyond my lived experience to a clinical interest, as I have trained in Level One EFT for Individuals. My connection to GAD and EFT requires that I consistently reflect on my bias favouring the modality and that I interpret the results transparently as disclosed by the researchers. In other words, I must ensure that I share the actual study results rather than my interpretation that might favour my preconceived notions.

Definition of Terms

Assertiveness

A communication style wherein individuals directly express their needs and feelings (APA, n.d.a).

Cognitive Behavioural Therapy

A cognitive and behavioural therapy designed to identify and modify clients' maladaptive thoughts and problematic behaviours (APA, 2017).

Emotion

A complex physiological, experiential, and behavioural reaction pattern with which an individual attempts to address a situation or event (Greenberg, 2021)

Emotion-Focused Therapy

A humanistic-experiential therapeutic modality emphasizing the role of emotion in the therapeutic change process (Greenberg, 2021).

Emotional Functioning

The ability to experience, express, and manage a broad range of human emotions (Greenberg, 2021).

Feeling

The expression of emotion, symbolized in words (Greenberg, 2021).

Generalized Anxiety Disorder

A mental diagnosis characterized by excessive worry and feelings of restlessness, irritability, fatigue, muscle tension, and other symptoms. A formal diagnosis requires that an individual experience these symptoms on more days than not for at least six months (APA, 2022).

Major Depressive Disorder

A mental diagnosis characterized by symptoms such as persistent sadness, without episodes of mania or hypomania (APA, 2022)

Primary Adaptive Emotion

The first emotional response to a situation based on the here and now or fresh emotions (e.g., immediate sadness in response to a loss) (Greenberg, 2021).

Primary Maladaptive Emotion

A familiar feeling or the same old story that individuals find difficult or painful. There is often a destructive voice; cues include tantrums, ranting, and deep sobbing. It is a first response to a stimulus or situation (Greenberg, 2021).

Rumination

Excessive and obsessive thinking in a manner that interferes with other mental processes and activities (APA, n.d.b)

Self-Awareness

Awareness of oneself, including one's thoughts, feelings, emotions, beliefs, and behaviours (Merriam-Webster Dictionary, 2025)

Self-Compassion

Derived from Buddhism. Involves turning compassion toward oneself by taking a non-critical and accepting stance toward one's shortcomings, failures, and inadequacies (APA, n.d.c).

Self-Criticism

Evaluating one's behaviour and attributes negatively, including recognizing one's shortcomings, failures, inadequacies, errors, and weaknesses, and judging oneself harshly for them (APA, n.d.d).

Self-Understanding

Knowledge and insight about one's strengths, weaknesses, behavioural tendencies, attitudes, motives, and other characteristics (APA, n.d.e).

Worry

Mental distress around an anticipated event, danger, or threat (APA, n.d.f).

Outline of Capstone Project Chapters

Chapter 1 provided an overview and rationale of the topic together with its theoretical foundations. Chapter 2 will present a narrative literature review structured thematically around central themes on EFT for GAD and MDD research, with a focus on mechanisms of change treatment outcomes, and obstacles to change. Chapter 3 will revisit the purpose of the capstone and explore applied practices and future recommendations based on the literature explored.

Chapter Two: Literature Review

The purpose of this capstone is to examine literature pertaining to EFT for GAD and MDD to answer the research question, “To what degree is emotion-focused therapy effective in treating generalized anxiety disorder and major depressive disorder?” GAD and MDD are prolific mental disorders that have increased substantially in recent decades (Chen et al., 2025; Statistics Canada, 2023; Zhang et al., 2025). In Canada, nearly two million people have a diagnosis of GAD, and roughly three million have been diagnosed with MDD (Statistics Canada, 2023). GAD and MDD are also highly comorbid, with some research suggesting a comorbidity rate up to 71.7% (Zhou et al., 2017). Despite the prevalence and impact of GAD and MDD, there is a notable gap in the literature and increased calls for the development of evidence-based practices capable of treating the disorders (Lindheim et al., 2014; Swift et al., 2018). Thus, this chapter aims to answer the proposed research question and is organized thematically around central themes that emerged in reviewing the literature. The main themes are mechanisms of change, client outcomes, and obstacles and limitations to change. These are further divided into subthemes to enhance clarity and support a richer synthesis and analysis. The main thematic analysis is then followed by a discussion on methodological critiques and a conclusion.

Theme 1: Mechanisms of Change in EFT for GAD and MDD

The first theme emerging from this literature review examines why and how EFT might work for GAD and MDD, with an explicit focus on the mechanisms of change that are plausibly responsible for outcomes observed in Theme 2. Theme 1 encompasses qualitative and mixed methods research, including process research and case studies, to elucidate the mechanisms of change. Although the conceptual models of EFT for GAD and MDD differ slightly, they share core mechanisms that enabled a synthesized analysis across both disorders. The sub-themes

explored below include emotional transformation, experiential techniques, and the therapeutic relationship.

Subtheme 1a: Emotional Transformation

The central mechanism of change in EFT is emotional transformation, a process whereby individuals shift from maladaptive or secondary emotional responses to adaptive emotional experiences (Greenberg, 2021). The theoretical emphasis on accessing, regulating, and transforming emotions is reflected in the lived experiences of clients with GAD and MDD. Across both disorders, qualitative research provided insight into clients' trajectories toward emotional transformation. Consistent with ET and the EFT model (Greenberg & Paivio, 1997), clients in all qualitative studies began therapy with global distress and experiential avoidance, using cognitive and behavioural techniques to suppress or minimize emotional discomfort.

For instance, in O'Brien et al. (2019) and Keogh and Timulak (2023), clients initially presented with generalized anxiety as secondary to primary maladaptive emotions of shame, sadness/loneliness, and terror/fear. Therapeutic processing revealed that many clients had unmet needs for love, care, respect, acceptance, and protection. In their cases, worry was used inadvertently as a mechanism of emotional avoidance (Keogh & Timulak, 2023; O'Brien et al., 2019). O'Brien et al. (2019) reflected, "We could see that the participants clearly wanted to 'brace' themselves against core painful emotions and trade this off for constant, but predictable anxiety" (p. 536). Worry, in this way, helped prepare GAD clients for painful emotions through vigilance and preparedness (O'Brien et al., 2019; Timulak & McElvaney, 2018). The authors discovered that, through a variety of therapeutic tasks, participants reliably shifted from apprehensive anxiety toward core painful maladaptive emotions underlying their anxiety to

accessing unmet needs and articulating adaptive emotional responses, consistent with the EFT model (Keogh & Timulak, 2023; O'Brien et al., 2019).

Participant Lisa experienced a similar trajectory (Dillon et al., 2018). Lisa initially presented to therapy with major depression. Through the therapeutic process, Lisa became able to express her emotions, build awareness of her emotional and behavioural avoidance, articulate her unmet needs, and experience self-compassion, protective anger, adaptive grieving, and empowerment (Dillon et al., 2018). The client's transformation mirrors those of participants Elizabeth (Pinheiro et al., 2018), who had major depression, and Jane (Connolly-Zubot et al., 2020), Laura, Kate, and Emily (Hissa et al., 2020), who all had diagnoses or were in remission from breast cancer with comorbid anxiety and depression. These studies demonstrate a similar trajectory toward emotional resolution and transformation, suggesting utility across MDD presentations, as well as a transdiagnostic mechanism that can address comorbid presentations. It is plausible that EFT could be further developed as a transdiagnostic protocol, given that clients' core vulnerabilities are linked to shared chronic and painful emotions as per the EFT model (Keogh & Timulak, 2020).

Together, these findings support emotional transformation as a core mechanism of change in EFT across GAD and MDD. Clients consistently describe and demonstrate emotional shifts that correspond with symptom relief and improved psychological well-being (Dillon et al., 2018; Connolly-Zubot et al., 2020; Hissa et al., 2020; Keogh & Timulak, 2023; O'Brien et al., 2019; Pinheiro et al., 2018). These results provide compelling evidence that emotional transformation may also function as a transdiagnostic process, capable of facilitating change regardless of diagnosis or comorbidity. The following subtheme will examine how experiential techniques serve as a key mechanism for facilitating emotional transformation.

Subtheme 1b: Experiential Techniques

The crux of emotion-focused work includes experiential chairwork (Stiegler et al., 2017). As a psychodrama technique, chairwork involves individuals dramatizing their parts (e.g., a self-critical part) through verbal expression, which then evokes a physiological experience, if poignant. Often, engaging in an imaginary dialogue with an empty chair or with another part of oneself in a chair evokes feelings that can then be expressed and explored. Using an empty-chair technique, the therapist supports clients in speaking with a non-present person (e.g., an important figure in their lives, such as a mother) with whom they have unfinished business or unresolved feelings (Stiegler et al., 2017). In an early study (Greenberg & Malcolm, 2002), the authors discovered that using empty-chair dialogues facilitated emotional resolution for participants, including greater improvement in symptoms, interpersonal problems, and self-treatment. These results echoed an earlier randomized controlled trial (Paivio & Greenberg, 1995), which found that individuals who underwent empty-chair dialogues experienced clinically significant improvements in symptom reduction and a resolution of unfinished business compared to a psychoeducational control group, with gains maintained at the one-year follow-up. These foundational studies offer insight into the utility of empty-chair work as a core intervention in EFT (Greenberg & Malcolm, 2002; Paivio & Greenberg, 1995).

In addition, the two-chair technique facilitates dialogue between two parts of the self (Elliot & Greenberg, 2021). For instance, EFT theory posits that self-criticism, a common characteristic of anxious and depressed individuals, can be addressed using two-chair dialogues (Stiegler et al., 2017, 2024). In the case of self-criticism, EFT proposes that one part of the self is criticizing another part, which blocks access to adaptive emotions and their associated needs. A central goal of chairwork, then, is to facilitate a conversation between the two conflicting parts of

the self: the critic and the experiencing self, of which the latter refers to the part that experiences the impact of self-criticism (Stiegler et al., 2024). Likewise, in EFT for GAD, two-chair dialogues are used for dialoguing between the worry or anxious part (characteristic of GAD) and the experiencing self (Timulak & McElvaney, 2018). In both cases, the client is positioned to give voice to their worry and critical parts and then to move to a second chair to take on the role of the experiencer in order to feel the impact that worry and self-criticism have on the self (Timulak & McElvaney, 2018; Stiegler et al., 2024). Notably, the clinical efficacy of chairwork has been supported by empirical research: Meta-analytic findings (Baher, 2022; Pascual-Leone & Baher, 2023) demonstrated noticeable improvements in emotional processing and symptom resolution when participants are guided to utilize chairwork in psychotherapy. These studies found that even a single session of chairwork enhanced symptom resolution, with more pronounced, cumulative changes occurring over multiple treatments. Consistent with these meta-analytic findings, several studies included in this review also demonstrated success when chairwork was integrated into EFT for GAD and MDD.

O'Brien and colleagues (2019) discovered that experiential tasks permitted clients to confront conflicting emotions and resolve relational dynamics that contributed to their anxiety triggers and symptoms. Similarly, O'Connell Kent et al. (2020) found that participants reported the experiential component as the most crucial and effective element of their therapeutic experiences. Eleven out of 13 participants reported chairwork as a helpful component of therapy. One participant shared, "... the two chair...I found really, really beneficial" (p. 264). For some, the chairwork led to improvements in well-being and a reduction in symptoms. For instance, another participant, shared, "I definitely have less anxiety" (p. 263), after receiving EFT for GAD. Timulak and colleagues (2017) had similar results. At post-treatment interviews with

participants, 12 of 13 reported appreciating the experiential work: “The role playing...it’s sort of unknotted all the tensions in me” (p. 365). Notably, clients across studies also revealed discomfort with experiential work, despite its benefits (O’Brien et al., 2019, O’Connell Kent et al., 2020, Timulak et al., 2017).

These findings suggest that although sometimes challenging, experiential tasks like chairwork can function as a core mechanism of emotional transformation and change in the EFT model (O’Brien et al., 2019; O’Connell Kent et al., 2020; Timulak et al., 2017). Clients described these interventions as pivotal in helping them shift from maladaptive to adaptive emotions and in accessing and articulating their unmet needs (O’Connell Kent et al., 2020; Timulak et al., 2017). As such, experiential work plays a foundational role in facilitating change in clients with GAD. While experiential tasks have been examined for GAD and comorbid anxiety and depression, far fewer recent studies have explored the therapeutic function of chairwork in depression-only contexts.

Stiegler and colleagues (2017) conducted a multiple baseline study to examine the effectiveness of adding an emotion-focused two-chair dialogue to the core conditions of counselling (i.e., empathy, genuineness). The authors found that depression and anxiety scores, as measured by the Beck Depression Inventory (BDI-II) and Beck Anxiety Inventory (BAI), reduced after implementing two-chair dialogues. An analysis of the subscales also revealed significant changes on the somatic-affective subscales of the BDI-II, but not on the cognitive subscale. Their results also indicated that four clients worsened after the introduction of two-chair work (Stiegler et al., 2017), suggesting a need for further research to explore potential contraindications or client-specific factors that may influence poor outcomes.

The following year, Stiegler et al. (2018) conducted qualitative interviews exploring 18 clients' perspectives and experiences of EFT two-chair dialogues in the treatment of anxiety and depression. All participants described differences between traditional talk therapy and chairwork, with the latter strengthening their understanding of their critical self-treatment through the experiential exercise. Another participant shared a newfound awareness of her own role in her suffering: "... the most important part for me was being active in producing all these feelings. It helped me understand why I acted that way I did, or rather, why it was this way" (p. 148). These qualitative narratives suggest that two-chair dialogues facilitate a deeper emotional exploration and processing, involving a dialogue between different parts of the self. As such, experiential work is a prominent proposed mechanism of change in EFT for GAD and comorbid depression and anxiety.

Compared to GAD literature, there is a notable lack of recent research on clients' experiences undergoing emotional transformation using chairwork for MDD. Although findings from Stiegler et al. (2017, 2018) provide some insight, particularly regarding comorbid presentations, there remains a noticeable absence of recent literature that qualitatively explores clients' perspectives on EFT chairwork for MDD. Considering that experiential tasks are central in the EFT change process, this absence is striking and limits an empirical understanding of how emotional transformation explicitly unfolds for depressed individuals. Future research should undertake this investigation.

Subtheme 1c: The Therapeutic Relationship

A growing body of literature suggests that the therapeutic relationship is a predictor of client success and outcomes in psychotherapy (Nødtvedt et al., 2019). The humanistic foundations of empathic resonance, genuineness, and a client-centred philosophy are at the heart

of EFT; any experiential techniques would likely fall flat in a relationship devoid of these principles (Elliot & Greenberg, 2021), as they are necessary preconditions for experiential work. As such, the therapeutic relationship emerged as the third mechanism of change in EFT literature.

Nødtvedt et al. (2019) conducted a qualitative analysis of clients' experiences within the therapeutic relationship in EFT. All 18 participants had a diagnosis of anxiety and/or depression. Participants frequently described the therapeutic relationship as a safe harbour from which to explore core vulnerabilities in a relational field of safety and attunement. One participant reflected, "I think it had something to do with not being alone with your emotions—that somebody is there and sees it" (p. 5). Participants also reported that a therapist validating and normalizing their emotional reactions helped reduce self-critical voices that blamed themselves for having perceived faults or deficits (Nødtvedt et al., 2019). Their results mirror qualitative findings from Timulak et al. (2017), where six participants reported immense value in the validating therapeutic relationship: "Talking to somebody...that actually knows what I'm going through" (p. 365). Similarly, O'Connell Kent and colleagues (2020) found that all participants (13 out of 13) defined the experiential skill of the therapist as helpful.

Additionally, 10 of the 13 participants reported feeling cared for by the therapist, six felt understood: "She was very understanding...she was kind of the first person who I felt like really understood what I was going through" (p. 264), and five participants felt the pacing was suitable to their needs. All of these domains reflect a relative degree of clinical skill and judgement, speaking to the therapeutic impact that the therapist has on the relationship and client outcomes.

Critical Analysis

The studies discussed in Theme 1 offer rich descriptions and nuanced insights into potential mechanisms of change responsible for client outcomes. Qualitative and theory-building studies increase clinical and practical knowledge of how EFT functions on a moment-by-moment, case-by-case basis. In-session observations and post-treatment interviews are grounded in real-world client narratives that increase relevance to practice and improve ecological validity (Stiles, 2007). These studies thus help paint a clinical picture of how change unfolds within session, contributing to a more robust understanding of change mechanisms within EFT. In addition, the inclusion of participants with complex health conditions (e.g., breast cancer; Hissa et al., 2020; Connolly-Zubot et al., 2020) and comorbid mental health difficulties carries insight into how comorbid physical and mental health conditions influence one another, in a manner otherwise unsuitable for quantitative research due to the scientific need to control confounding variables (Creswell & Creswell, 2022).

Nevertheless, these studies have small, non-random samples with no control or comparison groups, which limits their generalizability across broader populations and prevents causal or correlational determinations (Creswell & Creswell, 2022). While these studies advance our clinical and conceptual understanding of EFT, they do not definitively answer whether EFT is effective. The use of theory to guide data analysis further risks interpreting data with preconceived notions and expectations rather than a scientific approach that welcomes what arises inductively. Moreover, there is a severe underrepresentation of non-white and non-female participants; the studies' small samples are homogenous, limiting cross-demographic applicability. Some studies also failed to specify the therapist's background, training, or fidelity to EFT, making it difficult to assess the consistency of therapeutic interventions used during treatment and to confirm the reliability of the findings. Lastly, there is a clear empirical gap in

the literature investigating the mechanisms of change in EFT for MDD, particularly when compared with the recent qualitative literature centred on GAD and EFT. Future research should investigate this gap.

Theme 2: Client Outcomes in EFT for GAD and MDD

The second theme emerging from the literature review centres on client outcomes. Two subthemes are used to present these findings. These include the reduction of clinical symptoms and improvements in intrapsychic functioning.

Subtheme 2a: Reduction in Clinical Symptoms

Multiple studies demonstrated statistically significant changes from pre-therapy to post-therapy and follow-up on established measurement tools among participants who received EFT for GAD. For example, in a feasibility randomized controlled trial comparing EFT and CBT, both treatment groups showed a clinical reduction in symptoms (e.g., worry) on key measurement instruments, including the Generalized Anxiety Disorder-7 (GAD-7; Spitzer et al., 2006), Generalized Anxiety Disorder Severity Scale (GADSS; Shear et al., 2006), Patient Health Questionnaire-9 (PHQ-9; Kroenke et al., 2001), and Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM; Evans et al., 2000) (Timulak et al., 2022). This result should be viewed in light of how CBT is already an empirically established treatment for GAD; thus, the comparative improvements in the EFT condition suggest some efficacy of EFT as a legitimate intervention for GAD clients. In addition, participants who received EFT demonstrated a clinical reduction in symptoms on symptom-focused instruments, despite EFT not being a symptom-focused model (Timulak et al., 2022). While this study is the only randomized controlled trial published on the topic, other research offers further evidence of potential efficacy. For instance, findings from Timulak et al. (2017) demonstrated a clinically significant reduction in symptoms

among nine of 13 participants in their study, who ultimately met recovery criteria for GAD upon treatment completion. However, participants did not demonstrate clinically significant changes from post-therapy to the six-month follow-up on other related instruments, including the Penn State Worry Questionnaire (Meyer et al., 1990) and the CORE-OM (Evans et al., 2000).

These findings must be interpreted cautiously given the small sample sizes. In fact, most studies to date have relied upon small samples, which severely limits generalizability beyond the respective samples. While Asl et al. (2018), Homayouni et al. (2022), and Watson et al. (2017) provide further potential evidence of EFT for GAD, their small samples make it impossible to draw meaningful conclusions. The results of Homayouni et al. (2022), who found significant reductions in worry and self-criticism by post-treatment, are intriguing but preliminary at best. This general pattern is further observed in O'Connell Kent et al. (2020), who provide evidence of EFT for generalized anxiety symptoms but cannot definitively speak to the effectiveness for those with diagnosed GAD. Their intriguing results are dampened by the lack of a control or comparison group, which made it impossible to attribute causality to the intervention. In addition, pre-post designs do not account for maturation and history, making it difficult to isolate effects to the intervention (O'Connell Kent et al., 2020).

Likewise, case studies cannot definitively draw conclusions but instead offer insight into individual treatment processes and variation in client outcomes (Creswell & Creswell, 2022). The results from Watson and colleagues (2017) demonstrated significant differences between a good outcome (GO) and a poor outcome (PO) case of EFT for GAD. The GO case experienced drastic symptom reduction: at pre-treatment, the client had a score of 23 on the Beck Anxiety Inventory (BAI; Beck et al., 1988) indicative of moderate anxiety. By post-treatment, the GO client scored two, a result outside of the clinical range. In contrast, the PO client had a pre-

treatment score of 36 and a post-treatment score of 17. While the PO client demonstrated a significant reduction in anxiety levels, she nevertheless remained within the moderate range of anxiety. This finding should be considered in light of how the GO client had eight more sessions than the PO client; therefore, it could be argued that the PO client could have improved similarly had she received the same number of sessions (Watson et al., 2017). Taken together, the existing literature suggests that EFT might be effective in reducing anxiety symptoms among GAD clients. However, these findings are tentative due to consistent methodological limitations demonstrated across studies. More robust research involving larger samples and control groups is needed to empirically establish these findings (Creswell & Creswell, 2022).

Compared to GAD literature, the body of quantitative research on EFT for MDD remains surprisingly limited, with few recent studies available outlining the intervention's efficacy for MDD. Foundational outcome research by Greenberg and Watson (1998) and Goldman et al. (2006) laid the groundwork for the use of EFT in depression. Greenberg and Watson (1998) compared the effects of EFT and client-centred therapy for MDD in a sample of 34 participants. The authors found that both interventions resulted in a statistically significant reduction in symptoms at termination and the six-month follow-up, with no notable differences observed between the conditions. However, EFT demonstrated superior effects at mid-treatment and termination on self-esteem, interpersonal problems, and overall depressive symptom levels. While their research is promising and offers preliminary evidence of the effectiveness of EFT for MDD, it remains underpowered, only suggesting promise as an emerging intervention (Greenberg & Watson, 1998).

Goldman et al. (2006) later endeavoured to replicate the findings from Greenberg and Watson (1998). They found that 68% of the client-centred therapy sample and 79% of EFT

participants had recovered from MDD at post-test. In fact, 89% of the client-centred therapy participants and 95% of EFT clients exceeded the minimum threshold for reliable change on the BDI-II (Beck et al., 1996), indicating that the treatment helped shift clients from clinical dysfunction toward a non-clinical and functional range (Goldman et al., 2006). While these studies together contributed to foundational evidence for EFT's utility in the treatment of depression, they remain underpowered and preliminary. Considering the limited availability of large sample research, empirical commentary still claims that EFT is empirically supported for MDD, although very few recent randomized controlled trials have confirmed these findings. Arguably, far more research is needed to confirm the claims.

Subsequent research has continued to explore the application of EFT in MDD cases. A randomized controlled trial examining differences between psychological therapy, an offshoot of CBT, and the addition of EFT to psychological therapy in the treatment of anxiety, depression, and adjustment disorders found that adding EFT to psychological therapy did not significantly impact outcomes. Both treatment groups exhibited substantial changes across measurement tools (e.g., BAI, BDI-II), with the PT-EFT condition showing some superiority on the BAI, which was maintained at 12 months (Caspar et al., 2023). However, more recent studies have relied on single-case or small-sample designs rather than group comparisons or randomized controlled trials.

Case reports by Connolly-Zubot et al. (2020) and Dillon et al. (2018) further documented meaningful reductions in depressive symptoms for their participants. For example, Connolly-Zubot et al. (2020) conducted a case study of a breast cancer patient with comorbid MDD and panic disorder, reporting a reduction in the client's Hospital Anxiety and Depression Scale (HADS; Zigmond & Snaith, 1983) score from 25 at pre-treatment to 12 at termination and nine

at the six-month follow-up. These results suggest only preliminary evidence of the efficacy of EFT for MDD in a breast cancer sample. This pattern is mirrored by Dillon et al. (2018), who documented a case in which BDI-II scores dropped from 25 at pre-treatment to zero by treatment completion, with full recovery sustained at the 18-month follow-up. Although these results are compelling, neither study demonstrates generalizable conclusions; therefore, caution must be taken in interpreting and applying findings.

Notably, most studies did not employ longitudinal designs, which limits the ability to understand the longevity of therapeutic impact. However, Pinheiro et al. (2021) conducted a longitudinal study examining the relationship between symptom reduction and emotional processing in 50 participants diagnosed with major depression. The authors found that clients' ability to emotionally process experiences throughout therapy was associated with symptom reduction, both in CBT and EFT samples. Their findings reflect the broader trend of emotional processing relating to symptom improvement and alleviation, as explored in Theme 1.

A review of the available literature within the chosen parameters highlights a clear need for robustly designed quantitative outcome studies. While early studies (Greenberg & Watson, 1998; Goldman et al., 2006) demonstrated tentative support in EFT for MDD, very few recent studies have been conducted, and no larger-scale studies have been published in the last several years, highlighting a significant gap in the literature. In contrast, given that EFT for GAD is a relatively recent conceptualization (Timulak & McElvaney, 2018), more studies have been conducted on this topic in recent years. Still, the same limitations apply, including methodological design limitations, such as small and non-random samples. Overall, both topics require extensive and robust research to support assertions of efficacy, and further research is

needed to explore EFT for comorbid GAD and MDD, considering the high frequency of these two disorders in real-world settings (Chen et al., 2025; Zhang et al., 2025; Zhou et al., 2017).

Subtheme 2b: Improvement in Intrapsychic Functioning

In addition to symptom reduction, several studies demonstrated qualitative improvements in intrapsychic functioning, as evidenced by participants' narrative insights. An improvement in functioning emerged in various ways, including increased self-understanding, self-compassion, and assertiveness among participants, which helped alleviate the burden of anxiety. For example, Timulak et al. (2017) engaged in semi-structured interviews to capture clients' perspectives on their experiences with EFT. All 13 participants (100%) described an increased self-understanding and self-awareness, and 12 reported better emotional functioning (Timulak et al., 2017), which was supported by the results of O'Connell Kent et al. (2020), who found that increasing self-understanding by learning about unique emotional triggers of GAD helped to diminish the intensity and severity of anxiety. These reports are further reflected in evidence from Watson et al. (2017), who found that self-understanding can improve emotional functioning in their case comparison between the GO and PO cases. In the GO case, the client reported a significant improvement in her intrapsychic functioning, which came from her newfound ability to identify and differentiate her maladaptive emotions. In contrast, the PO client was unable to identify and distinguish between emotional experiences; as a result, the client did not experience a significant increase in self-understanding. Comparatively, Keogh and Timulak's (2023) client, Tina, learned to stay with and identify her primary maladaptive emotions, leading to enhanced self-awareness about the core of her anxiety triggers and needs. Together, these qualitative findings suggest that EFT can contribute to an improvement in self-awareness and self-understanding, and overall intrapsychic functioning among clients with anxiety.

In addition to improving self-understanding, self-compassion emerged as a recurring qualitative outcome. In Timulak et al. (2017), nine out of 13 participants reported increased self-compassion and confidence compared to their pre-therapy levels. The same result occurred in O'Connell Kent et al. (2020), whose participants reported that developing self-compassion was essential for reducing the self-criticism associated with anxiety. Likewise, in O'Brien et al. (2019), all participants initially demonstrated harsh self-criticism. However, throughout therapy, participants learned to express their unmet needs, which cultivated self-compassion (O'Brien et al., 2019). A similar result was observed by Keogh and Timulak's (2023) whose client reported enhanced self-compassion resulting from recognizing the emergence of maladaptive emotions (i.e., core shame) and meeting her own needs with self-kindness and self-compassion. In imagining herself as a little girl, Tina met the unfilled need her mother could not fulfill: "I love you...little girl, I want to hug you... make you happy" (p. 1023). Tina responded to self-soothing with a felt sense of relief: "It's great. It just feels lovely. It just feels like I want it. That's what I want" (Keogh & Timulak, 2023, p. 1023). This greatly contrasted her initial presentation, during which she called herself "stupid," "psycho," "nasty," a "control freak," and a "weirdo" (Keogh & Timulak, 2023, p. 1020).

Furthermore, greater self-understanding appeared to elicit increased assertiveness, as observed in five participants in Timulak et al. (2017) and one participant in O'Connell Kent et al. (2020) This mirrors Tina's experience, in which she cultivated an increasingly assertive stance against self-critical and worry-prone parts, resulting in newfound confidence (Keogh & Timulak, 2023). The GO client in Watson et al. (2017) also declared an improved ability to set boundaries and assert her needs. Together, these findings illustrate how EFT can lead to improvements in intrapsychic functioning among GAD clients, particularly fostering self-understanding,

increasing assertiveness, and reducing self-criticism. A similar pattern of qualitative outcomes has been observed in the depression literature, indicative of transdiagnostic mechanisms standard to EFT.

Like the GAD literature, several qualitative and theory-building studies exploring EFT for MDD described meaningful improvements in intrapsychic functioning, as evidenced by participants' statements denoting self-compassion, self-awareness, and assertiveness. In the Connolly-Zubot et al. (2020) case study, the client, Jane, initially presented to therapy with overwhelming global distress, self-loathing, and self-criticism, and a diagnosis of comorbid MDD and panic disorder in the context of bilateral breast cancer. Throughout treatment, Jane exhibited an increased ability to access and express self-compassion and assertive anger, evidenced by a two-chair dialogue using an imaginal parent figure. These moments culminated in an emergent sense of agency and resilience, as Jane felt able to embody an "internal flame" that glowed "deep inside" (p. 120) regardless of external circumstances. In a post-treatment interview, Jane's depression scores significantly lowered.

A similar trajectory emerged for Lisa (Dillon et al., 2018). Like Jane, Lisa initially presented with an abundance of maladaptive and secondary emotions relating to relational conflict with her husband, which prevented access to adaptive emotions and associated needs. Over the course of therapy, Lisa became increasingly able to articulate her needs, which created space for the emergence of primary adaptive emotions related to those needs. Like Jane, Lisa progressed toward developing self-compassion, assertiveness, and an emergent ability to ask for help. This transformation was further evidenced in the trajectory of Elizabeth, who transformed guilt and self-neglect into confidence and agency (Pinheiro et al., 2018). These findings point to

a theoretically grounded pattern in EFT: a therapeutic shift and transformation from disempowerment and core pain to becoming agentic.

The same pattern was echoed in a larger qualitative study by Aardal et al. (2025), who explored clients' experiences of change in CBT and EFT for depression using reflexive thematic analysis of qualitative data. All clients had a diagnosis of MDD and received between nine and 18 sessions of individual therapy. Thirteen of 14 EFT participants reported an increased self-understanding that enabled them to make sense of their psychological difficulties by connecting past experiences to present problems. Undergoing EFT also helped seven clients become better able to attend to their inner experiences, and three clients found that becoming aware of their inner critic helped to reduce overthinking and rumination. One client described that chairwork in particular helped them release rumination about their deceased father. Thirteen clients from EFT described a newfound awareness of their emotional experiences, including a new ability to shift from feelings of overwhelm or emotional shutdown to one of curiosity, acceptance, and effective management. The clients reflected on how EFT treatment enabled them to find words for their emotional experience and to express their emotions and vulnerability, leading to an improvement in intrapsychic functioning (Aardal et al., 2025).

Moreover, clients further began to change how they viewed themselves (Aardal et al., 2025). For instance, 14 clients in EFT reported a new self-image that emerged during the EFT process. These individuals became more considerate of their needs and treated themselves with kindness. Like descriptions above in the EFT for GAD literature, 12 clients in EFT for MDD described developing assertiveness skills due to their treatment. Clients also described being more open with and accepting of others. Eleven EFT clients reported an increased ability to apply tools learned in therapy to face adversity in their daily lives. These tools helped

participants stay in touch with their emotional experiences and explore the needs associated with them. Still, others (n = 9) could not describe tools and strategies they learned from their treatment, and 10 reported they had more inner work to do. Five clients also shared that their progress had slowed and halted since completing treatment and that they were uncertain where to go next, suggesting a need for more research and continued care (Aardal et al., 2025).

These qualitative findings suggest a consistent pattern of emotional transformation across qualitative research. Participants commonly reported an increased ability to articulate their needs and access adaptive emotions that enable self-compassion and assertiveness. These improvements demonstrate a shift away from maladaptive emotional states, such as worthlessness, helplessness, and hopelessness, toward an agentic, empowered state and an overall improvement in intrapsychic functioning. Although these findings are not generalizable due to the small sample and qualitative nature of the evidence, the results support an emotion-focused case conceptualization and contribute to ongoing theory building.

Critical Analysis

A consistent strength across the quantitative research reviewed in this literature review includes the emphasis on validated and reliable measurement tools (e.g., BAI, BDI-II, GAD-7), which ensured accuracy and trustworthiness of the conclusions drawn by researchers (Heale & Twycross, 2015). In addition, most studies clearly outlined their procedures, including data collection and analysis, thereby allowing for the replicability of their findings. Furthermore, qualitative studies emerged as a relative strength in the literature. These studies contributed rich insight into clients' perspectives and experiences, which enhanced theoretical development and bolstered an evolving understanding of case conceptualization for these populations (Creswell &

Creswell, 2022). These insights are crucial for understanding how change occurs beyond symptom reduction. Despite these strengths, several limitations were nevertheless apparent.

Still, small samples remain a predominant limitation. While such sample sizes are suitable and appropriate for qualitative research, they pose a challenge in quantitative research, where statistical power is necessary for generalizing to the broader population (Creswell & Creswell, 2022). Moreover, few studies employed randomized control designs, hindering the ability to attribute observed changes to the intervention. For instance, neither O’Connell Kent et al. (2020) nor Timulak et al. (2017) used a control or comparison group in their design, meaning their findings cannot be causally linked to the intervention under study. Moreover, some studies (e.g., O’Connell Kent et al., 2020) did not formally confirm diagnoses or control for comorbid conditions or psychiatric medication, which weakens internal validity (Creswell & Creswell, 2022). Most studies also lacked a long-term follow-up. This absence prevents the accumulation of longitudinal data that enables an understanding of whether changes persist after treatment ends. Only a few studies conducted follow-up assessments, and those that did often used relatively short timeframes (six to 12 months). Future research is needed to address this gap in knowledge about the endurance and maintenance of EFT as an intervention for GAD and MDD.

When examining methodological quality by diagnosis, it is evident that quantitative research on MDD is primarily older, with seminal studies (Greenberg & Watson, 1998; Goldman et al., 2006) requiring replication to assess for contemporary relevance. More recent research on MDD has focused on theory development and process-oriented inquiry rather than assessing large-scale outcomes. In contrast, because EFT for GAD is a newer clinical development (Timulak & McElvaney, 2018), there are more recent data and outcome-focused studies. While the findings are promising, the absence of larger-scale controlled trials, limited diversity in

samples, and short follow-up periods restricts the generalizability of the findings. However, both of these bodies of research would greatly benefit from larger and more diverse samples, experimental research, and extended follow-up periods to effectively answer the research question.

Theme 3: Obstacles to Change

Obstacles to change emerged as another significant theme during the course of this literature review. Therefore, theme 3 highlights these obstacles through elucidating in subthemes the client and therapist factors that potentially impacted results across studies. Special attention will be paid to emotional avoidance, fear of experiential techniques, and alliance challenges, as some examples.

Subtheme 3a: Client Factors

Individual and idiosyncratic client-level factors emerged as a substantial barrier to successful therapeutic outcomes. Across studies, participants described emotional avoidance, resistance to experiential tasks, and deeply held beliefs about their symptoms that interfered with the change process. For instance, participants across studies demonstrated resistance or avoidance of emotional exploration in therapy, which impeded engagement and progress. For example, participants from Hissa et al. (2020), Keogh and Timulak (2023), O'Brien et al. (2019) and Watson et al. (2017) resisted deeper emotional engagement by minimizing their distress and maintaining a focus on narrative rather than emotional experience. Rationalization and intellectualization of painful experience thus emerged as a defense against emotional engagement across these studies.

In addition to experiential avoidance, other personal factors influenced therapeutic outcomes. For instance, the PO participant from Watson et al. (2017) strongly believed her

anxiety was medical. As a result, this deeply held belief contributed to ongoing resistance to internal exploration and ultimately impeded her engagement and outcome. In contrast, the GO participant was an active participant in her treatment. Though initially fearful of her emotional experiences, the client learned throughout treatment the value in engaging with her inner world, while the PO client resisted throughout the treatment's duration. The authors posit that the different outcomes might stem from differences in emotional resistance and willingness to engage (Watson et al., 2017). These results reflect the research of O'Connell Kent and colleagues (2020), who found that seven of 13 participants declared their own difficulty engaging as unhelpful to the therapeutic process. A minority of participants (two out of 13) also contended with stigma about seeking and receiving therapy (O'Connell Kent et al., 2020).

Even when participants demonstrated a willingness to engage in experiential exercises, some still encountered difficulties. Specifically, challenges with engaging in chairwork surfaced as a prominent obstacle. O'Brien et al. (2019) and Toolan et al. (2019) proposed that participants' hesitancy to engage in experiential exercises significantly impeded therapeutic progress. Toolan et al. (2019) hypothesized that this resistance stemmed from participants' fears of confronting deeply held beliefs, discomfort around articulating inner voices, and a pattern of intellectualizing their experiences rather than addressing the emotional core. In their research, which examined self-criticism among people with GAD, resistance was compounded by the finding that, at times, addressing self-criticism actually intensified anxiety for some participants and that reducing worry left others feeling emotionally exposed and vulnerable (Toolan et al., 2019).

Stiegler et al. (2018) observed a similar result while examining clients' experiences in two-chair dialogues for severe self-criticism. The authors reported several themes that emerged

from their research, including the finding that chair work was an obstacle to overcome. Out of 18 participants, 14 described feeling embarrassed or awkward about participating in chairwork. While awkwardness faded for many participants, for others, it was a constant obstacle that impeded productive emotional processing and transformation. Four participants reported anxiety about performing, one participant felt that chairwork was artificial, another participant felt that the therapist was too directive, and fifteen participants reported that chairwork was “heavy, intense, horrendous, and nice” (p. 147). For many, the chairwork was also physically demanding, and that having low energy prevented active engagement in therapeutic chair work. Others felt that chair work was too overwhelming and that the emotional pain elicited was too intense. These qualitative remarks suggest a need for therapists to attune to clients’ presentations and alter or adapt their therapeutic interventions as needed. Moreover, the results suggest that even motivated clients might struggle with experiential work due to personal discomfort, performance anxiety, or energy levels (Stiegler et al., 2018).

In addition to the aforementioned client factors, other researchers have identified predictors of poor outcome in EFT. As previously discussed, emotional processing is a significant mechanism of change. Pinheiro et al. (2021) found that in both CBT and EFT therapy for depressed individuals, clients’ abilities to process their emotions help facilitate symptom reduction, and that a poor ability to emotionally process and contact emotional experience prevents the resolution of psychological difficulties. These results align with research by Basto et al. (2017), who found that CBT and EFT clients who cannot assimilate and integrate distressing emotions experience worse outcomes in the treatment of major depression. In effect, assimilating and transforming one’s emotional experiences were predictors of symptom reduction. Their results corroborate findings from Pereira et al. (2018), who found that in a sample of depressed

clients, the level of emotional processing achieved in therapy differentiated between good outcome and poor outcome cases. These findings reinforce the importance of emotional engagement as foundational to change.

Subtheme 3b: Therapist Factors

As demonstrated earlier, the therapeutic relationship has a significant influence on positive and negative outcomes in psychotherapy (DeAngelis, 2019). As such, a therapist's action or inaction can influence outcomes. This subtheme will explore alliance challenges and therapist skills as obstacles to change.

The therapeutic or working alliance in counselling is defined as a collaboration or partnership between clients and therapists with the goal of achieving predetermined aims or agreed-upon tasks (Cuncic, 2025). A common alliance rupture or challenging alliance for several participants throughout the reviewed studies was the mismatch between their therapeutic needs and the therapeutic interventions. Stiegler et al. (2024) noted that participants often sought something beyond what the EFT model encompassed. For example, some clients sought diagnostic assessments, others preferred alternative treatments (e.g., CBT), and some preferred pharmaceuticals. In Watson et al. (2017), the PO was convinced that her anxiety was medical and, as a result, would not readily engage in emotion-focused interventions. Likewise, some participants from Nødtvedt et al. (2019) wanted a more structured treatment approach that included homework between sessions and concrete, tangible tools to manage anxiety and depression. These results align with those of two clients from Aardal et al. (2025), who felt they needed more focus on managing symptoms and that their EFT treatment did not adequately teach the coping strategies they wanted after the study's conclusion

Furthermore, some participants felt that their therapists' clinical framework differed from their personal understanding of the problem, which led to feelings of being misunderstood and unseen. For others, the therapists' plan did not align with the clients' goals, which prevented applicability to the clients' lives beyond therapy. Other participants thought that not enough space was provided to discuss what personally mattered (Nødtvedt et al., 2019). All of the above findings can be classified as an alliance rupture or difficulty establishing a therapeutic alliance, particularly when a client's perspectives, beliefs, and values differ from those of their therapist. Alliance challenges can also occur when a therapist misattunes to clients' needs or wishes (Stiegler et al., 2018), suggesting that the therapist's clinical skill can influence outcomes in counselling practice and research.

The therapist's skills (or lack thereof) thus emerged in the literature as a potential obstacle preventing emotional transformation. O'Connell Kent and colleagues (2020) determined that the therapist's clinical skill was an essential element of clients' emotional transformation, especially in the face of experiential exercises with painful emotions. It is therefore possible that a therapist's inability or difficulty empathically supporting clients through difficult therapeutic moments can negatively influence the clients' outcomes. For instance, in reviewing audio and video recordings from sessions with the PO and GO client, Watson et al. (2017) discovered that the PO therapist missed or overlooked subtle shifts in the client's emotional experience, instead focusing on anxiety (a secondary emotion) rather than connecting to the core pain underneath. The authors posit that this hindered deeper engagement with emotional processing tasks (e.g., chairwork) and may have ultimately contributed to the PO client's worse outcomes. These findings suggest that the therapist's capacity to attune and respond flexibly to client needs is

critical in facilitating emotional transformation. However, given the variability in both client and therapist factors across studies, it is crucial to consider broader limitations within the literature.

Strengths and Limitations of the Reviewed Studies

Many of the papers in this literature review revealed common challenges in psychotherapy and counselling research, including concerns around study designs, sampling, bias, relevance to clinical practice, and ethics (Cook et al., 2017). This section will critically evaluate the reviewed literature, highlighting methodological strengths and limitations to inform future research and clinical application of EFT for GAD and MDD.

Sampling and Generalizability

Sampling issues are common in psychotherapy research. Striking a balance between selecting the population of interest and achieving demographic representation can lead to challenges in achieving scientific rigour (Krause, 2016). In the reviewed studies, samples were notably small and largely homogenous, both culturally and racially, with most studies having White, Western European women as participants. These small samples were largely devoid of non-White and non-female participants, which limits generalizability across cultures and genders. Further research is needed to examine outcomes among diverse client populations.

Furthermore, the use of purposive and convenience sampling, while appropriate for these study designs, is not without limitations (Creswell & Creswell, 2022). Non-random sampling methods regularly experience self-selection bias, the phenomenon where individuals volunteer to participate in a research study rather than being randomly selected (Nikolopoulou, 2022). This phenomenon can skew results, as self-selectors might be individuals who are keener and more motivated to change and hold favourable views about therapy, as opposed to individuals who choose not to participate. Therefore, it is plausible that the reviewed studies may overestimate

the effectiveness of treatment, as the samples do not accurately reflect the general population with the disorder but instead represent a subsample of individuals with an overall motivation and willingness to change (Nikolopoulou, 2022).

Additionally, some reviewed studies experienced a non-response bias, the phenomenon where individuals do not respond to surveys or drop out entirely from the study. In these cases, participants who do not respond to follow-up or who drop out might find the intervention ineffective and therefore decline to complete follow-up interviews, surveys, or test batteries. This has the potential to skew the results in favour of participants who remained in the study or achieved good outcomes (Nikolopoulou, 2022). For instance, O'Connell Kent et al. (2020) note that their sample may have been biased toward participants who engaged in a greater number of sessions, which could have underrepresented participants who dropped out or had difficulty continuing treatment. As such, the GO achieved in this study should be considered in light of the potential non-response bias. Caution should also be taken when interpreting findings from studies that did not control for comorbidity or medication use (e.g., O'Connell Kent et al., 2020), as these variables can confound the results achieved and obscure findings related to the specific diagnoses of interest. Nevertheless, these challenges are widely apparent in psychotherapy research and are therefore not unique to EFT or the articles in this literature review (Cook et al., 2017).

Study Designs

Few randomized controlled trials have been conducted in recent years to examine the efficacy of EFT in treating GAD and MDD. In the absence of gold-standard studies, the results of this literature review are largely tentative and exploratory, pending confirmation from more controlled trials that validate the findings from these quasi-experimental and qualitative studies.

The lack of long-term follow-up timelines for most studies makes the endurance of changes associated with EFT also unclear. Further, some studies (e.g., O'Connell Kent et al., 2020) did not control for confounding variables (e.g., medication use, comorbidity, maturation, therapist factors, client motivation), which jeopardizes the validity of their findings and limits the conclusions that can be drawn. Without controlling for confounds, one cannot be certain of cause-and-effect relationships between independent and dependent variables (Thomas, 2020). Moreover, several studies were time- and resource-intensive, which limits their feasibility and replicability (e.g., Timulak et al., 2022), while others required therapists to adhere to a rigid EFT structure, thereby reducing ecological validity (Nødtvedt et al., 2019).

Given the clinical imperative to rely on evidence-based practice (CPA, 2017), it is impossible to make a clinical recommendation based solely on qualitative and quantitative data that provide inconclusive results, as they are unable to infer causality. This is particularly true in qualitative and theory-building studies, where interpretive frameworks are employed to guide interpretation. In these cases, researchers may inadvertently seek validation of their pre-existing conceptual or theoretical frameworks, leading to confirmation bias (CASP, n.d.; Nikolopoulou, 2022). Moreover, given the reliance on self-reports, the data is prone to social desirability and memory biases, which can lead to inaccurate perceptions of treatment efficacy. To mitigate these common concerns, several researchers employed triangulation methods and other techniques to minimize the negative impact of potential biases (Keogh & Timulak, 2023; Timulak et al., 2022). For instance, Keogh and Timulak (2023) openly acknowledged their theoretical allegiance. They claimed the possibility of blind spots, reflecting ethical integrity and transparency, which allows readers to critically assess the trustworthiness of the findings. Relatedly, Timulak et al. (2022) blinded expert raters who randomly rated adherence and discrimination between EFT and CBT,

which helped reduce expectancy effects. These techniques help build trust in the research findings by enhancing scientific robustness (Creswell & Creswell, 2022).

Despite some limitations, several methodological strengths emerged. The qualitative research in this literature review captured the complexity and nuance of clients lived experiences with GAD, MDD, and EFT, allowing for an understanding of how and why EFT might be effective for some participants. The emphasis on subjective experience provides a crucial complement to quantitative findings, supporting a greater understanding of how change occurs beyond symptom reduction alone. Several studies (e.g., Kramer et al., 2025; Timulak et al., 2022) also employed a real-world setting design, thereby increasing the ecological validity of their findings and the likelihood of similar results occurring in non-research settings.

Measurement

In this literature review, quantitative outcome studies used validated outcome measures (e.g., GAD-7, BDI-II) to enhance the reliability of findings. Many researchers reported the reliability coefficients for the measures used in their samples, which meets ethical imperatives for transparency and increases the reliability of findings (Asl et al., 2018; Dillon et al., 2018; Pinheiro et al., 2018; Timulak et al., 2022). Other researchers (Asl et al., 2018; Homayouni et al., 2022; Pinheiro et al., 2022) used standardized tools validated for their local populations, such as the Iranian and Portuguese populations. This crucial step ensured the validity of their findings, given that psychological constructs like depression and anxiety can differ cross-culturally; measurement tools grounded in the epistemology of one culture can translate poorly to another culture (Michalos, 2014). In addition, some studies took measures to reduce bias and enhance reliability, such as random selection of data to code and the use of multiple coders and independent raters to ensure a balance in perspectives and treatment fidelity (Barbosa et al.,

2019; Basto et al., 2017; Timulak et al., 2022). These measures enhance the trustworthiness of the findings, enabling readers to critically assess the credibility of the results (Creswell & Creswell, 2022).

Ethical Considerations

Maintaining ethical standards in psychotherapy research is a crucial practice that protects participants' psychological well-being and demonstrates integrity in the research process (CPA, 2017). The majority of reviewed studies demonstrated clear adherence to ethical procedures, including consultation and approval from institutional review boards, informed consent processes, confidentiality, participant anonymity, and the destruction of participant data (Canadian Institutes of Health Research et al., 2018; CPA, 2017; Timulak et al., 2022). These measures align closely with the CPA's core principles, particularly Principle I: Respect for the Dignity of Persons and Peoples, Principle II: Responsible Caring, and Principle IV: Responsibility to Society (CPA, 2017). Still, while these measures are essential to ethical conduct in research settings, it is unclear whether participants had external support during the study and follow-up periods.

In the Stiegler et al. (2018) study, one participant reflected (p. 147):

I couldn't collect myself at the end [of the sessions]. It was so tiring. And perhaps I would have wanted, if I was to do it again, more time at the end to help me gather myself. Not to leave the room in total confusion.

This remark raises concerns about the participant's emotional safety and access to external support.

Likewise, in Aardal et al. (2025), 23 participants reported that they needed further treatment after the trial ended, raising the question of whether participants were provided with

resources for affordable and accessible therapeutic support upon the study's completion. Given the reportedly intense nature of EFT, researchers have an ethical obligation to provide information about ongoing and affordable care for participants (CPA, 2017). However, none of the reviewed studies explicitly stated whether participants were provided with access to care after treatment ended. Given the emotional intensity of EFT treatment, these oversights raise concern over the ongoing emotional safety of participants beyond the study duration.

Summary of Literature Review

The research examined in this literature review provides comprehensive and compelling preliminary evidence of the efficacy of EFT for GAD and MDD. In reviewing the literature, three central themes emerged: mechanisms of change, client outcomes, and obstacles and limitations to change, each with its own relevant subthemes. Quantitative and qualitative findings provide initial insight into the efficacy of EFT for these two often comorbid conditions (Chen et al., 2025; Zhang et al., 2025), with several studies demonstrating promise in reducing symptoms of generalized anxiety and major depression.

While Theme 2 painted a persuasive picture of the outcome landscape in terms of quantitative and qualitative findings, the data alone did not fully describe how EFT leads to change in GAD and MDD. Rather, mechanisms of change emerged as a central theme. Mechanisms such as emotional transformation, experiential techniques, and therapist factors provided insight into how and why EFT may be effective for GAD and MDD. These studies provided theoretical contributions and process evidence to account for change, but their small samples and qualitative nature made inferring causality impossible (Creswell & Creswell, 2022). Theme 3, obstacles to change, highlighted the client and therapist factors that prevented change or symptom resolution in the reviewed literature. Emotional avoidance, fears of experiential

work, alliance challenges, and the therapist's clinical skill emerged as key barriers to change across studies.

Notably, the literature still remains sparse in terms of literature consistently outlining variables and factors that obstruct change. Other limitations were also apparent, particularly in terms of methodological constraints. For instance, the noticeable absence of randomized controlled trials and the small, homogenous samples for most studies severely limit generalizability beyond each study (Creswell & Creswell, 2022). However, these limitations are common to counselling and psychotherapy research and not unique to this literature review or EFT (Cook et al., 2017). Nonetheless, many studies demonstrated ethical integrity through the transparent reporting of their procedures and protocols, the use of triangulation and appropriate statistical analyses, the reliance on validated and reliable outcome measures, and the transparency in reporting researchers' reflexivity (Canadian Institutes of Health Research et al., 2018). Still, more research is needed to bolster and confirm existing findings.

The methodological landscape of the reviewed literature reflects both strengths and limitations, underscoring the need for further research that critically addresses these gaps. While researchers across studies demonstrated rigorous scientific methods in qualitative, quantitative, and mixed-methods designs with promising results, issues such as small, homogenous samples and low generalizability limit the conclusions that can be drawn (Creswell & Creswell, 2022). These limitations, although common in psychotherapy research, underscore the need for more rigorous and diverse studies to advance the evidence-based practice base (Cook et al., 2017). While the knowledge base is expanding, the evidence of efficacy is far from conclusive. Future research, particularly randomized controlled trials, is needed to truly ascertain the utility and extent of EFT in the treatment of GAD and MDD as an evidence-based practice. The findings of

this literature review provide a foundation for Chapter 3, which will revisit the purpose of this capstone, discuss the findings and learnings, discuss relevance to various stakeholders, suggest examples for future research, and offer a reflection on my experience writing this research.

Chapter Three: Discussion and Applied Practices

The global rise of MDD and GAD (Chen et al., 2025; Ferrari et al., 2022) and the domestic prevalence (Statistics Canada, 2023) necessitate an exploration of therapeutic models capable of effectively treating both disorders, particularly since current evidence-based interventions (e.g., CBT) fall short in remedying a significant proportion of the affected population (Ruiz et al., 2022; van Dis et al., 2020). In response, this capstone set out to address the need to develop and research alternative treatments. It synthesized relevant literature using a narrative literature review format to answer the following research question: “What is the effectiveness of EFT in treating GAD and MDD based on current literature?” The final chapter discusses the research topic and questions explored, along with a practical approach to the findings from the literature review.

Discussion

This review examined 29 studies published between 2017 and 2025, along with seminal sources central to the proposed research question. Inclusion criteria consisted of articles published in English using quantitative, qualitative, or mixed-methods designs relevant to EFT, GAD, and MDD. Studies involving couples, groups, and individuals under 18 years old were excluded. Through the literature review and subsequent thematic analysis, three primary themes emerged: mechanisms of change, client outcomes, and obstacles and limitations to change. These themes provided insight into the effectiveness of the modality for addressing GAD and MDD, offering a tentative answer to the proposed research question. Each theme addressed different aspects of the research question. Mechanisms of change explored why and how EFT works for GAD and MDD, client outcomes examined whether EFT works by synthesizing evidence from outcome studies, and obstacles and limitations to change addressed when and why EFT might

not work for GAD and MDD. The following will elaborate on the key findings through themes and subthemes that emerged in the literature review process.

Client Outcomes

Overall, the literature illustrates promise in treating GAD and MDD using EFT, with multiple studies demonstrating quantitative evidence of the model's efficacy for these disorders. The pre-post outcomes of several studies are promising and warrant further investigation and replication to validate the findings (Asl et al., 2018; Greenberg & Watson, 1998; Homayouni et al., 2022; O'Connell Kent et al., 2020; Timulak et al., 2017, 2022; Watson et al., 2017). Still, the small sample sizes and limited diversity among the above sample of studies suggest that these results should be approached with much caution; most studies examined single-diagnosis participants (i.e., only GAD or MDD, not both), which reduced the ecological validity of the conclusions, given that GAD and MDD frequently co-occur in real-world practice settings (Ruiz et al., 2020). Moreover, in addition to quantitative client outcomes, another significant finding centred on qualitative client outcomes; numerous studies showcased an improvement in intrapsychic functioning across participants, including increases in self-understanding, self-awareness, self-compassion, and assertiveness (Connolly-Zubot et al., 2020; Dillon et al., 2018; Hissa et al., 2020; Keogh & Timulak, 2023; O'Brien et al., 2019). These findings provided nuance to the aforementioned quantitative evidence, offering valuable insights into participants' subjective experiences of undergoing EFT.

Mechanisms of Change

Additionally, emotional transformation surfaced as a core mechanism of change across studies, consistent with the EFT model (Greenberg & Paivio, 1997). In this literature review, several studies revealed how experiential exercises and the therapeutic relationship facilitated

emotional transformation (Connolly-Zubot et al., 2020; Dillon et al., 2018; Hissa et al., 2020; Keogh & Timulak, 2023; O'Brien et al., 2019; Pinheiro et al., 2018). Chairwork, in particular, emerged as a highly effective, though emotionally intense, intervention, while participants spoke at length of the therapists' skill and empathy as facilitative of transformation (O'Connell Kent et al., 2020; Stiegler et al., 2018; Timulak et al., 2017). These findings illustrate how experiential techniques and therapist factors are meaningful drivers of change in EFT, which deepened my appreciation for the role of these techniques and skills in helping clients achieve an emotional metamorphosis. However, while these two variables encouraged improvements and change across studies, not all findings were favourable (Jones et al., 2024; Stiegler et al., 2018). As a result, the third theme, obstacles and limitations to change, emerged to address potential reasons why EFT was less effective for some participants.

Obstacles to Change

Client outcomes across qualitative and quantitative studies were influenced by both client and therapist factors. These findings demonstrated that clients' emotional resistance and avoidance impeded or prevented active engagement in therapy (Watson et al., 2017). Other participants were reluctant to engage in experiential exercises (O'Brien et al., 2019; Toolan et al., 2019), which further hindered emotional transformation. These findings raise the question of how to pace EFT in real-world settings for clients who present with initial emotional avoidance or resistance. In addition to personal factors, some studies highlighted how challenges within the therapeutic alliance (Stiegler et al., 2024) or therapists' skill sets (O'Connell et al., 2020; Watson et al., 2017) hindered meaningful change. These findings underscore the importance of assessing client readiness for treatment and verifying the alignment between clients' and therapists' worldviews and problem conceptualizations.

Together, the results of this literature review provide insight into how EFT supports meaningful change in participants with GAD and/or MDD, as well as the obstacles that prevent such change. While these results hold promise, they are nevertheless tentative and require replication and additional research to strengthen the findings. Because a thorough discussion on methodological limitations was presented in the previous chapter, the following section will go beyond the methods to explore the systems, assumptions, and relevance of this research to practice.

The literature's narrow focus on samples with single diagnoses (GAD or MDD only) reinforced how research studies do not necessarily align with clinical realities. Various researchers have expressed that mood and anxiety disorders are highly comorbid, with comorbidity being the rule, not the exception (Chen et al., 2025; Rong et al., 2025; Ruiz et al., 2020). Most of the quantitative studies included in this review had samples of participants with either GAD or MDD, with no inclusion of comorbidity, and some without explicit diagnoses (Asl et al., 2018; Homayouni et al., 2022; O'Connell Kent et al., 2020; Timulak et al., 2017; 2022; Watson et al., 2017). In contrast, the qualitative results sometimes included comorbidity but did not have generalizable or far-reaching results. This raises concerns about the relevance of these studies in real-world settings. As such, some literature is limited in ecological validity (Greenberg & Watson, 1998; O'Connell Kent et al., 2020; Timulak et al., 2022; Watson et al., 2017).

In addition, there is a notable lack of recent research on EFT for GAD and MDD involving non-White, non-Western samples, which hinders a clinical understanding of whether and how EFT works for groups that fall outside Western epistemological and ontological norms. Psychological (counselling and assessment) and psychiatric (medical and diagnostic) institutions

are inherently culturally bound and value-laden, grounded in Western assumptions and ways of knowing that may conflict with non-Western populations and perspectives (Kirmayer, 2001; Mullan, 2023). Consequently, the emotion-focused model of emotional transformation merits critique. The core premise of emotional transformation might be considered to imply personal responsibility for transforming one's emotions in order to achieve psychological well-being (Greenberg, 2021; Greenberg & Paivio, 1997; van Bremen & Natrajan-Tyagi, 2025). An emphasis on personal responsibility aligns with neoliberal discourse in psychology, which prioritizes self-improvement and internal change over community-level and systemic transformation (Mullan, 2023; Sugarman, 2015; Teo, 2020). A sole focus on emotional transformation risks ignoring broader environmental realities shaping mental health. For instance, low socioeconomic status and poverty have been linked with higher rates of mental illness (Marchi et al., 2024). While two studies in this literature review utilized samples of lower-income and inner-city participants (O'Brien et al., 2019; Timulak et al., 2022), neither addressed the role of social determinants of mental health in their analyses. Including such considerations would have offered a more comprehensive understanding of participants' distress and any limits to EFT.

In sum, the findings of this literature review suggest preliminary and tentative promise for EFT in the treatment of GAD and MDD. Mechanisms of change, client outcomes, and obstacles to emerged as three salient themes across the literature, illustrating how EFT might work for these presentations. However, significant limitations exist within the literature, which warrant caution. While EFT may be an emerging alternative to the dominant cognitive-behavioural paradigm, it requires scrutiny, critical reflection, ongoing research, and adaptation to adequately address the complexity of the human experience.

Applied Practices

In response to the gaps and limitations identified in this literature review, this section will discuss applied practices for various stakeholders, including clinicians, researchers, policymakers, and funding bodies. The aim of this section is to translate the findings from this review into concrete and actionable steps to improve therapeutic practice, research methods, and, ultimately, the mental health field. By connecting research insights with practical applications, these recommendations aim to support the development and refinement of EFT as an intervention for GAD and MDD.

Application to Clinicians

Clinicians (e.g., social workers, counsellors, psychologists, and psychiatrists) play an essential role in facilitating the therapeutic relationship and developing a working alliance. The literature demonstrates that therapists who are unaware of their misattunement can have a negative influence on client outcomes (Watson et al., 2017). As such, clinicians must engage in reflective and reflexive practice aimed at examining their biases, assumptions, and worldviews that hinder the alliance and their emotional attunement. Reflective and reflexive practice demonstrates an ethical commitment to integrity in the therapeutic relationship (CPA, 2017). Similarly, clinicians should prioritize ongoing training and professional development. The research in this capstone suggests that clinicians might benefit from receiving extensive training in EFT, including EFT specifically for GAD and MDD, as well as ongoing supervision and consultation with clinical professionals (Stiegler et al., 2024). Clinicians may also benefit from engaging in experiential learning, such as undertaking their own emotion-focused work, so that they can assume the client's perspective and experience a new subjective reality (Bevly & Prosek, 2024; Haikal, 2022; Råbu et al., 2024).

In addition, clinicians may wish to receive competency in multiple modalities (Swift et al., 2018; Wachtel et al., 2020). This literature review demonstrates that disparities between client and therapist perspectives can have negative impacts on the working alliance, consistent with previous research on the topic (Lindheim et al., 2014; Swift et al., 2018). For instance, some studies showcased how clients who wanted more symptom-focused strategies and tools or who believed their anxiety or depression was caused by another factor (e.g., medical) experienced less favourable outcomes than their counterparts who fully engaged and bought into the EFT paradigm (Nødtvedt et al., 2019; Watson et al., 2017). As such, it is crucial to assess client readiness, willingness, and alignment with the modality; a match between the clinician's theoretical orientation and modality and the client's beliefs and needs are important factors in successful outcomes (Lindheim et al., 2014; Nødtvedt et al., 2019; Swift et al., 2018; Watson et al., 2017).

Furthermore, clinicians should prepare clients for the emotional intensity of EFT. As the literature demonstrates, some clients were overwhelmed by the emotional intensity of chairwork, experiencing physical exhaustion during and beyond the session (Stiegler et al., 2018). Principle II: Responsible Caring of the CPA's *Canadian Code of Ethics for Psychologists* recommends that clinicians and researchers ensure that clients are also well-resourced with tools and strategies outside of sessions, including in research settings (2017). Given the emotional intensity of EFT, it is also imperative that clinicians apply principles of transparency by orienting clients to their theoretical position and creating an alliance that values ongoing informed consent and fosters client autonomy; this can enhance the therapeutic relationship and meet ethical principles for autonomy and informed consent (CPA, 2017), with the potential to improve client outcomes (Norcross & Wampold, 2011; Pham et al., 2019; Swift et al., 2021). Moreover, it is a clinician's

ethical responsibility to promote cultural sensitivity and welcome clients' cultures into the alliance (CPA, 2017). Because little research exists on EFT for non-White samples, clinicians should frankly discuss clients' cultural norms (e.g., rules of emotional expression) and mutually determine if EFT is a worthwhile pursuit.

Application to Researchers and Funding Bodies

In addition to applications to clinicians, the literature review also identified applicability to researchers. Various examples of potential research studies emerged throughout the review, including: explicitly examining comorbid presentations and developing EFT as a transdiagnostic treatment (Timulak et al., 2020; Timulak & Keogh, 2020); investigating the cross-cultural efficacy of EFT for non-White and non-Western samples; adapting EFT for non-Western populations; conducting randomized controlled trials comparing EFT for GAD and MDD with other evidence-based interventions; including formal diagnoses as inclusion criteria to establish consistency across studies; further research on variables that increase dropout risk; and developing a survey or scale for measuring client readiness to engage in EFT. These are just a few examples of future research studies and do not encompass all potential applications. Importantly, since research is governed by funding (Panthagani, 2023), researchers can also advocate to funding bodies to support research projects that investigate the above examples.

Application to Policymakers

Given the increasing rates of GAD and MDD (Statistics Canada, 2023), policymakers play a significant role in promoting accessible treatment and funding research on treatment modalities (Global Commission on Evidence to Address Societal Challenges, 2022). Policymakers must build capacity for provinces and municipalities to train providers to address mental health needs, including supporting clinicians and researchers in tailoring existing

treatments (or developing new treatments) to various cultural groups (Slone et al., 2021). It is also essential that policymakers prioritize interdisciplinary approaches and invite mental health experts, community members, and clients to the table while creating policies that impact both clients and clinicians. Ideally, policymakers would more broadly embrace the social determinants of mental health (World Health Organization, 2025) as steps toward primary prevention, while recognizing that mental health services are essential tertiary services for those afflicted by mental disorder (Institute for Work and Health, 2015).

The mental health landscape relies upon the concerted efforts of clinicians, researchers, policymakers, and funding bodies to provide comprehensive care for community members. In response to the gaps and limitations identified in this literature review, this section examined the potential applications of the findings for various stakeholders within the field. Ideally, this section achieved its goal of translating the review's findings into practical steps that diverse actors can take to enhance therapeutic practice and the field as a whole.

Personal Reflection

While I initially expected to encounter ample evidence for the effectiveness of EFT, I was humbled by the dearth of research confirming my initial expectation. The vast majority of research was qualitative, with few recent experimental studies demonstrating the model's effectiveness, particularly when compared to a control or comparison group. Nevertheless, I came to deeply appreciate the capacity for qualitative research to capture the subjective complexity and depth of GAD and MDD presentations. As I read the works of various researchers, I developed a keen interest in learning about why or how EFT works, rather than solely whether it works; my mind naturally gravitates towards qualitative findings. I welcome the subjective and am capable of holding multiple truths. Still, while I learned a great deal about

theory-building and process studies, I began to realize that some pieces of the puzzle were missing.

One consistent problem I encountered was the near-complete erasure of social, political, and economic determinants of mental health. While the EFT model claims that emotional disorders most often emerge from lived experiences of relational unsafety, fear, and so forth, what became apparent was the absence of accounting for the conditions in which these lived experiences occurred: poverty, social isolation, discrimination, and racism, as some examples. I became somewhat disillusioned by the absence of a contextualized framework for addressing participants' issues. As a social worker, I believe focusing only on emotional transformation risks de-contextualizing mental health and places the burden of responsibility on individual clients and their therapists rather than on the systemic injustices that contribute to mental 'disorder' (Mullan, 2023).

In that vein, as I read the qualitative stories and case conceptualizations of the rampant relational trauma that many GAD and MDD clients experienced before their diagnoses, I became even more critical of the notion that these participants are somehow inherently disordered. Instead, I saw how their lived experiences understandably created emotional distress and how this distress was not held in a safe relational container, left unacknowledged by early caregivers and current loved ones. As I read, I found myself resonating with many of the clients' stories, particularly in response to their early relational issues, their worries and depressed malaise as protective strategies that have become maladaptive (Greenberg, 2021), and their stories of the immense value of the therapeutic relationship. The manner in which the qualitative studies documented clients' experiences was heartfelt and touched on a deeper, almost untouchable element of my humanity.

Even though the research does not fully confirm the efficacy of EFT, I remain drawn to further training in this modality. I am fascinated by experiential techniques and am curious to explore these exercises (e.g., chairwork) in my own therapy. I would like to assume the seat of the client and experience firsthand the impact of EFT. While I am keen on learning this modality, I do not see it holding dominance in my future practice in its pure form. Rather, I aim to adopt an integrated approach, drawing from various modalities in an eclectic fashion to suit the needs of each individual client. Moreover, as a budding clinician, I need to continue contextualizing clients within their social, political, and economic environments. I believe that we exist in systems and that these systems fundamentally interact with our psyches and subjectivities. Therefore, any mental health practice that erases or ignores this systemic perspective, in my opinion, risks burdening the individual. I would argue that to practice ethically, it is imperative to contextualize clients within their environments (CPA, 2017; Mullan, 2023). Moving forward, I aim to cultivate a therapeutic approach that is emotionally attuned, critically engaged, and systemically informed.

Conclusion of Capstone

In the context of escalating rates of GAD and MDD (Statistics Canada, 2023) and ethical imperatives for evidence-based practices (CPA, 2017), this capstone investigated the effectiveness of EFT in the treatment of GAD and MDD. The thematic analysis of recent available literature demonstrated that mechanisms of change, client outcomes, and obstacles to change are common themes across the reviewed literature. The findings of these themes cautiously indicate that EFT is an effective treatment for both disorders and that specific mechanisms of change are likely responsible for the observed changes in both quantitative and

qualitative studies. However, further research is necessary to verify the results and confirm the findings.

This capstone project also provided examples of how these findings could be applied to stakeholders across the mental health landscape. Researchers, clinicians, clients, policymakers, and funding bodies all play essential roles in the field; thus, this capstone suggests how each actor might utilize this research, as well as the identified gaps and limitations, to inform their practice or work. In the context of my own learning, this capstone has played a pivotal role in building my critical thinking skills, informing my emerging practice framework, and inspiring a newfound interest in undertaking research.

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