



Emotion- Focused Therapy

Coaching Clients to Work
Through Their Feelings

SECOND EDITION

Leslie S. Greenberg

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Emotion-
Focused
Therapy

SECOND EDITION

INTRODUCTION

Robert is sitting at his desk, reading peacefully. A pleasant breeze, coming through the window, cools the warm sun on his face. A loud bang just outside the window startles him. His head jerks up. He finds he has simultaneously ducked and drawn back in his chair. His breathing and heart rate have increased. He thinks, “Was it a shot? In this day and age, you can’t be sure!” He gets up quickly but then peers cautiously through the window. He hears the fading sound of a speeding car. He thinks, “It was an exhaust backfiring!” More alert, he relaxes and continues reading.

Robert’s emotion system sensed danger. His fear rapidly organized him for flight and informed him of possible danger. This happened long before he could consciously assess the situation. He heard the bang; he was startled; and his head automatically oriented toward the sound while his body drew back in fear, readying him for flight. His emotion system automatically told him that his peaceful safety was at risk. Reason then assessed the situation

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more thoroughly for danger and made sense of what was happening. Deciding to get up and investigate the situation for possible danger seemed sensible. Running away from the bang to safety would have made him look very foolish. However, some expression or action to handle some of the arousal was good. Carefully checking out the window was a good idea. Analyzing the problem of possible danger posed by fear, Robert rationally determined the source of the sound and established that it posed no threat.

This brief story illustrates the complex interplay between emotion, conscious thought, and action. It shows how emotion informs us about a situation and motivates us to attend to the situation. If people are to act intelligently in the social world, they need to pay attention to their emotions as much as to thought and action. It is the integration of automatic emotion and effortful reason that results in a whole that is greater than the sum of its parts. The experience of emotion alone does not lead people to wise action; rather, people must make sense of their emotional experience and use it wisely. Awareness of emotion and the ability to enable emotion to inform reasoned action are what is necessary for emotional intelligence (Mayer & Salovey, 1997).

EMOTION-FOCUSED THERAPY

This book explains how to provide emotion-focused therapy (EFT)—a neohumanistic approach designed to help clients in psychotherapy become aware of and make productive use of their emotions. Emotions are seen as setting a basic mode of processing in action (Greenberg, 2002, 2011). For example, fear sets fear processing in motion, organizing us to search for danger, and anger sets anger processing in motion, focusing us on violation. Clients are helped to better identify, experience, accept, explore, make sense of, transform, and flexibly manage their emotions. As a result, clients become more skillful in accessing the important information and meanings about themselves and their world that emotions contain, as well as more skillful in using that information to live vitally and adaptively. Clients in therapy are also encouraged to face dreaded emotions to process and transform them. A major premise guiding intervention in EFT is that if you do not accept yourself as you are, you cannot make yourself available for transformation. In addition, emotional change is seen as the key to enduring cognitive and behavioral change.

EFT is based on two major treatment principles: the *provision* of an empathic therapeutic relationship and the *facilitation* of therapeutic work on emotion (Greenberg, Rice, & Elliott, 1993). The empathic relationship

is seen as a curative factor, in and of itself, and as providing a facilitative environment for therapeutic work on particular emotion-focused therapeutic tasks that reoccur across people and across therapy. This forms an approach in which empathic following, with high degrees of therapist presence, plus process directive guiding, in which the therapist facilitates clients to engage in different forms of emotional processing at different times, combine synergistically into a sense of flow. Therapy is seen as a coconstructive process in which both client and therapist influence each other in nonimposing ways to achieve a deepening of client experiencing and exploration and the promotion of emotional processing. EFT therapists are not experts on what clients are experiencing or the meaning of their behavior, but rather are experts on methods to help them access and become aware of emotions and needs.

A core feature of EFT is that it makes a distinction between conceptual and experiential knowledge, and people are viewed as wiser than their intellects alone. Rather than “I think therefore I am,” EFT is based on the idea that “I feel, therefore I am” and that in any significant personal experience, we think only inasmuch as we feel. Experiments in directed awareness are used to help concentrate attention on as yet unformulated emotional experience to intensify its vividness and symbolize it in awareness. In EFT, emotion is focused on as visceral experience and is accepted, as well as worked with directly, to promote emotional change. Finally, it is the articulation of emotion in *narratives* of ways of being with self and others that provides the story of our lives (Angus & Greenberg, 2011).

At the center of the approach is helping people discern when they need to use emotion as a guide and be changed by its urgings, when they need to change emotions, and when emotions need to be regulated. A key tenet of EFT is that a person needs to experience emotion to be informed and moved by it and to make it accessible to change. People do not change their emotions simply by talking about them, by understanding their origins, or by changing beliefs. Instead, people change emotions by accepting and experiencing them, by juxtaposing them with different emotions to transform them, and by reflecting on them to create new narrative meaning.

Changing emotions is seen as central to the origins and treatment of human problems, but this does not mean that working with emotions is the sole focus of EFT. Most problems have biological, emotional, cognitive, motivational, behavioral, physiological, social, and cultural sources, and many of these need attention. EFT adopts an integrative focus on motivation, cognition, behavior, and interaction, but the emotion is seen as the primary pathway to change.

EFT is applicable, in different forms, to a wide range of client populations. Given its empathic base and focus on validation and acceptance,

and that it includes both emotion activation and emotion regulation, it can be helpful to clients with problems ranging from affective disorders to trauma to eating disorders to different personality disorders by varying the emphasis on relational process and emotion activation and regulation (for a summary of clinical research on EFT, see Chapter 2). It is not applicable as a first-stage form of intervention with people who are coping with serious functional impairment, where the impairment needs to be coped with and regulated behaviorally or neurochemically before the underlying emotions are focused on.

HOW DOES EFT DIFFER FROM OTHER THERAPIES?

There has been a sea change in the decade since the first edition of this book. All approaches to psychotherapy now recognize the importance of emotion, and many do focus on emotion. I meet many therapists who say, “We do work with emotions.” I am thrilled that everyone is acknowledging the centrality of emotion. However, we need to be discriminating and understand that there still is quite a large difference in how therapists work with emotion. Each approach has useful things to offer, but the complexity and differences in what is done with emotion need to be identified. Some therapists work on controlling emotions, some on understanding emotion, others on allowing emotion, and yet others on changing emotion.

An emotion-focused approach is aptly named, as what is key is the therapist’s focus—first and foremost—on emotion. When a tear arises in the client’s eye, the therapist asks, “What are your tears saying?”—implying that emotions give information. The therapist then focuses on needs, met and unmet, and action tendency, exploring with the client what the emotion “tells you about what you need or what the emotion impels you toward.” Finally, the therapist helps the client follow those emotions that are adaptive and change those emotions that are maladaptive by activating more adaptive one.

In contrast, when a tear arises in the client’s eye, some therapists will ask such questions as: What does the emotion mean? Where does it come from? Or, what pattern does it reflect? Other therapists might focus more on the thoughts that produced the emotion and psychoeducate the person on how to regulate it or focus on exposing the person to situations or emotions to promote desensitization or habituation. These ways of intervening will not focus directly on the visceral experience of emotion as something to be explored in its own right to yield information, need, and action tendency. EFT leads with, “What do you feel in your body?” The EFT therapist offers words to help empathically symbolize what may be happening inside, and

there is a consistent, gentle guiding of attention to internal experience, rather than seeking of patterns or challenging thoughts related to emotions or down-regulating symptomatic emotions. After arriving at the emotion, dwelling in it for a while, and gleaning what it has to say, the EFT therapist then asks, “What do you need?” and validates emerging needs and feelings.

A recently graduated doctoral student from a clinical psychology program, after completing an extensive training in EFT, shared with me his experience and thoughts:

Now I see how central emotions are to all human experience. It is astonishing, but throughout my whole clinical training and internship I was never once encouraged to look at people’s emotions as central or to look at them in therapy or myself, but it is so clear how important it is to look at people’s emotions as the engine of human experience.

In the training, we looked at a lot of videotapes of therapy sessions, tracked the moment-by-moment emotional process, and engaged in personal work on the self-experience of emotion in small groups. He continued, saying, “No one ever talked about looking at the actual process in sessions as you did and it becomes so clear how pivotal emotion is when you actually look at the moment by moment process.” I could only answer with, “Yes it is astonishing when to me it seems so clear that you need to look at therapy process to understand it and that when you do this, with the right lens, you cannot not see that emotion is so central to what people say and do and how they change.”

It is a puzzle to me that so obvious a “fact” has for so long eluded psychology and even theories of psychotherapy. Recently, a therapist not trained in the halls of academe said, “But what is emotion-focused therapy saying that’s new? Isn’t all therapy about emotion?” I answered somewhat sheepishly, “Well, yes, but this is not what is recognized as the dominant paradigm or even as a viable one.” I was trained in the humanistic tradition that did work with emotion, but it has fallen into disfavor in academia as not scientific. Client-centered and Gestalt therapy was my base, and although these approaches did focus on emotion, they didn’t have a theory of emotion or a systematic way of intervening with emotion. Emotion has always been dealt with intuitively, and people can’t really say what they are doing. I have had many process-oriented therapists come up to me after a workshop and say, “You are describing what I do, I just couldn’t describe it and you have given me words to say what I do.” This is what EFT attempts to do—to give words to the moment by moment process of working with emotion. By studying the process of change bottom up, by looking at tapes of how people change in therapy, we have attempted to describe and develop models of how emotional change takes place.

TERMINOLOGY AND AUDIENCE

When the first edition of this book came out, the psychotherapy approach I presented was relatively new, and I referred to it as *emotion coaching*. Subsequently, the question often was asked whether coaching is different from therapy. I used the term *coaching* to broaden its application beyond therapy rather than to distinguish it from therapy. I see therapy as involving emotion coaching in that the therapist is both following and guiding (coaching), but I also see many other human facilitation and development practices as being able to benefit by viewing what they do as involving emotion coaching. I see emotion coaching as applicable to helping parents, teachers, couples partners, managers, medical health practitioners, and many others to be more effective. So emotion coaching refers to a way of approaching working with emotion, be it in therapy or in other forms of working with people. This book is thus intended for therapists, coaches, human relations and development personnel, educators, and students of these and other helping professions.

In this second edition of *Emotion-Focused Therapy: Coaching Clients to Work Through Their Feelings*, I use the terms *EFT*, *emotion coaching*, *coaching*, and *therapy* interchangeably. I alternately refer to the provider as *coach* or *therapist*, and I refer to the recipient as the *client*.

WHAT'S NEW IN THIS EDITION?

EFT has grown in the decade since the first edition of this book was published. The approach has been applied to and evaluated on more clinical populations—including people with anxiety disorders, trauma, and eating disorders—with promising initial results (Dolhanty & Greenberg, 2008; Elliott, 2013; Paivio & Pascual-Leone, 2010; Shahar, 2014; Wnuk, Greenberg, & Dolhanty, in press). It has also been found to help people suffering from emotional injuries in both individual and couple therapy (Greenberg, Warwar, & Malcolm, 2008, 2010), and organizational leaders (Greenberg & Auszra, 2010), and it is cross-culturally applicable. Both the individual and couple therapy applications of EFT have continued to grow and be refined theoretically and clinically. There also have been significant theoretical and empirical advances in understanding how change takes place. The importance of changing emotion with emotion (Herrmann, Greenberg, & Auszra, in press), of accessing needs to activate new adaptive emotion to change old maladaptive emotion (A. Pascual-Leone & Greenberg, 2007), and of the manner of productive emotional processing (Auszra, Greenberg, & Herrmann, 2013) have all been empirically demonstrated. Books on narrative and EFT (Angus

& Greenberg, 2011), therapeutic presence (Geller & Greenberg, 2012), and case formulation in EFT (Goldman & Greenberg, 2015) have all been published. A number of DVD demonstrations of EFT for both individuals and couples have been produced in the American Psychological Association DVD series, and these serve as excellent teaching material (American Psychological Association, 2007a, 2007b, 2007c, 2012a, 2012b). All of these developments have influenced this new edition.

In addition to updating theory and research, this edition expands the steps of coaching to emphasize the importance of accessing the heartfelt need underlying the painful emotion. The volume also includes a new chapter on specific marker-guided interventions and case formulation, as well as chapters on forgiveness and emotion in leadership. Some material has also been reorganized for maximum usability.

ORGANIZATION OF THE VOLUME

The book begins with the foundations of EFT. Because the goal of EFT is to help clients enhance their emotional intelligence, Chapter 1 explains what emotional intelligence looks like. Chapter 2 delves into the nature of emotions—how they form, how they relate to one’s thoughts and to one’s physical body, and what the research has shown about how they can change. Chapter 3 delineates several different types of emotion, including primary, secondary, instrumental, adaptive, maladaptive, and so forth. Emotion-focused therapists must be able to identify these kinds of emotions when working with clients.

Chapter 4 explains what an effective therapeutic relationship between the therapist and client looks like and presents an overview of the emotion-coaching process. This process involves two basic phases—arriving at an emotion and leaving it. Each phase contains different steps. The chapter also emphasizes the importance of therapists being aware of their own emotions. Chapter 5 explains how to conduct a case formulation (i.e., a working hypothesis about what is the client’s core maladaptive emotion), as well as describing specific interventions that can be used throughout the therapy process on the basis of what emotional markers are present.

Chapters 6 through 9 elaborate on the two phases of emotion coaching that were introduced in Chapter 4. Chapters 10 and 11 then apply the whole process to four common problematic emotions: anger and sadness (Chapter 10) and fear and shame (Chapter 11). Chapter 12 applies the process to situations in which the client has been emotionally injured, emphasizing letting go and forgiveness.

As indicated previously, emotional intelligence is important in every context. Thus, Chapters 13 through 15 show what emotional intelligence looks like for couples (Chapter 13), parents (Chapter 14), and organizational leaders (Chapter 15). The book concludes with an appendix containing exercises to increase emotional intelligence.

I hope that this book helps you see how emotion works in therapeutic change; gives you words to describe what is occurring; and helps you, as a therapist, facilitate this process. I hope to show that working with emotion is not primarily about getting rid of emotion or dampening it, but rather about using emotion; making sense of it; and when necessary, transforming it.

I

FOUNDATIONS

1

EMOTIONAL INTELLIGENCE AND THE PURPOSE OF EMOTION

Emotion is often what we rely upon to carry us across the unfathomable voids in our intelligence.

—Bryant H. McGill

No human being is without feeling. From a baby's first cry to a person's last conscious breath, feeling pervades human experience. If people are to act intelligently in the social world, they need to pay attention to their emotions and give them equal status as thought and action. Emotional intelligence involves being aware of emotion and having the ability to enable emotion to inform reasoned action (Mayer & Salovey, 1997). It is defined as having the following four components: the ability to perceive emotions in self and others (emotion awareness), the ability to access and/or generate feelings to facilitate thought (emotion utilization), the ability to understand emotions (emotion knowledge), and the ability to regulate emotions to promote growth (emotion management). The purpose of emotion-focused therapy (EFT) is to increase patients' emotional intelligence—that is, to enhance their ability to perceive, access, understand, regulate, and (when necessary) transform emotions. This chapter explores in depth what emotional intelligence looks like,

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emphasizing the aforementioned skills. But before delving into these skills and showing how they inform reasoned action, we must examine how emotions can help us (i.e., the purpose of emotions) and how they can hurt us.

THE PURPOSE OF EMOTIONS

Why do people have emotions, and what should they do with them? They have them because emotions are crucial to survival, communication, and problem solving (see Exhibit 1.1; Frijda, 1986; Izard, 1991; Tomkins, 1963, 1983). Emotions are not a nuisance to be gotten rid of or ignored; rather, emotions are an essential aspect of being human. Emotions are signals, ones worth listening to. They offer messages that one is in danger, that one's boundaries are being crossed, that one is feeling close to someone safe and familiar, or that this safe and familiar person is absent. Emotions also tell people if things are going their way and organize them to respond rapidly to situations to try to make sure things do go their way. Emotions are most noticeable as changes in a readiness for action; they respond to changing circumstances by changing the person. In fear, people shrink back; in anger, they puff up; in sadness, they close down; and in interest, they open up. People are in a continual process of changing their relationship with the environment by changing themselves.

Like reeds in the wind, people change their inclination and orientation according to what blows in. Emotions particularly tell people about the nature of their relational bonds. They inform people whether their relationships are being enhanced or disrupted or are in need of repair. Emotions, by rapidly communicating a person's current state, needs, goals, and inclinations to others, also regulate other people's behaviors. There is no external signal that tells people what others are thinking. Emotions, by contrast, are visible in one's face and voice, and thereby they regulate self and other. Emotions also set up relational themes that become central organizers of relationships. Sadness is about loss, anger is about goal frustration or unfairness, fear is about

EXHIBIT 1.1 Functions of Emotion

- Emotion signals to oneself about the state of one's relationship with another person or with the environment.
 - Emotion signals to others about the state of one's relationship with the other or with the environment.
 - Emotion organizes one for action.
 - Emotion monitors the state of one's relationships.
 - Emotion evaluates whether things are going one's way.
 - Emotion enhances learning.
-

threat, and jealousy is about perceived displacement or betrayal. Each emotion defines a relationship between a person and other people or between a person and the environment (Oatley, 1992).

Emotions clearly enhance intelligence (Mayer & Salovey, 1997). Fear tells people that they are in danger, sadness that something important has been lost, and joy that a desirable goal has been reached. Emotions give people information related to their well-being; for example, emotions tell people when their needs or goals are being reached or frustrated. Gut feelings guide decisions by rapidly reducing alternatives to be considered. For example, in deciding what sort of vacation to take, a person's emotions might tell that person that he or she prefers going to the beach rather than to the mountains. Emotional preferences narrow the options that people need to consider and keep people from being overwhelmed by too much information.

A number of findings have spurred the recognition of the importance of emotion in flourishing. For example, a major emotion-related discovery related to the intelligence of emotions is that people with brain damage who have lost their capacity to respond emotionally are unable to make decisions and solve problems. They have lost their "gut sense" that guides these processes. Damasio (1994) told the story of a highly rational patient with brain damage who, because he had lost the capacity to feel, had no fear of driving in a snowstorm, and one icy day he went to a medical appointment when all other patients that day had cancelled. When this patient, who showed no intellectual impairment, was asked if he wanted his appointment rescheduled for the following Tuesday or Thursday, he had trouble deciding which day to come. He had no emotionally based preference system to guide his decision making. The emotional brain enhances decision making by rapidly reducing the options that one can consider. The emotional brain highlights certain alternatives with a feeling of rightness and eliminates other alternatives with a feeling of "don't go there."

Another important and slightly different function of emotion is that emotions enhance learning. Emotion increases the rapidity of learning because it earmarks certain things with the stamp "not to be forgotten." This promotes one-trial learning. Once a person touches a hot stove, he or she learns to never do it again. People learn things like this because they have such intense emotional reactions that their brains store this experience in emotion memory, never to be forgotten. It has been said that the brain is like Velcro for negative affect and Teflon for positive affect. Negative feelings stick. We remember them and their causes because doing so aids survival. Positive feelings bounce off and evaporate. Best we use them while we feel them to broaden ourselves.

Let me describe a recent learning experience I had while writing the first edition of this book that was almost as painful as burning myself on a stove. One morning, after writing a few sections of book, I heard the phone

ring and answered it. I came back to the computer and typed a few more lines. Suddenly the computer froze. The words were on the screen, but nothing moved, and I hadn't saved a thing all morning (this was in the early days of computers, around 1997). I had premonitions of disaster. In a panic, I anxiously started hitting keys. I tried everything I knew to get the computer working and not lose my precious text. Nothing worked. I won't go into a detailed account of my physiology, feelings, action tendencies, or language—I'll just say they weren't pretty. I frantically called a computer-assistance service. The truth hurt terribly: There was no way I could save my morning's work. With my consultant on the other end, I committed computer *hara-kiri* by restarting the machine, "killing" the screen in front of me, and losing the morning's work. Well, I learned. Thanks to my emotional response, this definitely got my attention. Since then, I have saved my work regularly.

This kind of emotional learning teaches people many things. It helps, for example, to prevent people from losing things. Have you ever lost your wallet, your passport, or your purse? Not only is it a hassle to replace such items, and a possible source of financial loss, but also the immediate emotional experience—the dread, the anxiety, the grief—is so intense you become highly motivated not to be so foolish again.

People definitely are wiser than their intellects alone. When we apprehend patterns in the world much faster than the information can be consciously analyzed, emotions guide reasoning. Emotions are not simply disruptions of ongoing life that need to be controlled; rather, they are organizing processes that need to be attended to. In combination with reason, they help make people more effective in their ever-changing environments by helping them rapidly adapt to the world and by facilitating adaptive problem solving. Much emotion results from automatic appraisals of situations in relation to needs. Emotion provides a signal of what needs are operating at the moment. They involve both cognition, in the form of evaluations, and motivation, in the form of needs, and they are therefore more comprehensive experiences than either cognition or motivation alone. They are richly infused with all that is important to us: our meanings, our needs, and our values. Without emotions, people could not live satisfying lives.

MALADAPTIVE EMOTIONALITY

As well as being adaptive, emotions can also go wrong (Flack, Laird, & Cavallaro, 1999). Although emotions evolved to enhance adaptation, there are several ways in which this system can become maladaptive. We all know that at times, against our best intentions, we worry ourselves sick, explode at provocation, feel like we hate our children, and rage at those to whom we are

close. We sometimes have a paranoid fear of authorities, envy our friends, feel intensely vulnerable with or jealous of our lovers, or feel disgust or anger at only the slightest provocation. We often regret the emotion we experienced, the intensity with which we experienced it, or the way we expressed it.

Maladaptive emotions develop for a variety of reasons. Most often they are learned in situations that evoke an innate emotional reaction, such as anger at violation, fear at threat, or sadness at loss. The degree to which maladaptive emotions become disorganizing and resistant to change depends on how early they were experienced, as well as how intensely and how frequently they and the situations activating them occurred. Other temperamental and organic factors also influence people's moods, and these influence activation thresholds of different emotions. When one is tired or irritable, anger is more likely to be activated, and if one has a learning history that leads to maladaptive anger, one is more likely to overreact angrily. In addition, the degree to which core schemes or scripts apply to situations with similar themes influences the activation of maladaptive anger. Thus, intense frequent feelings of neglect, rejection, or domination in the past can be activated by current situations with similar themes or storylines. Inattentiveness from a spouse can activate intense feelings of neglect from a loveless childhood. These feelings then become maladaptive responses to the present situation.

Once learned and organized into a scheme or affect program, newly acquired emotional responses become automatic—as automatic as the in-wired biologically adaptive responses with which they integrate. Now people not only flee from predators and get angry at boundary violations, but they also fear their boss's criticism and get angry at obstacles to enhancement of their esteem. The innate emotional responses and the learned ones rapidly become integrated, and they can be activated by learned stimuli (Griffiths, 1997). Emotion responses clearly are open to input and learning; this makes them not only a flexible adaptive system, but also open to the possibility of becoming maladaptive. Acquired maladaptive responses then often occur when one doesn't want them to. They are not helpful and are hard to change.

Emotions, therefore, are neither simple nor infallible guides, and they are not providers of pure bliss. They do produce much of the discomfort and suffering in life as well as joy, love, and interest. They clearly do have to be managed intelligently for people to benefit from their intelligence. The immediacy of emotion, and people's ability to integrate emotions with reason, has made humans more complex and adaptive beings. The sometimes-apparent opposition between rapid, automatic emotional action tendencies and slower, reflective, deliberate action has added to people's effectiveness. An innate, rapid emotion system that just provided fixed action patterns and ready-made courses of action would have had early humans running around like geese, following any stimulus that happened at the right time. That would not have

done people much good. To simply attack when angry and run when afraid would have made people automatons, highly predictable and manipulatable. Instead, humans are complex problem solvers, and emotions tell people what the problem is and keeps them motivated to do something about the problem and the situation that is producing the problem. People not only have emotions, but they also have to handle them. The development of skill in emotion regulation is thus an important part of emotional intelligence.

THE SKILLS OF EMOTIONAL INTELLIGENCE

Emotional moments occur throughout the day: at home, at work, at play, in parenting, in marriage, with friends, and on one's own, telling us something about motivational state. The moment people wake up, they are feeling and oriented to the world with some form of intention. They may feel awake and eagerly anticipate their day, or they may apprehensively dread an upcoming meeting. Each day is a process of ongoing feeling. If all is well, people simply feel a background sense of well-being and interest. When all is not well, and when they meet unusual circumstances, they become aware of specific types of emotional arousal and experience different feelings.

People need to understand what their emotions indicate to them about the way they are conducting their lives. When they experience unpleasant emotions, it means there is something wrong to which they need to attend. Merely expressing the emotion will often not correct the situation, although it sometimes helps. Instead, people need to read the messages of their own reactions and then begin to act sensibly on them to correct the situation. The following sections delineate some of the skills of emotional intelligence. Exhibit 1.2 summarizes the skills.

Making Sense of Emotions

People are not only informed and moved by their emotions, but they also need to make sense of them and decide on how best to express them

EXHIBIT 1.2 The Skills of Emotional Intelligence

- Making sense of emotions
 - Expressing emotions
 - Regulating emotions
 - Understanding and validating others' emotions (empathy)
 - Making sense of the present, past, and future
 - Reflecting on, narrating, and making meaning of emotions
-

and behave in any emotion-evoking situation. Feelings, for example, tell one when something is painful and hurts. Emotions are a very direct way of experiencing what is happening; they send messages and pose problems that need to be solved through reason. Cognition thus often helps people attain affective goals; decisions then need to be made regarding expression and action. Thought also explains the hurt; puts it into perspective; makes sense of it; justifies or rationalizes it; and helps determine a remedy.

Emotions go coursing through people's bodies whether they like it or not. Early in human history, emotions were known as the *passions*, because people were passive receivers of them. It is only in the more recent centuries that the term *emotion*—*e-motion*, to move out, emphasizing the action-tendency aspect—began to be used. As our ancestors knew, however, it is folly to try and resist emotions; rather, one has to coordinate one's conscious efforts with emotions' automatic prompting. Human beings exercise agency in how they work with emotions and in what they do with them, rather than in expending effort in trying not to have them.

Rather than attempting to control, interrupt, change, or avoid the experience of emotions, people need to learn to live in harmony with them. Overcontrolled anger or sadness saps energy. Expression of needs and disclosure of hurts often brings better results. To achieve this, people need to learn to integrate their reason with their emotion, being neither compelled by emotion nor cut off from it. To live both passionately and reflectively, people need to integrate their heads and hearts.

Expressing Emotions

Expression of emotion, in ways appropriate to the context, is a highly complex skill of emotional intelligence, one that involves integrating prompts from both biology and culture. People learn appropriate forms of expression. Even crying at funerals is a learned form of expression. The high-pitched, explosive bursts of crying at a funeral of the Makonde tribe of Tanzania would hardly be recognizable as crying by people from another culture, and vice versa (Kottler, 1996). To the Makonde, crying into a handkerchief is a strange Western cultural form. Expression is thus a socially mediated process, and awareness of emotion is not synonymous with expression. Learning when and how to express an emotion, and when it will not help, is all part of developing emotional intelligence.

Regulating Emotions

To act with emotional intelligence, people need to learn to regulate both their emotional experience and their emotional expression (Frijda, 1986;

Gross, 1999). Regulation means being able to have emotions when you want them and not have them when you don't. Being able to defer one's responses, know what they are, and reflect on them are quintessentially human skills. Affect regulation is a major developmental task. From infancy on, babies learn to suck their thumbs to soothe themselves, and small children learn to whistle in the dark to calm their fears. As an adult, one can learn relaxation techniques and meditation to regulate anxiety. People learn to regulate anger by counting to 10 and even learn to regulate joy and to express it appropriately, depending on the situation. Part of emotional intelligence is the ability to regulate emotionality so that one is guided by it but not compelled by it.

Sometimes it is the intensity of emotion that needs to be regulated. Given the long-ago accepted nonlinear relationship between general arousal and performance (Yerkes & Dodson, 1908), the relationship between emotional intensity and adaptive value can be considered to be curvilinear. For example, in response to being unfairly treated, too little anger leaves one open to be taken advantage of, whereas too much anger leads one to be abrasive. A moderate amount of anger at violation promotes assertion. Similarly, too little fear in response to danger leads one to be careless, whereas too much fear can be maladaptive, overwhelming the person and disrupting efforts to escape. So adaptive value and intensity are related by an inverted U curve. Adaptive value increases to a point as intensity increases and then begins to decrease as intensity decreases.

People need to be able to govern what they choose to express and what they suppress. People need to be able to stop runaway anxiety. Ultimately it is the integration of emotion and cognition that leads to health. People need both to be moved by their emotions and to be able to calm them and reflect on them. The first level of emotion regulation involves the capacity to symbolize in awareness bodily felt emotions and action tendencies to produce complex feelings. People need to be able to say they feel sad at leaving home for the first time, rather than just cry. They need to teach their children to be able to say they are angry rather than acting out with anger. If one child tries to take another child's toy, then the second child needs to learn to set verbal limits and verbally protect his or her boundaries rather than hitting the first child.

Emotional intelligence thus involves not only having emotions, but also handling them. Emotions are regulated at all levels of the emotional process, from neurochemical to physiological to psychological and social levels. People can exercise some control by seeking out or avoiding situations and other people depending on how these situations and people make them feel. Once a person's emotions are aroused, he or she regulates them by working feverishly to make sense of them. The person reviews situations and changes the meaning of his or her feelings to transform or regulate his or her reactions.

If people feel sad because a loved one is going away, they start to cope with this by imagining that person coming back. They distract themselves by paying attention to other interests. They may say the separation is good because absence makes the heart grow fonder, and they may use many other ingenious devices for changing their view of the loss.

People's emotional urges also can be suppressed so as to disappear from awareness as well as from behavior, or they can be intensified. People can suppress an impulse to act or the action itself. Although emotion organizes people to act, decisions execute the action and its form. Thus people can be angry and rein in their anger, or they can suppress the emotion and not even feel any anger. Once emotions have come alive, they can be made to die down. They can be kept within certain bounds by many procedures—some voluntary and some involuntary. People can regulate their emotions by (a) managing the situations to which they expose themselves, (b) transforming their responses by reviewing the situation, or (c) suppressing or intensifying their responses. Regulating a response by reviewing the situation generally is far superior to suppressing it.

At the very first level, people can regulate inputs—the stimuli that activate their emotions. Numbness is one of nature's gifts to human beings; it occurs automatically to deaden pain. It is a protective mechanism to give people time to assimilate loss. In states of emotional numbness, people know the facts of the loss or trauma, but they do not feel anything because their significance is not yet realized. Other, more voluntary processes of handling emotion, as mentioned earlier, include avoiding situations that evoke them. Fear of heights can generally be avoided by controlling where one goes, and jealousy or rejection can be avoided by ending contact with a suspected or rejecting partner. Seeking distractions or concentrating on something else will help take a person's mind off possible dangers or problems about which he or she can do nothing. This can enhance performance: Focusing on the task at hand prevents the intrusion of thoughts of loss or danger.

Emotion, in addition to being activated by external events, is produced by internal, self-generated sequences of prior feelings, memories, images, and thoughts. People can regulate these in ways that can be either to their advantage or to their disadvantage. People can deny reality, deny their feelings, or allow and accept their experience and then construct new meanings to help them manage and transform their feelings. Meaning construction is not a single-level process, and so one can interrupt this process at many points along its path and thereby regulate emotions. Defensive interruption in general is not that helpful. Although denying the horrors of reality, and not focusing on gory details, helps people avoid feeling fear and disgust, the processes of trying to not see what is there, or internally changing the meaning, can be problematic, especially when they are done automatically, without awareness. Thus,

denying that one is upset or angered by something is going to deprive that person of certain information relevant to problem solving. Therefore, regulating experience by interrupting meaning-construction processes, at different levels of this process, can be done for better or for worse.

Endeavors to cope by reappraising situations, creating new meanings, and putting things in a broader perspective, once emotion is already aroused and acknowledged, are important aspects of emotional intelligence. These are all important emotion-regulation strategies. Although conscious thoughts do not produce the majority of emotions, they certainly help to regulate or maintain them. Thus, trying to change thoughts helps regulate emotions—not because the negative thoughts cause the bad feeling, but because they tend to maintain and intensify it. Once people feel an emotion, especially an unpleasant one, they generally have a problem to solve. Rather than concentrating on toning down or suppressing emotions, people need to guide their emotions toward constructive action or transform them into ones that are more favorable and more helpful to problem solving. People can transform emotions by stressing different aspects of what is occurring; they can attribute different reasons to explain what happened, project different consequences, focus on accessing different internal and external resources, and devise different coping strategies. Thus, disappointment can be guided into a renewed attempt, or it can be transformed into acceptance of loss. All of these cognitive strategies will greatly transform emotional experience. Reason is best integrated with emotion to help guide it once it is aroused. Then people are not working against their emotions by trying not to have them; instead, they are working with their emotions, trying to guide them by integrating their social and cultural knowledge and their personal values and goals with their body-based emotional knowledge.

One of the important issues here is that people can cognitively transform their emotions constructively or reappraise situations defensively. People can try to block certain undesirable things from awareness, or they can permit the undesirable experience and then work furiously to cope with it. People can do something mentally or in action to transform the emotion into something else. The first method generally is far less effective than the second.

One of the paradoxes of defense is this: How is it possible to interrupt or prevent an experience from coming into awareness without first knowing what it is? How can people numb themselves from shattering news without first knowing that the news is shattering? How can they prevent awareness of feeling angry or sad without first knowing that they are feeling an unacceptable feeling? The process occurs because people process information at many levels, but only some in full consciousness. Thus, at a cocktail party, unattended-to conversations that are going on, some behind a person's back, apparently are not consciously heard or understood by the person until an

important concern is touched on, such as his or her name or the topic of sex. These unattended-to messages are therefore being processed at some level, but only up to a point. They come into awareness only when they are further processed. This involves attending to them before they decay from very short-term storage and frustratingly leave without a trace of what was somewhat heard but not symbolized consciously.

People's processing of information can thus be interrupted at many levels. It can be interrupted at the stage of processing that determines the meaning of words that are heard or things that are seen, or it can be interrupted at the stage of linking this to other meanings. Thus, hearing the phrase "she died" may not be linked to her never coming back or what that might mean for someone. Numbness is the very early interruption that interferes with taking in anything new; lack of awareness may involve selective attention. Detachment, a higher level interruption, means not processing the personal relevance of something, whereas avoidance might involve strategies of distraction.

Some people can redirect processing at different stages. Feeling the pain or anger and then seeing the humor in things, seeing alternatives, gaining a sense of agency in their construction of reality and in their responses to it, gives people a sense of being effective rather than being a victim of circumstance. Choosing how to respond, rather than being a victim of circumstance, provides a sense of self-determination. Seeing things as a challenge mobilizes coping, and seeing things as natural, necessary, or inevitable promotes nonblaming coping. All the means of using people's wonderful capacity to construct meaning is the best way to guide and transform their distressing emotional reactions.

There are two different views of emotion regulation, one reflecting a view of regulation as the control of too much disruptive emotion or too much of the wrong type of emotion, and the other as having the desired emotion at adaptive levels at the right time. In the first view, there are two factors: first the generating of emotion and then its regulation (Gross, 2002). In a one-factor view, emotion regulation is seen as being intrinsic in the experience of generating emotion. Emotion regulation, rather than self-control, is seen as an integral aspect of the generation of emotion and coterminous with it (Campos, Frankel, & Camras, 2004). Emotion systems thus can be transformed or regulated by processes other than more conscious cognitive processes, such as by other emotions and by the safety of attachment relationships (Greenberg, 2002). Essential affective self-regulatory processes are involved in self-maintenance, rather than self-control, and these occur largely automatically.

An affective neuroscience perspective appears to support the one-factor view of emotion regulation as integrated with emotion generation rather

than a two-factor, conscious-control view (Cozolino, 2002). Given the complexity of brain functioning involved in affect, the regulation of emotion is best viewed as embedded in a rapid cascade of effects moving up and down the different subcortical and cortical areas. Instead of cognitive control of emotion, we have massive feedback loops in which different parts of the brain interact with each other, leading to synchronization, which results in the self-organization of the entire brain.

Problems in fragile personalities arise most from deficits in the more implicit forms of regulation of emotion and emotional intensity, although deliberate behavioral and cognitive forms of regulation—a more left-hemispheric process—are useful for people as coping skills when they feel out of control. Over time, however, it is the building of implicit or automatic emotion-regulation capacities that is important for highly fragile, personality-disordered clients. Implicit forms of regulation often cannot be trained or learned as a volitional skill. Directly experiencing an aroused affect being soothed by relational or nonverbal means—a more right-hemispheric process—is one of the best ways to build the implicit capacity for self-soothing. Being able to soothe the self develops initially by internalization of the soothing functions of the protective other (Stern, 1985). Empathy from the other over time is internalized and becomes empathy for the self (Bohart & Greenberg, 1997).

Understanding and Validating Others' Emotions (Empathy)

Finally, emotional intelligence, the ability to integrate head and heart, involves empathy to others' feelings. Empathy is the best response to feelings. It is needed not only in response to others' feelings, but also in response to one's own feelings. People's empathy makes them, and others, more human. Empathy helps regulate feelings and helps people reflect on them. To recognize feelings in others, one first needs to be sensitive to one's own feelings. Once people recognize and confirm others' feelings, they also need to help these other people to allow their feelings to inform and guide them. Giving others advice in emotional moments about the merits of more rational or realistic solutions serves only to invalidate their experience. Advice such as "pull yourself together," "calm down," or "take a walk" is not helpful. Even solution-type talk, such as "You could give him a call" or do this or that, is not that helpful. People need to validate others' feelings. They need to let them know they understand their feelings and that their feelings make sense to them. Invalidation of a person's most basic feelings is one of the most psychologically damaging things one person can do to another. It is an important cause of emotional dysfunction. Feelings demand recognition; otherwise they escalate or go underground, and everything starts getting very complex. A thirsty child who is told "you're not thirsty, you just had a drink"; a crying child

who is told to “stop being a crybaby”; and a crying adult who is told “you have no reason to cry” are all having their experiences invalidated. The best way to validate people’s emotional experience is to communicate that their emotional responses are understandable and make sense in the context of their occurrence or their lives in general. Recently, a mother told me how when her adult daughter complained about relationships in her life not working out, rather than giving her advice, she for the first time listened and understood her daughter’s feelings, and this had a calming effect on her daughter.

Feelings, once they are recognized by others and by oneself, still need to be guided but not controlled. Reflection on feelings rather than impulsive action is important in the integration of head and heart. Emotions, as I have discussed, both move and inform. People need to feel their feelings and name them, not just act on them. One way in which empathizing with others’ feelings is helpful is promoting this type of reflection. It helps the other person symbolize what he or she is feeling and brings the emotion from the domain of sensation and action into the mental domain. Gaining consciousness of feelings by symbolizing them in words is where the integration of head and heart begins. People need to feel what their bodies are telling them rather than blindly letting impulses determine their actions. As people develop from infancy to adulthood, they have emotional reactions to new situations, ones that are relevant to important needs. The empathic attunement of their nurturers helped them pay attention to and symbolize their own feelings. A caretaker’s attunement to and mirroring of an infant’s excitement or sadness helps strengthen and confirm the infant’s self-experience. People’s selves developed out of such interaction in a coconstructive process in which each party added an ingredient and the mixture provided the recipe for the as-yet-unformulated sense of self. In adulthood, new feelings that are not yet fully formed or clear—such as feelings about a recent job change, a recent disappointment, or a meaningful accomplishment—also are greatly confirmed and made clearer and stronger by empathic responses of others who help the adult symbolize his or her experience. People are then able to form a stronger sense of themselves, confirm their experience, and feel more committed to what they feel and who they are. Empathy is a crucial skill of emotional intelligence.

Making Sense of the Present, Past, and Future

Emotions by their nature focus on the present. They color the present and guide actions toward immediate goals. Advocates of traditions such as Zen and Gestalt therapy (Perls, 1969; Polster & Polster, 1973) have proposed the importance of living in the present. Some critics have disagreed and do not believe that living in the present is healthy (Cushman, 1995; Lasch,

1979, 1984). They think that it will lead to an impulsive life and argue that using feelings as a guide may lead people to ignore the future consequences of their actions. These critics fail to distinguish between living in the present and living for the present.

Living in the Present

Living in the present is healthy and often involves a heightened awareness. People who live in the present are aware of both the environment and their immediate emotional reactions to the environment. For example, people are aware of joy when a loved one smiles at them. Or, in more meditative moments, they may be aware of a passing breath and say to themselves, “Breathing in, I am calm. Breathing out, I feel joy” (Kabat-Zinn, 1993). People feel at peace dwelling in the present moment. Living for the moment, however, is tantamount to reckless impulsiveness; people who live for the moment do something if it feels good, without considering the consequences. To critics, living in the present (viewed as living for the present) seems antithetical to the work ethic. This ethic has led many people to view emotion as the enemy of achievement and self-application and has led to the belief that emotion needs to be controlled. Living in the present, however, brings orientation and energy.

People experience the world in the present in their bodies (Damasio, 1999). They gush with feeling and sensation before any words provide containers for their feelings. To exercise emotional intelligence, people need to recognize the present rush of adrenaline in their body when encountering a threat, and, for example, they need to be aware of the hormonal changes that affect their bodies when a sexually attractive person enters their field of vision. People need to recognize the resulting fierce way in which they ache with love, lust, and emotional pain. They need to start this process of recognition by attending to their bodies and then be able to symbolize (i.e., label) what they feel, first to themselves and then, when appropriate, to others. People need to be able to say to themselves: “I feel.” Having acknowledged their emotional experience, people then need to begin to understand these feelings. To do this, people have to “use their heads” to make sense of their experience. The mind needs to symbolize bodily felt experience in words, to synthesize the neurochemical cascades that wash over into conscious experience and symbolize them into personal meanings. Put simply, to live intelligently, people need to integrate their heads and hearts. It is to this task—of helping clients make sense of their feelings—that this book is devoted.

Being Informed by the Past

Emotions are based in the present, but they are influenced by the past. The past lives on in the present to the degree that the past influences a per-

son's experience of current events. People's current reactions to circumstances and relationships often are forged from their emotional history (Luborsky & Crits-Christoph, 1990).

Remembering often generates emotions. The lessons people have learned from infancy to adulthood are stored in emotional memory (Singer & Salovey, 1993). Much unpleasant emotion arises as an intrusion from the past. For example, a feeling of sadness may arise when a person sees a picture that is reminiscent of a lost parent. People's current experiences may be pierced by emotional scenes of the past, by memories that rudely intrude into the present. Such intrusions often occur in an uncontrollable way. Present feelings are thus often about past experiences. Emotions about things past differ from vital emotional responses to the present. Emotions of the remembered past are often the source of emotional problems. In coaching people in the use of emotions as a guide, the first important distinction to be made is that unresolved emotions about past events need to be handled differently from emotional responses to present situations.

Imagining the Future

Anticipation of future events also can produce emotions, especially worry (Borkovec, 1994). Often emotions are difficult to deal with when they concern events that might happen. The past lives on in memories, and emotions experienced in the past at least were caused by responses to actual circumstances. There is something real about emotions felt in response to past events. With regard to the future, however, emotion is secondary to thought, providing people only with reactions to rehearsals of future scenes played out in the internal theater of the mind.

Imagining and thinking of future events, however, are important capacities, because they help one anticipate how to respond to future events. Using this capacity, people can generate "trial run" emotional experiences in the present. If one imagines what life would be like without one's spouse or partner, one might realize how alone one would feel. This might fuel a decision to remain faithful to that person. Only when the mind conjures up anticipated futures and one treats them as real are future-related emotions problematic. These emotions can almost be thought of as "virtual" emotions because they are reactions to virtual realities. Problems thus arise when people confuse their fantasies about the future with reality and react as though the future is occurring now. This is how people get into real knots. They worry, run from paper tigers, fume at insults not yet cast, and weep about the loss of a significant other while that person is still present. To the degree that fantasies about the future motivate planning and action, imagining emotional reactions to future events is healthy. When people stew in events that have not

yet happened, as though they are occurring now, they spoil the only-too-brief moments they do have in the present.

There is a second problem with emotion in relation to the future. Although emotions are useful responses to the present, they do not take into account the future consequences of their actions. For instance, fear of surgery doesn't take into account the consequences of having no treatment at all. Emotion tells people there is a current problem or concern and suggests an immediate useful present response. However, emotion cannot peer into the future and tell people about the future consequences of the actions it might be suggesting. Thinking and imagining are required to anticipate future effects.

People's abilities to imagine future scenarios, to evaluate possible courses of action, to think, and to reason add immensely to their capacity to survive and thrive. To act in a healthy manner, people need to not only be prompted by emotion, but also to think about the possible future consequences of their actions. For example, every time people decide to use a contraceptive device during sex, reason and emotion are acting together to ensure physically healthy living. If people responded to emotion alone, they might have unprotected sex without thinking of the consequences. The ability to project the future consequences of their actions and to integrate these with present experience will lead to healthier actions. The people will still be concerned about their present satisfaction, but now they can take future consequences into account. People therefore need to distinguish between emotion in response to present circumstance and emotion in response to anticipated scenarios, because each serves a different purpose in life.

Integrating Past, Present, and Future

People need to recognize how profoundly emotion governs the present and orients them in their worlds. Feelings provide them with a constant readout of their current reactions to ongoing events. Their feelings declare who they are in the beginning of any moment. Before people transform their very first self into the more complicated self they always become, feelings tell them the effects of their first contact. These first emotions tell them how they are reacting—not how they should react, or would like to react, but how the self that they actually are is reacting. Emotions, filled with the wisdom of biology, are forged in the crucible of lived experience into one's current self (Stern, 1985). If one is treated well as one grows up, one perceives the world to be a safe place, and one feels good. If one is treated poorly, one begins to construct a sense of a dangerous world, an unresponsive other, and a fearful sense of self. One's self reacts with this embodied knowledge by feeling things. People thus feel afraid as they interpret looks on another's face as a hint of danger, or tension in the air as a signal of impending conflict. Or they feel

pleased that their date's virtually imperceptible lean forward indicates an as-yet-undeclared interest. Without this felt orientation to the world, people would stumble through life, clumsily encountering circumstances because of the lack of any intuitive orientation. This wisdom of bodily felt emotions serves as a gyroscope to keep people on an even keel.

If, however, people live only by present emotion, simply surfing on the currents of their next-emerging emotion, they rob themselves of all that humans have learned through language and culture about adaptive living. Language-based knowledge, in addition to biology and experience, has become crucial in transmitting all that humans have learned (Gergen, 1985; Neimeyer & Mahoney, 1995). People thus always need to integrate their emotionally based biological knowledge with their more learned personal and cultural knowledge. Doing something because it feels good, as we know, is not always the best guide to action. People need to take their social context and the future into account before acting. A lot of acceptable and effective behavior in any particular context is learned and needs to be integrated with people's primary biological-based emotional experience. A person who immediately yells at others because they annoyed him or her, or who immediately makes love to another person whom he or she finds appealing, doesn't take enough relevant information into account. On the other hand, ignoring the feeling that one is annoyed or attracted robs a person of a deep source of knowledge, enjoyment, and vitality. However, relying on it alone will not produce wise action. Thus, present feeling must be integrated with awareness of future consequences and informed by past learning. Living only for the present and ignoring consequences is not wise: What one did today will affect what happens tomorrow.

Reflecting on, Narrating, and Making Meaning of Emotions

After emotion awareness comes the ability to make sense of experience and, in so doing, to receive help from others. Here is where the wonderful human capacity for creating conscious meaning and symbolizing emotion in words and the ability to think rationally, reflect, plan, and imagine the future become so important. Premature application of these talents is harmfully misguided, and a lack of application is potentially disastrous. As people cannot live by bread alone, so too can they not live by either emotion alone or reason alone. The design of people's emotional brains means they very often have little control over when they will feel what. However, they can be aware of and control the subsequent course of events. They can regulate how long they feel the emotion and what they do with the feeling, and they can make sense of the ever-important sequence of feelings and thoughts that follow the first rush of emotion. This is demonstrated in the following example.

Erin sees a man, whom she is eager to get to know, approaching her on the street. She has met him beforehand, and for some unknown reason, she is deeply attracted to him. As she sees the object of her infatuation look her way, her heart skips a beat, and she becomes all jittery. She approaches him, her mind racing as she plans what to say. "How will I start, and what can I do to be interesting?" she asks herself. Then, however, her fantasized perfect partner walks right by her. Does he not recognize her, or is he so lost in thought that he is oblivious to her and anyone else on the street? Erin does not know. She feels devastated. Shame, longing, pain, and loneliness all creep through her body. She continues on her path, almost bent over by the shock of the whole experience. "What happened?" she thinks. "I was just walking along, and suddenly this storm of feeling comes. I must calm down. We have hardly met. I've really no idea how we would get along or if we have anything in common. I don't even know if he saw me or not." Reflection now takes its turn and helps her make sense of this flood of feeling. She begins to think, "These feelings are reactions to a phantom. I guess there's something about this type of man that really sets me aflutter. It's something about his self-containedness, combined with sensitivity, a kind of sensitive pride, that I like so much. What about me leads me to react like this?" And so a reflection on herself and the situation begins.

In addition to their emotions, people need all their conscious capacities, plus the cultural learnings of their time, to live adaptively. They need emotions to tell them, without thought, that something important to their well-being is occurring, and they need their thinking capacities to work on the problems that emotions point out and that reason must solve. One recognizes what one is feeling and considers whether one accepts this response as appropriate. Developing and applying this capacity is an important aspect of emotional intelligence.

Thus, symbolization of and reflection on feelings are important. Each inserts mind in between situation and action. Any emotional response ultimately involves excitation and inhibition. What is felt or expressed depends on a shifting balance between letting go and restraint. As is quite common in biologically based systems, emotion involves dual control. Thus, emotion involves a regulatory system, and reason and reflection are important parts of that system. One of the most important characteristics of civilization is that through it people have become more aware of and able to respond to their emotions. This has happened with respect to emotional responses and their reasons. Improved practices of healthy emotion regulation through reflection are a mark of being more civilized. People nowadays think a lot more about what they feel, and why they feel it, than any previous generation. Herein lies hope for the future: greater integration of head and heart. This integration of reflection and emotional arousal does not necessarily dampen or destroy

spontaneity; rather, it can enhance spontaneity by recognizing when free expression is appropriate and adaptive and by creating special times for it and even greater opportunities to develop abilities to be spontaneous.

Writing in an emotion diary has been found to be helpful in overcoming painful memories, and it promotes immune system functioning and health (Pennebaker, 1990). It also helps symbolize and reorganize experience and helps people reflect on and make better sense of their experience and thereby assimilate it into existing meaning structures. For example, a girl at age 10 had, without explanation, been prevented from staying with her beloved paternal grandparents during her summer vacation because of a bitter divorce settlement. She had felt confused, rejected, and hurt because she assumed her grandparents did not love her. As a young adult, writing about her emotional experience in a diary helped her make sense of the experience and realize more clearly that it was not that her grandparents did not care about her but that they all had been victims of the divorce. This helped the young woman forgive them, accept the love she had received from them, and try as an adult to reconnect with them.

As Angus and I have argued (Angus & Greenberg, 2011; Greenberg & Angus, 2004), being human involves creating meaning and using language to shape personal experiences into stories, or *narratives*. It is often in the face of traumatic emotional losses and injuries, in which there has been a significant breach of trust, that clients find themselves unable to provide an organized narrative account of what happened—and to make meaning of those painful emotional experiences—as to do so challenges deeply held cherished beliefs about the feelings, concerns, and intentions of self and others. For instance, when a middle-aged woman who has proudly defined herself as a loving wife and partner suddenly finds herself divorced (“dumped”) after 25 years of marriage, not only is she heartbroken, but also her entire sense of personal identity—and understanding of how the world works—is shaken to the core. Such events must be described, reexperienced emotionally, and restoried before the trauma or damaged relationship can heal. New meanings must emerge that coherently account for the circumstances of what happened and how the event was experienced by the narrator, such that a plausible account of the roles and intentions that guided the actions of self and others can emerge.

By giving form to disconnected experiences and memories, narrative offers a space for self-reflection and self-construction, requiring us to interpret and make meaning of our experience. Indeed, the sense of having a personal identity originates in the act of storying our experiences in the world so that they can be shared with others and reflected on for new self-understanding (Bruner, 1986). Our sense of security develops when we can, with the help of others, regulate our affect and weave a coherent account of our emotional experience with others. When we become narrators of our own stories, we

produce a selfhood that joins us with others and permits us to look back selectively to our past and shape ourselves for the possibilities of an imagined future.

Narratives serve to sequence events temporally; to coordinate actions, objects, and people in our lives; and to provide perspectives and meaning to our experiences (Angus & McLeod, 2004). It establishes a sense of the coherence and stability of the self by symbolizing patterns in experience across situations. It also provides discursive explanations for the sometimes-inconsistent meanings and aspects of self that predominate in different situations and relationships (Angus & McLeod, 2004). All of these efforts contribute to the ongoing life project of achieving a sense of self-understanding and identity in which the questions of “who am I?” and “what do I stand for?” are addressed. Given that the self is a set of complex self-organizations in constant flux, the creation of the self-narrative is crucial to the establishment of a stable identity.

All stories are shaped by emotional themes. Stories help us make sense of our emotions. When we tell a story about a romantic experience, we use our emotions to assess what is “really going on” in the hearts and minds of our partners—their inner world of intentions, purposes, goals, hopes, and desires. If we find a partner untrustworthy, we may attribute sinister motives to his kind actions. It is important to note that the narrative organization of emotional experience allows us to reflexively understand what an experience means to us and says about us. At the same time, all emotions are shaped by stories (Sarbin, 1986). We feel happy or grateful when we create a narrative of a situation in which we see someone as having been kind to us. We feel angry or scared when we see others as intending to hurt us.

Narrative interacts with the intricate network of bodily, sensorimotor, and affective subsystems whose information is organized and synthesized into experientially available self-states. This interaction is fundamental to embodied human experience and our sense of continuity.

VIGNETTE: EMOTIONAL INTELLIGENCE AT WORK

Let’s look now at an example of how emotions work to make people wiser and enhance their intelligence. Trevor is away from his wife for the first time on a month-long business trip. As he is talking to her on the phone, she begins to tell him about how she is doing with him away. She says she is feeling really pleased about being able to be more independent and that she feels good about herself. She goes on to say that she has been able to more easily define her own identity and not feel as reliant on him to help her define herself. Trevor listens with interest and is aware of the excitement in her voice. She continues that she is enjoying being able to do things more freely, on her own schedule, and not having to accommodate him and lose

her own rhythm. She reassures Trevor that she misses him and likes his companionship but that she first had to experience her ability to be autonomous before she missed him. Trevor's wife is upbeat and does not sound critical, but something is happening inside of his body. She continues on, saying that it has always been a struggle for her to be separate, to know her own preferences and feel confident in her own identity. The stirring inside him is growing. A feeling begins to course through his chest and stomach. It is like he has swallowed a bad-tasting, oily liquid that he wants to spit out, but he can't because it's already moving through his insides. As he senses this, his concentration is hindered. He finds himself less able to attend to what she is talking about. He hears her saying in a joking way, "As you know, it's sometimes quite demanding to take care of your needs, and it's nice, for a while, to be free of the inevitable compromises a relationship entails."

Trevor now finds himself virtually unable to listen to his wife. He hears her words, even understands them, but he has begun to feel a little light-headed, and her words seem to come from a great distance. They seem to pass right through him rather than landing in the usual place that gives them their felt meaning. He finds himself steadily withdrawing despite his efforts to stay in contact. His breathing is now shallow, and he is tensing up slightly in his stomach, shoulders, and jaw.

His wife is still speaking, openly and enthusiastically, and Trevor can hear that she is not hostile or critical. In fact, her voice is gentle and warm, but still he feels threatened and rejected. He goes to a place deep inside where he can feel hurt yet protected. He feels sad and alone. This is not a new feeling; he knows it well. But now, sitting with the phone to his ear, he finds it hard to speak out from this withdrawn place. This is different from other times when he has felt rejected; something about being on the phone has made him more able to be aware of his anxiety and the threat. Rather than jumping into his usual coping styles of responding helpfully, asserting his view, getting angry, or analyzing what's going on, Trevor remains quiet, and he feels far away. There is a tense silence on the phone. He wants to say something, but he just can't seem to swim up out of his confusion to make contact with his wife.

Finally, somehow, Trevor manages to draw on his internal resources to pull himself out and to get his voice to work, and it strengthens as he musters courage. He says what he feels, "It's hard to hear this, and I feel hurt," or something like that. His wife responds reassuringly, not in her sometimes-defensive manner, but still he feels far removed and can hear the echo of his own voice coming back to him in a cavern deep inside of himself. He thinks, "I know she means well, but I just feel so rejected." This helps a bit, but he still has to work hard to draw on some inner resource to help himself struggle out of that walled-off place and say, "I do understand what you are saying, because

I have some of the same sense of freedom and less need to accommodate, but you sound so enthusiastic about having me away and so intense about your need to be separate. You always are so involved in your struggle to be you that I feel pushed away. I'd like sometimes to hear more about your need to be connected." He adds, "I know I am emotionally demanding at times, but it's really hard to hear that you find me a burden." She responds in a caring manner, saying that this had always been the struggle in their relationship but that she was feeling clear that she valued him and their relationship, and she wanted him to understand that what she was saying was not a threat. He begins to relax and feels himself coming out of hiding and back into contact. It is his wife's caring tone as much as her words that reach him. He breathes more freely, the spinning sensation in his head begins to leave him, and he notices the bright colors on the bowl he has been staring at on the table. She asks if he is OK, and he feels her concern coming through the phone. They agree to finish this conversation for now and to continue it when he returns home. He talks about a few other details, and they say goodbye. Ten minutes later, she calls to say she felt really sad to hear him without words, so quietly hurt, when he usually is so readily able to talk things through, and that she hopes he is all right. He feels good, especially now that she has called, and says that he appreciates her calling back.

Hard hitting as this conversation may have been, it led Trevor and his wife to a deeper sense of trust based on emotional honesty and concern for each other. Each partner's need for connection and for autonomy was recognized. As a couple, they handled this interaction skillfully and sensitively, and they came through it feeling closer. Others could have gone spiraling out of control. The conversation could have escalated into cycles of attack and withdraw, or attack and counterattack, and the inevitable efforts to defend. That would have left both people feeling battered and diminished, and for a time the connection would have been damaged. Luckily, Trevor was able to come out of his withdrawal, but it wasn't easy. The two of them got through it. He spoke from his hurt, and his wife heard and validated his feelings.

The following functions of emotional intelligence were served:

- *Emotion signaled him about the state of his relationship with his wife.* Trevor's emotions informed him of feelings of threat and rejection in spite of his rational judgment of safety. These emotions told him that the possibility of something of major concern to him—his need for connection, based on who he was and on his history—was at risk.
- *Emotion organized him for action.* Trevor's threat organized his complicated withdrawal inside to a safe place. From there he

monitored progress vigilantly, checking for cues of rejection and abandonment and contemplating what he should do next.

- *Emotion monitored the state of his relationship.* His emotions, forever vigilant about the degree of acceptance and rejection and closeness and distance in his intimate bond, reacted to potential rejection, leaving him almost frozen in fear of some form of abandonment.
- *Emotion evaluated whether things were going his way.* Trevor was alerted that his need for security was threatened, long before he consciously determined this.
- *Emotion signaled to his wife about the state of their relationship.* On the phone, most of the signaling was in the vocal quality. This is a channel rich with signals, second only to the face. Trevor heard his wife's caring and reassurance, and this is what finally saved the day. She understood that his silence, pauses, and hesitation indicated that he was afraid or wary, and she adjusted her behavior accordingly. Without this nonverbal signaling, they would constantly have to be talking. As important as verbal communication is, relying on it alone, and expecting one's partner to always read what one is feeling, can cause couples no end of problems.
- *Emotion helped him learn.* Like it or not, he felt vulnerable to being abandoned, and he had to pay attention to it and learn how to deal with it. He would have ignored it at the peril of becoming inexplicably withdrawn and disorganized. The situation could have ended differently if Trevor had not used the following emotional intelligence skills.
- *He made sense of emotion.* Trevor recognized and attended to the stirring feelings in his chest and stomach, and he determined that the uneasy feeling in his body signified a sense of threat. He didn't always like what he felt, and it was not always adaptive, but it was there, organizing him, and he needed to be aware of it, make sense of it, and find ways of coping constructively with how it was inclining him. Trevor's knowledge of himself and his wife were important in helping him keep things in perspective. Past therapy and work on his feelings of abandonment had helped. He was rapidly able to make sense of what he was feeling, assess that the threat of rejection was not really a danger, and mobilize his view of what was causing him difficulty. He was also able to put this into words and to draw on an inner sense of security that helped him hold onto all the past times of

her caring and project these as possibilities in the future. This involved a mind busily at work.

- *He expressed his emotion to his wife in an appropriate way.* Trevor did not express everything. His expressions were informed by years of interpersonal learning in his culture and by his past psychotherapy, in which he had learned to say what he felt rather than to blame. Ignoring his feelings or playing at being unaffected would have left Trevor alienated and confused. Deciding to tell his wife what hurt was important in helping him find his feet again.

Emotion thus informed Trevor that he felt threatened and rejected, and he signaled this to his wife long before he put it into words. His automatic response at first was disorganizing, and he worked hard to make sense of it so he could communicate it. His wife responded to his feelings, communicating nonverbally and verbally in a confirming, understanding manner. This type of response is highly important in making emotional interactions constructive.

CONCLUSION

Emotional intelligence involves integrating head and heart. This involves awareness of current embodied emotional experience, appropriate expression, and reflection on and regulation of emotions. Emotions occur in the present in the body, and they influence and are influenced by the past and the future. At core, we are emotionally all pretty much alike. Experience and reflection are both important in transforming maladaptive emotions and in creating new meaning. Empathy with others' emotions is a crucial aspect of emotional intelligence.

2

THE NATURE OF EMOTIONS

Poetry is when an emotion has found its thought and the thought has found words.

—Robert Frost

Before we explore how to help clients enhance their emotional intelligence, we must understand how emotions work. This chapter summarizes what we know about the nature of emotions—how they form; how they interact with the psychical body, culture, and thoughts; and how maladaptive emotions can be changed. We begin with a brief conceptualization of emotion and explain how this view has evolved over time.

WHAT IS EMOTION?

Emotion is a brain phenomenon that is vastly different from thought. It has its own neurochemical and physiological basis. Emotion is a unique language in which the brain speaks through the body. As discussed in Chapter 1, emotions are vital for survival and serve several necessary functions. But

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philosophers have not always held this view of emotions. In ancient Greece, the Stoics treated passions as diseases of the soul and proposed a type of cognitive therapy to remain free of them. Later, early Christian philosophers Augustine and Aquinas reacted to the Stoics view by agreeing that the passions were a violent force that could conflict with reason but that people who no longer suffered from fear and sorrow would not have won true peace but lost all humanity (Augustine, 2006). Enlightenment thinker Spinoza (1677/1967) further distanced himself from the view that emotions are bad and to be controlled, proposing instead that emotions served an important life function: Postulate 19 states that “the human mind only knows the body exists through ideas of affections by which the body is affected and that we need to bring mind to the passions to create affects” (p. 47). The distinction between the passions of the senses and appetites on the one hand and ideas of affections (more of a seemingly mental experience) on the other framed much of the subsequent view of emotions until the early 19th century, which culminated in Darwin’s evolutionary view of emotion and then James’s action-based views of emotion.

In 1884, William James, in an attempt to formalize emotion as a psychological category, famously asked the question: What is emotion? His answer was that emotions were vivid mental feeling experiences of visceral changes brought about by perception of an object in the world. James had built his view on those of some predecessors in the immediately previous centuries, but prior to that there had not been a single category called emotion. Rather, there was more than one term, and there was a definite distinction both in folk psychology and philosophical religious writings between the passions and ideas of what affects the body.

Our current view of emotion appears, more and more, to be agreeing in part with James that emotion is a mental way to understand what the body is telling us, that emotion is important for flourishing, and that emotion is more than a singular process. In 2010, Izard attempted to provide a definition of emotion by surveying emotion scientists. He summarized the most common features of emotions as neural circuits, response systems, and a feeling state/process that motivates and organizes cognition and action.

RESEARCH ON THE UNIVERSALITY OF EMOTIONS

Our current understanding of emotions stems from considerable research. In scientific psychology, the first major breakthrough in the study of emotion occurred when a reliable way of measuring emotions was developed (Ekman & Friesen, 1975). By the 1970s, at least six basic innate emotions had been established, mainly by showing that facial expression of these

emotions was innate. Whether the person is a U.S. college sophomore, a Japanese student, or a Borneo tribesman, he or she will exhibit the same facial expressions in situations that evoke anger, fear, sadness, disgust, surprise, or joy. People might use different words or concepts to describe the emotion, but the expression is the same. What is called “disgust” on a college campus in North America is identified as “the smell of a rotten pig” in the Borneo forest, but both cultures use and recognize the same facial expressions. This universal language of emotion ties human beings together, no matter where they are born.

In addition, differential physiological states have been associated with these six different emotions (Ekman, Levenson, & Friesen, 1983), and different emotions have been localized to different neural systems (Harmon-Jones, Vaughn-Scott, Mohr, Sigelman, & Harmon-Jones, 2004). Heart-rate acceleration was greater for anger and fear than for happiness. Skin conductance increase was greater for fear and disgust than for happiness. This suggests that positive emotions can be physiologically distinguished from negative emotions. There were also physiological distinctions between different negative emotions. Anger, fear, and sadness all had greater heart-rate acceleration than did disgust. Finger temperature increase was larger for anger than for fear. Surprise has lower heart-rate acceleration than happiness. Emotions thus have their own physiological signatures.

In addition to this universality of expression, other lines of evidence on the innateness of emotion came from the presence of the same facial expressions in people with congenital blindness, from cross-species similarity in expressive language, and from the ability to stimulate these expressions neurochemically and electrically. Thus, even though blind infants may never see the expression of anger or sadness, their ferocious little snarls and sad pouts resemble the faces of sighted infants, as well as those of monkeys. Electrical stimulation of the brains of felines and apes produces facial snarls remarkably like those of humans. Darwin first noted this similarity of expressive forms of species in 1872 in his book *The Expression of Emotions in Man and Animals*. Although it took almost a century to develop this observation into the rigorous study of emotional expression, the ability to finally be able to base emotions on something as concrete as facial expression has allowed for the development of measures of emotion. Reliable measurement, the *sine qua non* of science, launched the study of emotion in psychology.

This basic emotion theory has recently been questioned from a psychological construction perspective which holds that emotions, rather than being natural kinds, are constructed from general psychological processes and that there are no such things as basic psycho-affective motor programs as claimed (Barrett & Russell, 2015). Psychological constructionists see conceptualization as central in emotion. They see basic affect like fear, anger, and sadness as being constituted by variations in core affect (characterized by states of

physiological valence and arousal) and that these emotions come into awareness either by conceptualization of these preexisting core states (Russell, 2015) or that the existence of these emotions requires conceptualization to come about (Barrett, 2014). LeDoux (2012), weighing in on the question of the nature of emotions, suggests that in place of the term *emotion* we think of integrative sensory-motor survival circuits that serve specific adaptive purposes. These circuits allow organisms to survive and thrive by detecting and responding to challenges and opportunities and, at a minimum, include circuits involved in such things as defense, maintenance of energy, fluid balance, thermoregulation, and reproduction. From a more applied point of view relevant to psychotherapy we will propose an integrative dialectical constructivist view which proposes that the complex emotions that are dealt with in therapy and in living, in general, involve a complex integration of a basic affect program and the construction of meaning.

All people, regardless of where and when they were born, thus come into the world with the same emotional system that serves as the basis of a common humanity. It is true that idiosyncratic experience will put an indelible stamp on people's emotionality, sometimes even twisting and distorting it into something one no longer recognizes. Culture trains people to hide emotions or to express emotions in unique ways. Depending on what different cultures may view as natural or acceptable, people may express themselves, for example, by running amok with emotional fervor or by dancing joyously in the streets during Mardi Gras. Despite varied experience and training, however, people are all pretty much alike. Beneath one culture's self-effacing humility and another's brash assertiveness there is a common core of emotional humanness that serves as a human basis for understanding others.

At a more clinical level, I have now trained therapists in many countries, and my experience has confirmed that at core we are all pretty much alike in both the type of emotional problems we have and how we resolve them emotionally. Whether people come from the cities of China, Japan, Singapore, North or South America, Scandinavia, Spain, Slovakia, or anywhere in Europe, India, Africa or Australia, they all suffer from the unresolved anger and sadness of unfinished business with their caretakers, the shame induced by self-criticism, and the avoidance of painful feelings regardless of culture. And all people, regardless of culture, go through the same processes in resolving these difficulties. It is quite remarkable that whether you were brought up as a single child in communist China or as one of many children in a family in capitalist America, or whether you live in the Alps or by the Indian Ocean, your emotional processes are pretty similar to those of others. What makes one ashamed or what causes hurt may differ, but what one feels when ashamed, hurt, or angry bears a strong resemblance. Cultures have different rules of expression, but basic emotional experience seems pretty immune from these

influences, at least in modern urban environments. However, I have yet to discover if people in different tribal villages have the same type of emotional problems and resolution processes as people in the global village.

THE LINK BETWEEN EMOTION AND THE BODY

The scientific study of emotion has shown that emotions and the body are intricately linked. In particular, we now know that the limbic system (the part of the brain possessed by all mammals) is responsible for basic emotional processes, such as fear (LeDoux, 1996). The limbic system governs many of the body's physiological processes and thereby influences physical health, the immune system, and most major body organs. LeDoux (1996) found that there are two paths for producing emotion: (a) the fast "low" road, when the amygdala senses danger and broadcasts an emergency distress signal to the brain and the body, and (b) the slower "high" road, when the same information is carried through the thalamus to the neocortex where we think. Because the shorter amygdala pathway transmits signals more than twice as fast as the neocortex route, we are rapidly oriented to the world and automatically inclined toward survival-oriented action. All this occurs before we think, and the thinking brain often cannot intervene in time to stop these emotional responses. Thus, the automatic emotional response occurs before one can stop it, whether one is saved by jumping back from a snake or endangered by snapping at an inconsiderate spouse. In some situations, it is clearly adaptive to respond quickly, whereas in other situations, better functioning results from the guiding of emotion through reflection, which involves the integration of cognition into emotional responses.

Human brain anatomy appears to result in three important emotion processes on which we will focus in this book: (a) the ability to have emotion, (b) the ability to make meaning from emotion, and (c) the ability to regulate emotion. Each of these processes becomes a site for therapeutic work. To intervene effectively with emotion, therapists need to help people become aware of and experience emotions rather than avoid them, to help create coherent and helpful narratives to organize and understand feelings, and to help people have regulated emotions.

Emotions are among the primary data of existence—they provide proprioceptive experience, an interior sense of ourselves. Like the senses of touch and smell, emotions course through people's bodies. They comprise intimate, inside information that pervades consciousness, providing people with very subjective information. They tell a person that he or she is feeling proud, humiliated, annoyed, or depleted. Emotions often just happen—they just move people into action in the seamless process of living moment by

moment. People constantly act without thought, getting up, moving, hugging, smiling, and scratching without much conscious effort. At the next level of awareness, attending to feelings gives life color, meaning, and value. If a person is unable to attend to this level of experience, he or she will lack orientation in the world and will lose a sense of what is personally significant.

Not only do biological processes facilitate emotions, but emotions influence biological processes. For example, stress has become recognized as predominantly being an undifferentiated name for the effect of emotion on our bodies resulting from unresolved emotions of anger, fear, sadness, and shame. Emotion has also been clearly connected to the immune system and physiology (Pennebaker, 1995).

Emotion also elicits distinctive physiological responses to various situations that our ancestors encountered even before language was developed. The heart is predisposed to race (along with several other physiological responses) when we see looming objects, snakes, crawling insects, or large moving shadows at night; or when we hear loud noises or the screams of conspecifics; or when we smell the odor of a predator. The racing heart and the other physiological changes that occur under these conditions collectively serve as a danger detector. They occur under these situations, and some of this wiring is innate and some learned. When the emotion is activated, it produces the appropriate physiological changes.

THE LINK BETWEEN EMOTION AND CONSCIOUS THOUGHT

The emotional brain (limbic system) is not capable of analytic thought or reasoning, and its rapid evaluations are imprecise; therefore, one needs to attend to and reflect on one's emotion to use its information. When, for example, a person hears a noise in the car engine while driving, he or she needs to integrate the emotional response of surprise, and maybe fear, with some understanding of how engines work. Then the person needs to decide whether to stop immediately, drive to a repair shop, or leave the car until tomorrow. Integrating the prompts of the emotional brain with the guidance of reason leads to the greatest adaptive flexibility. Relying on a synthesis of the emotional and the reasoning system also enhances the complexity of responses.

Which Comes First?

Most theorists of emotion agree that human emotion involves some form of stimulus appraisal, plus physiological arousal, expressive behaviors, and impulses to instrumental behavior, and some sort of subjective feeling. A debate on the order of these elements has raged for many years. This debate

was stimulated by William James's (1890/1950) early claim that a person fears a bear because he or she runs away, which is in opposition to the more conventional view that a person runs away from a bear because he or she is afraid. This whole argument, however, has been based on the assumption that the elements are entities unto themselves that can be linked in linear causal sequences. Interpretations, subjective feeling, and visceral and motor responses, however, are not primary indivisible elements; rather, they are processes that unfold over time. There is no reason to believe that all of one's bodily feedback should reach the brain before any subjective feeling results, or that the interpretation of the situation must be completed before the body can begin to respond, or that a complex emotional experience must occur before interpretation can begin. Instead, interpretation develops over time, as does feeling, in a continuously interactive sequence, often a very rapid one. The process thus is one in which many elements are constantly being synthesized to construct what one feels.

Consider the chain of events leading to an emotion like fear. Something dangerous occurs, and the brain automatically perceives the threat. This neuroception (Porges, 2011) triggers a constellation of bodily changes by activating an emotion network or emotion scheme. These changes are registered by a further state: a bodily perception. The bodily perception is directly caused by bodily changes, but it is indirectly caused by the danger that started the whole chain of events. It carries information about danger by responding to changes in the body. That further state is fear. Emotions in this way can represent core relational themes without explicitly describing them. Emotions represent bodily states that reliably co-occur with important organism–environment relations, so emotions reliably co-occur with organism–environment relations. Each emotion is both an internal body monitor and a detector of dangers, threats, losses, or other matters of concern. Emotions are gut reactions that use our bodies to tell us how we are faring in the world.

Attention releasing cues, or very simple automatic perceptual appraisals, thus often acts as an entry point into the realm of emotions (Ellsworth, 1994; Frijda, 1986; Scherer, 1984b), especially in the context of interactions with the environment. A sense of attention to novelty, of attraction or aversion, or of uncertainty begins a process. However, rather than evoking complete emotions, each releasing cue or appraisal may correspond to changes in the brain, the body, and the subjective feeling. As soon as the organism's attention is aroused by some change in the environment or in the organism's stream of consciousness, neural circuits in the brain are activated (LeDoux, 1993, 1996). The person's heart rate may speed up, the head may turn, or breathing may change. The person now may begin to feel different. Once the organism senses that the stimulus is attractive or aversive, further networks are

activated, and the feeling and the bodily responses change again. As each succeeding appraisal is made, the mind, body, and feeling change. When all the requisite appraisals have been made, quickly or slowly, the person may report being in a state corresponding to one of the known discrete emotions, such as anger or sadness. Debates about the primacy of cognition, bodily responses, or affect thus make little sense when experience is considered as a process of construction. What is needed, rather, is an integrative view in which human beings are viewed as actively constructing their sense of reality, acting as dynamic systems that self-organizationally synthesize many levels of information to create their experience (Greenberg & van Balen, 1998; Guidano, 1991; Mahoney, 1991; Thelen & Smith, 1994).

As we have argued, appraisals activate emotion–action responses, both in a highly automatic manner, without any conscious thought, as when one swerves to avoid another car that suddenly crosses one’s path or, on the other hand, by more conscious appraisals, such as when one consciously thinks that he or she has been betrayed by friend. Finally, mood, an emotional state itself, one that endures over a longer period of time than emotional reactions, is an important emotional determinant of both emotion and thought (Forgas, 2000). Mood strongly influences how one sees things and feels about things. Thus, there are different degrees of thought in emotion at different junctures and different amounts of emotion in thought, but thought is clearly not the prime determinant of emotion.

For simplicity and for use in thinking about the process of emotion and thought for therapeutic purposes, the sequence shown in Figure 2.1 might help readers envisage the process I am proposing in this book. A more complex form of this constructive process can be found in Greenberg and Pascual-Leone (2001).

In Figure 2.1, one sees that attending preconsciously to a stimulus activates an emotion scheme. This in turn gives rise to conscious emotion and need, thought, and an action tendency. These all interact to influence each other and are translated into final behavior. Here the emotion scheme is a fundamental mode of processing information in relation to certain emotion-

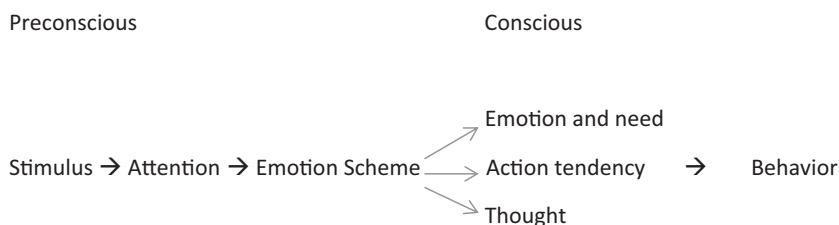


Figure 2.1. Emotion process sequence.

based scripts that evaluate the significance of the stimulus to a person's well-being. Emotional schemes play such an important role in the process that I devote the next section to the topic.

Note that this figure is a tool for thinking: The process is not this linear, and there are far more interactions and syntheses among elements than it is possible to show. And I am sure that action tendency emotion and need and thought are themselves not simultaneous. The important point is that it is not thought that produces emotion.

As the 21st century proceeds, the question of whether emotional reactions precede or follow their conscious appraisal has essentially been put to rest (LeDoux, 1996). Only if the definition of cognition is arbitrarily restricted to rational conscious thought can it be placed in opposition to emotion—and even then, only weakly. Emotional expression is itself clearly an elaborate cognitive-processing task in which data are integrated from many sources in the brain (often in milliseconds), and this occurs, in the main, outside awareness. The conscious narrative flow of evaluations, interpretations, and explanations of experience—the reported story of the emotion—often comes only after the emotion is experienced. The narrative account is significant as a record in memory of experience but often is only peripherally related to the process of generating ongoing emotion.

In psychotherapy, thinking about how the cognitive and affective systems work together and how each is blended with the other appears far more profitable than ascertaining which one comes first. What is clear, however, is that the simple linear sequence—cognition leads to emotion, one of the cornerstones of the classical cognitive therapy view of emotion (Beck, 1976)—covers only the simplest means by which emotion is generated. This oversimplification can be misleading in attempting to understand the complex interactions of emotion, cognition, motivation, and behavior, for people often are not witness to the internal processes by which they become emotional (Bargh & Chartrand, 1999).

Emotions are primarily designed to facilitate adaptation, which is why they are very fast and do not require time-consuming cognitive processing to a wide and varied range of threats and signs of safety and comfort. Whereas anger promotes overcoming obstacles, boundary setting, and aggression, many emotions aim to reduce aggression. Emotions such as sadness, shame, and regret contribute to harmonious social functioning, whereas tears—which arise from pain and helplessness—evoke support and comfort (Vingerhoets, 2013). In addition, emotions such as gratitude, awe, elation, and disgust contribute to values and morality (Haidt, 2007). Emotions are helpful to a person when facing major threats, but they also promote social functioning in a complex social context. As Forgas (2000) has shown, the deeper the information processing required, the more emotion influences

cognition. Thus complex social judgments such as whom to date or marry are much more influenced by emotion than are judgments about the accuracy of the total on a restaurant bill.

Not only has emotion been shown to be clearly precognitive, emotion also includes cognition in a variety of important ways. Emotions, for example, include automatic, attentional, and evaluative processes and therefore involve cognition in the broad sense, but these span more than computational or propositional forms of cognition. Emotions, as well as being felt in the body, also carry personal meanings in that they evaluate what is significant for our well-being. Ultimately emotion and cognition form complex affective–cognitive structures, which have been termed *emotion schemes* (see next section; Greenberg, Rice, & Elliott, 1993; Oatley, 1992), and these, carrying as they do our emotional learning and memories, are responsible for the provision of the majority of our emotional experience. Finally, emotion and conscious thought constantly interact in language to create narrative meanings (Angus & Greenberg, 2011; Greenberg & Angus, 2004). Emotion thus is not cognition free, and ultimately we seldom have emotion without thought. However emotion simply is not postcognitive.

Another way to think about the interaction between conscious thought and preconscious thought is that two streams of thought are constantly being integrated to produce a final sense of who we are. In this process, one stream, the more conscious-thinking stream, self-reflectively evaluates the first, more experiential stream (Angus & Greenberg, 2011; Greenberg & Pascual-Leone, 1995; Guidano, 1995; Rennie, 2001; Watson & Greenberg, 1996). Emotions provide first-order evaluations of whether something is good or bad for a person and provide action tendencies that express the associated desires or needs. The distinguishing characteristic of being a human being, however, is the ability to evaluate one's own desires, feelings, and needs (Taylor, 1989). Thus, in determining the self one wishes to be, a person has the ability either to desire or not desire a first-order feeling and desire. In this second, higher order evaluation, the worth of the desire is evaluated against some ideal or aspired-to standard. Being a self thus involves being self-evaluatively reflective and developing higher order desires. Essentially this means developing feelings and desires about feelings and desires. For the emotion system, the evaluation is simply: "Is it good or bad for me!" whereas in the stronger, self-reflective evaluation, there is also a judgment of the value of the emotion and its accompanying desire. People evaluate whether their emotions and desires are good or bad, courageous or cowardly, useful or destructive. People thus form subjective judgments of the worth of their own desired states and courses of action (Rennie, 2001; Taylor, 1989). Thoughtful reflection on emotional prompting is thus a crucial part of emotional intelligence. This is where conscious thought plays its crucial role. Thought must be used to judge

whether emotional prompting coheres with what people value as worthwhile for themselves and others.

In addition to the role of higher level thought in reflecting on emotion, emotion itself, as one can verify by attending to one's next emotion, generally is not without thought. An emotional experience is a combination of bodily feelings and thoughts. In addition to the bodily sensations, emotion in adults almost always includes mental thought. Whenever people experience an emotion, they will find themselves awash with sensations as well as inundated with related thoughts. Anger sometimes involves a burning sensation that erupts up a central shaft through a person's stomach and mushrooms out into the center of the chest. It is accompanied by thoughts of unfair treatment and protest, such as "I won't take this anymore!" or "How dare he (or she)?" At these times, images of a cold and heartless other—uncaring and judgmental—may vividly cross the person's mind.

Sadness sometimes comes as a burning behind the eyes that cascades down into the body, especially into the stomach. It makes the person want to curl up into a ball and is accompanied by thinking such thoughts as "I give up" or "I feel so alone." Images of being alone and small in a vast universe sometimes accompany these thoughts. This symphony of bodily feeling, mental thought, and images is emotion. It is this symphony on which people must learn to focus, to understand their inner stirrings, and to harness its message.

Emotion Schemes: The Basis of Human Experience

Along with others (e.g., Oatley, 1992), my colleagues and I have developed the notion of *emotion schematic processing* as a basic mode of processing more fundamental than thought to account for the type of integrated processing discussed in the previous section (Greenberg & Paivio, 1997; Greenberg, Rice, & Elliott, 1993; Greenberg & Safran, 1986). Basically, emotion, motivation, cognition, and action occur as an integrated response package. There is a type of program or script that is activated automatically and then runs a set of preprogrammed operations. People thus feel, desire, think, and act all in an unfolding synthesized whole. The sequence of thought is generated not simply by association, as once proposed by early associationists (Titchener, 1909; Wundt, 1912), but also by different levels of emotion and desire. Thought, rather, is motivated by and highly dependent on mood or rapid emotional orientation to what is presented in consciousness. The result is that emotion and thought are highly integrated into conscious experience.

When an external object causes an emotion in us, there is no direct causal link between the object and the changes in the body. A slithering snake cannot cause one's skin to crawl without a mediating link in between. Some internal processing mechanism, what we will call an *emotion scheme*, detects the snake

and then causes the physiological change to take place. Emotions therefore have inner causes. The inner experience of emotion generation, like in the case of a fear of snakes, is not a conscious judgment but rather a perceptual/experiential state. One, for example, can experience pleasure seeing the face of a loved one, or anger seeing the face of an enemy without any judgment. In each case, a visual experience that frequently coincided with an emotion in the past serves to reactivate that emotion. The ability to associate a perceptual state (e.g., seeing a food) with an affective response that has occurred in conjunction with that experiential state (e.g., disgust) is all that is needed to begin to lay down an emotion scheme. Memory forges links between emotions and representations of the particular objects that elicited them.

Damasio (1999) suggested that human consciousness came into being in the form of feeling. Feeling is one's very first representation that an object has changed one's state of being. Looking at how the brain represents feeling, Damasio concluded that knowing springs to life in the story of the effects of objects on one's body states (cf. Spinoza, 1677/1967). The representations of these effects are feelings. The brain maps what happens over time inside the organism and in relation to it, and in so doing naturally weaves wordless stories about the organism's experience of its environment. Knowing thus first arises as a feeling of what happens to one's body in relation to its processing of an object. Essentially, the brain codes "this happened to me when that object affected my body state in this way" and forms an emotion scheme. These are the very first stories that help us make sense of our life experiences. People string together the effects that objects and events have on themselves in time-ordered sequences that imply causality.

Memory of an emotional episode can be seen as an information network that includes units representing emotional stimuli, somatic or visceral responses, and related semantic (interpretive) knowledge (Lang, 1994). The memory is activated by input that matches some of its representations, and those elements in the network that are connected are also automatically engaged. As the circuit is associative, any of the units might initiate or subsequently contribute to the activation process. Emotional experience thus is formed into internal organizations by experience. These internal organizations are emotion schemes, the fundamental units of emotional processing that influence our future experience of that emotion. Lived experiences are associated with representations of the bodily states they created and are thus given affective meaning. In this way, a somatic state, a visceral experience, becomes a marker for a specific experience and is stored in memory (Damasio, 1999). These somatic markers can then be accessed by present cues that evoke the emotion scheme. Any previous outcome that has been bad for you will be experienced as an unpleasant gut feeling (Damasio, 1994), and you will tend to make decisions that do not lead to this kind of unpleasant event.

In this way, the body is used as a guidance system, and it is emotions that guide our decisions by helping us to anticipate future outcomes on the basis of previous experience stored in emotion schemes that activate gut feelings.

In contrast to cognitive schema, emotion schemes consist largely (or sometimes entirely) of preverbal and affective elements (e.g., bodily sensations, action tendencies, visual images, and even smells). They are internal, networks represented as wordless narratives consisting of beginnings, middles, and ends; agents; objects; and intentions (Angus & Greenberg, 2011; Greenberg, 2011). They are built from lived experiences that, when activated, produce higher order organizations of experience that form the foundation of the self (Greenberg, 2011).

Emotional experience produced by these structures not only provides our more basic emotional responses such as anger, fear, and sadness, but also provides both higher order feelings such as being on top of the world or down in the dumps and our sense of things such as a sense of danger or of attraction (Damasio, 1999; Greenberg & Safran, 1986), at levels higher than the original biologically based emotion responses such as anger or sadness. These emotional responses have been informed by experience and have benefited from learning. Much automatic adult emotional experience is of this higher order, generated by learned, idiosyncratic schemes that serve to help the individual to anticipate future outcomes and influence decision making (Damasio, 1999). These memory-based emotion schemes are triggered automatically and, when activated, cue the amygdala and anterior cingulate, which in turn leads to changes in the viscera; skeletal muscles; and endocrine, neuropeptide, and neurotransmitter systems—and possibly other motor areas of the brain. These changes, together with the often-implicit meaning represented in the prefrontal cortex, generate human beings' complex, synthesized, and embodied sense of self in the world. This sense then is symbolized in conscious awareness and formed into narrative explanations of self, other, and world.

An example of this second, higher level, more cognitively complex type of emotion would be the pit in one's stomach that one might experience when unexpectedly encountering an ex-spouse. The trigger is clearly acquired, but the process is still automatic. Regardless of whether the experience can subsequently be fully articulated (i.e., as to exactly what one feels and why one feels the way one does), the experience nonetheless is tacitly generated. Perhaps most important, these memory-based emotion schemes guide appraisals, bias decisions, and serve as blueprints for physiological arousal and action. They act as crucial guides, to which we often need to refer, to enhance reason and decision making. These affective/cognitive/motivational/behavioral emotion schemes are thus a crucial focus of therapeutic attention, and when maladaptive, they are important targets of therapeutic change (Greenberg & Paivio, 1997).

NEEDS

I think the question about the nature of basic drives or motivations is so deep in our theoretical preconceptions that it takes some thought to escape the received view that life is governed by predetermined motivational systems. In my view, needs, rather than being givens such as instincts or reflexes, are emergent phenomena, constructed in a complex process of development. Psychological needs are not simply inborn and are not the same as biologically based drives like hunger or thirst or the fundamental motivation to survive and thrive. Rather, human needs emerge and are co-constructed in relationships. In an emotion-focused view, emotions, rather than needs, are the basic mental units that provide the initial values or preferences that bias the self in one direction or another. Needs, in this view, emerge out of a nonlinear, dynamic, self-organizing process, involving interactions among basic preferences and biases and lived experience in the environment. Thus, rather than postulate a set of basic motivations, such as attachment, autonomy, creation of meaning or control, as basic we see that needs are constructed from basic affective values with which infants are born and their interactional experience.

Over and above the motivation to survive and thrive as the starting point, which includes a motivation to regulate affect and to create meaning, all other needs emerge from what is more basic, emotional preferences plus interaction. Thus the infant is prewired through the affect system, for example, to favor warmth, familiar smell, softness, smiling faces, high-pitched voices, and shared gaze. These all produce pleasant affect and therefore are sought after. Needs, thus, do not derive from drives, but from affect.

Then how do needs develop? As I have said, they self-organize out of a limited set of basic values provided by the affective system. Guided by a relatively small set of affectively based biases and preferences experienced as feelings, infants' actions and experiences become categorized and mapped into internal organizations—into needs and emotion memory schemes. In the beginning, a trigger activates neurons, preset to react to the triggering stimulus, by the perception, conscious or automatic, of a stimulus, and a feeling ensues. First-order neural maps then represent changes in body state and result in feelings (the private internal bodily felt experience), whereas higher order, second-order maps representing the neural activity constitute full-blown emotions schemes and emerging needs. Selective strengthening and weakening of populations of synapses as a result of experience carve out circuits that become needs (Damasio, 1999). The circuits are organized on the basis of lived experience. No narrowly fixed universal drives exist other than to survive and thrive serviced by affect regulation and meaning creation. Needs such as those for connection, validation, and achievement, rather, are sculpted from initial biases and experience.

Need can thus be thought of as desire for the object or circumstance that provided a more pleasant or adaptive emotional experience (Lars Auszra, personal communication, February 2015). In this way we can think that we are in-wired, for example, to prefer warmth to cold, freedom of movement to restriction because these aided survival. Thus, when the infant is lacking in warmth and is alone it feels sad and cries and it finds touch and warmth comforting, or when the infant is restrained it feels angry and finds that mobilizing its own agency provides freedom from restraint. The infant therefore learns through experience that comfort or increase in its own actions provides more positive states and aids survival. The internal representation of the experience of the soothing of the other, or of the self-mobilized increase in action, are associated by experiential learning to the sadness and anger. Thus, when the distressed emotional state emerges, these alternate associated emotional states are sought after as antidotes to the unpleasant states by virtue of the basic motive of affect regulation. Needs are thus the seeking of those states that lead to adaptive reduction in negative affect or increase of more positive adaptive affect that are associated with the reduction of negative states through learning.

My view on the notion of universal motivations thus is to see the motivation to survive and strive as fundamental and that this manifests in two fundamental systems: a presymbolic affective system, in which affect regulation is a core motive, and a symbolic meaning construction system, in which a will to meaning is a core motive. Interaction between the two systems determines experience. Emotions then are what move us, whereas meaning is what we live by.

In this view, human beings are seen as wired to seek emotions, and they desire to feel them because how the emotions lead them to feel aids survival. This is not a simple hedonistic view in which people seek pleasure and avoid pain. Rather, people seek to attain/achieve the needs/goals/concerns associated with their emotions: goals such as closeness and proximity, the lack of which is signaled by sadness; safety, the lack of which is signaled by fear; agency, the lack of which is signaled by shame; and effectiveness. Those who had feelings like these fared better than those who did not and survived and thrived.

People, however, do not always simply seek pleasure or to feel good. For example, a surgeon works for hours through stress, anxiety, and exhaustion to save a life—not for pleasure, but for the satisfaction of a calling, for pride of achievement, and possibly through compassion. People often maintain anxiety to ensure goal achievement; they study for tests and prepare for presentations. People also generate anger to overcome obstacles and enjoy fear on bungee jumps. Of course, people also do seek positive feelings to feel calm, joy, pleasure, pride, excitement, and interest and equally seek to not feel pain and shame and fear, but this is much more complex and differentiated than seeing pain and pleasure as the guides of life. Seeking emotion is thus an

important motivating force and affect regulation (having and not having the emotions that aid survival) is a major motivator of behavior.

Without anxiety and calm there could be no attachment, without fear there would be no harm avoidance, without interest there would be no involvement, without anger there would be no assertion, without pride and shame there would be no identity, and without joy there would be no pleasure in connection. Without emotions, we would not seek out the other, we would not bond or feel supported, and we would not pursue achievements and goals, because affect both helps in developing these motivations and amplifying them. In addition to affect regulation being a basic emotion that leads to striving to have the emotions that promote survival, the search for meaning also appears to be a universal motivation. As Viktor Frankl (1959) illuminated in *Man's Search for Meaning*, meaning sustains the will to live, and those who have a reason to live can bear with almost any situation. He also suggested that the last of human freedoms is the ability to choose one's attitude in a given set of circumstances. We thus are born to create differentiations and narrative meaning and thereby construct our realities (Bruner, 1986). We cannot *not* create meaning. Searching for meaning is a form of happiness, and there probably is no lasting pleasure without meaning. We both organize and constitute our experience of the world through narratives: stories, myths, and explanations. Narrative is the inescapable frame of human experience. What predominates or fundamentally constitutes our consciousness is the understanding of self and world in story. Individuals who lose the ability to construct narrative lose their selves. A second basic motivation thus appears to be the need to create meaning.

So needs that come from deep within are constructed and influenced by biology, experience, and culture. People have many needs, and these needs continually emerge as responses to what is going on around people. They emerge somewhat automatically, just like feelings. Identifying the basic human needs is probably impossible, because they are not fully predetermined. From work with people in therapy, however, I have learned that needs related to attachment and identity usually appear to be of the greatest psychological concern to most people. Needs to be connected, protected, effective, and valued appear to be related to people's basic interpersonal nature. Love and power and connection and status are important in understanding human experience (Gilbert, 1992). Needs for security and interest, curiosity, and mastery also appear to be basic to human nature. Thus a need to be securely attached; a need for affection, to belong, and to be valued by others; and a need for novelty and mastery seem of critical importance (Bowlby, 1969; White, 1959). Our ancestors probably survived if they belonged to a group and if they were curious, because they learned about things ahead of time, before the necessities of survival demanded it, and this helped them master their situations. Curiosity in humans, in conjunction with reason, promoted

by a group that can support its inventors, has been the most powerful source of progress in civilization. Without attachment, interest, and curiosity, we would still be in the Stone Age or perhaps not here at all.

People become more empowered when they connect with their need for attachment or mastery and regain their interest and curiosity. They feel more like active agents than passive victims. People can begin to act on their own behalves once they can contact their idiosyncratic current concerns, such as a desire to relax or even to soothe themselves. For example, a person might listen to a favorite piece of music, take a walk, or go for a swim and thereby begin to mobilize his or her resources to meet the need to relax. In therapy, feeling that one has a right to a need is greatly aided by having the validity of that need confirmed by an emotion-coaching therapist. Mobilizing oneself and acknowledging a need also leads people to begin to feel some new, core emotion in response to their prior feelings. Thus, after feeling sad at a loss, people begin to feel joy at what they had. After feeling anger at being neglected, they feel sad at what they missed. This new joy or sadness is highly motivating and, when integrated with reason, often leads to corrective action or coping. Joy leads to the desire to live, whereas sadness leads to assimilation of the loss and to letting go.

At this point one might ask the following important questions: Is the concern or need associated with a core primary feeling always going to be a good guide? Can we trust that it always will point people in the direction of growth and positive reorganization? Could it be a bad, selfish, destructive, disorganizing need? It may not be reasonable to assume that all people's needs are good and that nothing in people is ever inherently destructive. Buber (1958), for example, suggested that good or evil are simply possible directions people might take, not entities. They are thus choices. If a person has a penchant for both good and bad, can a coach still recommend awareness and evaluation of the person's needs and goals as the best guide to living?

Human beings, however, rely for their well-being on a highly evolved, genetically based biological system, as well as on socially developed strategies of survival conveyed by culture. These require conscious reasoning and deliberation to produce behavior. People are neither noble savages, complete with natural wisdom, nor savage beasts without an ounce of prosociality in their nature. Although human atrocities do occur, the perpetrators are more often motivated by their heads than by their hearts. Political and religious idealism has caused more havoc than individual atrocities. In addition, acts of individual violence and greed are often committed by people who are under the influence of addictive substances or immersed in very violent subcultures. Human hunger, desire, and rage generally do not proceed unchecked toward gluttony, rape, and murder. This is especially true if the person has grown up in a society in which prosocial survival strategies have been actively conveyed and valued. Rather than focus on the potential for dysfunction, emotion coaches need to work toward

helping people choose healthy directions and toward engendering healthier steps. People should take steps that help them grow and learn how to facilitate this growth process in others. People not only need to use their judgment in this process, but also need to be very attentive to what their feelings and needs are and then find a creative integration of these. There may be fundamentally destructive processes in human nature that can be developed. Emotion coaches, however, need to help people focus instead on the healthy, growth-producing processes and encourage development of these.

How, then, do people know which direction can help them grow? Sometimes directions that will help people grow are clear and emerge with no doubts. Other times, when people are less integrated, a part of the self—sometimes just a small voice—doubts the merit of a certain direction even though the rest of the person passionately desires it. Coaches need to help people incorporate this voice before they act. People need to make a decision about which of their needs they should follow and how to do this. They need to evaluate what part of their core experience is healthy and what part is unhealthy. The art in making this evaluation is always listening to all parts of the self and integrating all aspects into unified action. This results in internal harmony and in taking steps that help people grow.

THE DUALITIES OF EMOTION

Rather than treating emotion as a singular phenomenon, it appears that at least a dual theory of emotion processing is necessary to understand working with emotion in therapy. At least two important dualities can be observed in working with emotion in psychotherapy. The first duality is that emotions serve both *informational* and *hedonic* functions (Stein, 1991). Emotions are both carriers of knowledge and givers of pleasure/pain. A second duality lies in the difference already mentioned between automatically activated amygdala-based “low” road emotions and “high” road emotions that involve more deliberate prefrontal cortex processing (LeDoux, 1996).

Feelings in their informational aspect act as a form of knowing that provide us with immediate, intimate, and personally meaningful information about ourselves and others in an unmediated and personally specific manner. These are a little more like the affections of Augustine mentioned earlier. They need *articulation*, as this sharpens and clarifies what is felt and promotes self-understanding. There comes a point, however, when feelings change their function. Given the powerful dimension of feelings as pain/pleasure, they can lose their meaning-giving function and become overwhelming or destructive experiences. These are more like the passions the Stoics wanted to rid us of, although they seemed more concerned with freeing us from the appetitive

functions of the passions than from the pain itself. The hedonic aspect of feelings carry suffering and pain at intensities that cannot be tolerated (or feelings of pleasure beyond description), can produce intolerable experiences, can be a danger to psychological existence, and can become a source of threat and trauma. In these cases, they need to be regulated to preserve a sense of self-coherence.

The second duality important in working with emotion stems from the different ways in which emotion is produced. Emotion produced by low-road processing is automatic and wholistic and occurs out of our control, like the passions of which we are the passive recipients. When functioning well, however, these emotions are a source of adaptive intelligence. They can be brought to awareness and help us orient to the environment. When dysfunctional these emotions need to be accessed if they are to be changed. Low-road emotions, when dysfunctional, need to be worked with using principles of *emotional change* designed to deal with the automatic, prereflective, bodily felt nature of emotion.

On the other hand, emotion produced by high-road processing is far more cognitively derived and culturally influenced. Reason is involved in both its generation and change; dysfunction in this system is based on cognitive error, and change involves *cognitive change* principles designed to deal with errors in reasoning or learning. Those problems, based on deliberate processes such as faulty thinking or skill deficits are more likely to benefit from efficient psychoeducational and rational methods. These forms of intervention are aimed at changing things under more deliberate control, such as clients' thinking and learned behavior, and promoting the practice of new coping skills.

However, where reason cannot penetrate, cognitive and psychoeducative methods that appeal to reason and deliberate processing will not work, and emotional change processes will be needed. Change in the domain of amygdala-based emotion involves both awareness of emotion and its transformation. Awareness is facilitated by approaching and attending to the emotion; tolerating it; symbolizing it, most often in words; and becoming aware of the "cues" that trigger it. Transformation occurs by activating problematic maladaptive emotions and both exposing them to new opposing emotions and constructing new narrative meanings to create coherence and consolidate the felt change into a new account.

With the advent of the view of emotion as an adaptive resource and a meaning system, rather than as something that needs to be gotten rid of cathartically, modified, or corrected by reason, the understanding of emotion's role in human relationships and psychotherapy has changed. This "new look" has begun to set a new agenda for psychological research—to determine under what conditions emotions play a determining role in human experience and how this occurs. The question of whether emotion precedes cognition or vice versa has been superseded by one asking under which conditions emotions influence

thought or vice versa and how we can best facilitate change in emotions. Key issues for clinicians are how best to promote (a) access to and awareness of emotion, (b) emotion transformation, and (c) regulated emotion. Research has yielded findings relevant to these questions.

KEY RESEARCH FINDINGS ON EMOTION RELEVANT TO EMOTION COACHING

Five key findings in emotion research help answer questions about how to deal with emotions in therapy: (a) emotion occurs outside awareness, (b) awareness and symbolization of bodily felt emotional experience has been shown to downregulate emotional arousal, (c) emotion has been shown to be regulated by the safety and connectedness of close attachment, (d) emotion has been shown to change emotion, and (e) emotion memories have been shown to be changed by new corrective emotional experiences during the memories' reconsolidation period.

Emotion Occurs Outside Awareness

In the sense of visceromotor and somatomotor responses associated with bodily sensations, emotions occur out of awareness (Lane, 2008). For example, emotions can be activated with subliminal stimuli (Whalen et al., 1998), and the emotional content of the stimuli can influence subsequent behavior, such as consummatory behavior, without the person being aware of such influences on behavior (Winkielman & Berridge, 2004). Thus, a great deal of emotional responding may occur without the person being aware of it. Emotions and motivations, however, do not reside in the unconscious fully formed waiting to be unveiled when the forces of repression are overcome. Rather, they most commonly exist in an undifferentiated form consisting of sensorimotor schemes that are preideational and preverbal. Implicit emotion, or bodily felt sensations, can be transformed into discrete conscious experiences of specific emotions by putting the felt sensations into words (Lane, 2008). Through this process, an individual can feel specific emotions and “know” what it is that they are feeling.

Labeling Emotions Helps to Downregulate Them

A growing body of research has revealed that labeling an emotion, putting one's feelings into words, helps to down-regulate affect (Lieberman et al., 2007). Thus when you see an angry face and attach the word *angry* to it, there is a decreased response in your amygdala. The benefits of affect labeling thus go beyond whatever actual insights are gained by knowing what you feel;

labeling actually decreases arousal. Basic research on this phenomena has been found to hold in a real-world clinical context, in which spider-fearful individuals, who were repeatedly exposed to a live spider and labeled their affect during the exposure, exhibited reduced skin conductance and marginally greater approach behavior than comparison groups without affect labeling. Additionally, greater use of anxiety and fear words during exposure was associated with greater reductions in fear responding. Kircanski, Lieberman, and Craske (2012) found that snake phobias were significantly reduced by naming feelings during exposure.

Analyses of functional magnetic resonance imaging data suggest that one route by which putting feelings into words may regulate negative affect is by increasing activity in the right ventrolateral prefrontal cortex (VLPFC), which in turn dampens activity in the amygdala by way of intermediate connections through the medial prefrontal cortex (Lieberman et al., 2007), which has been shown to downregulate the amygdala in fear-extinction studies. In an interesting study of a reverse phenomenon, Lieberman et al. (2007) found that the brain bases of social pain are similar to those of physical pain. This demonstrated that words can hurt just as much as sticks and stones and that rejection and heart-break can have effects every bit as physical as cuts and bruises.

In addition, there is growing evidence that integrating bodily sensed feelings into one's awareness and being able to symbolize feelings in words promotes good health. Pennebaker (1990), in a remarkable demonstration of the importance of symbolizing and organizing one's feelings, has shown that writing about one's emotional experience of traumatic or upsetting events as few as four times, for 20 minutes each time, has significant effects on one's health and well-being. Numerous studies have shown that writing about stressful emotional material has a positive impact on autonomic nervous system activity, immune functioning, and physical and psychological health, and emotional processing has been proposed as the underlying mechanism for these beneficial effects (Pennebaker, 1995). Writing in "emotion diaries" helps people make sense of their experience and develop a narrative account or story that makes their experience more coherent. Symbolizing emotion in awareness promotes reflection on experience to create new meaning, which helps clients develop new narratives to explain their experience. Through language, individuals are able to organize, structure, and ultimately assimilate both their emotional experiences and the events that may have provoked the emotions. Once emotions are expressed in words, people are able to reflect on what they are feeling, create new meanings, evaluate their own emotional experience, and share their experience with others.

In addition, Stanton and colleagues (2000) recently showed that women who cope with breast cancer through expressing emotion had fewer medical visits, enhanced physical health and vigor, and decreased distress. The results

also suggest that emotional expression is more beneficial than emotional processing alone. The former is characterized by statements such as “I take time to express my emotions,” and the latter is characterized by “I take time to figure out what I am really feeling.” They also found that emotional expression appeared to drive effective goal pursuit only for those who had a sense of agency and hope. Wise people have always managed to find a balance between awareness and expression. Aristotle (1941) knew this millennia ago, but this wisdom has often been forgotten through the ages. He noted that anyone can become angry—that is easy. But to be angry with the right person, to the right degree, at the right time, for the right purpose, and in the right way—that is not easy. This represents integrating head and heart. In a clever experiment, Bohart (1977) showed that clients in a treatment that promoted the expression of unresolved angry feelings and reflection on them resolved their feelings more effectively than clients in a condition that promoted either expression or reflection alone. Synthesis won.

Safety and Connectedness Help to Regulate Emotion

With regard to the effect of relationships on emotion, connection to an attachment figure has been shown to reduce threat and pain (Coan, Schaefer, & Davidson, 2006). For example, female participants in long-term romantic relationships were scanned as they received painful stimuli while viewing pictures of their partner and control images (Eisenberger et al., 2011). Results revealed that viewing partner pictures while receiving painful stimulation led to reductions in self-reported pain ratings, reductions in pain-related neural activity (dorsal anterior cingulate cortex, anterior insula), and increased activity in the VLPFC. This is consistent with the idea that the attachment figure may signal safety. Moreover, highlighting the role for the VLPFC in responding to the safety value of the partner, greater VLPFC activity in response to partner pictures was associated with longer relationship lengths and greater perceived partner support. In addition, greater activity in the VLPFC while viewing partner pictures was associated with reduced pain ratings and reduced pain-related neural activity. The authors concluded that in the same way that stimuli that have historically threatened survival (e.g., snakes, spiders) are prepared fear stimuli, attachment figures who have historically benefited survival may serve as prepared safety stimuli, reducing threat- or distress-related responding in their presence.

Current neuroscience research is also beginning to reveal the neurological underpinnings of client safety through therapists’ empathy and presence. Polyvagal theory explains that when clients feel safe and secure with a therapist, the brain establishes a state of “neuroception” of safety (Porges, 1998, 2011). This creates a feeling of security in clients, which enhances feel-

ing of trust in the therapist and the possibility of opening and engaging in therapeutic work. According to this theory, bodily feelings and emotions can be influenced in the presence of others. Thus, there is not only bidirectional communication between our brain (i.e., central nervous system) and our body, but also bidirectional communication between people's nervous systems and those who constitute their social environment.

Earlier conceptualizations of the autonomic nervous system highlighted two opposing features: the sympathetic nervous system that supported states of high arousal characterized by mobilization strategies of fight or flight and a parasympathetic nervous system that supported calm states of immobilization that were associated with health, growth, and restoration. Polyvagal theory (Porges, 2011), however, proposed that the older unmyelinated circuit shared with most vertebrates functions to support health, growth, and restoration via neural regulation of subdiaphragmatic organs (i.e., internal organs below the diaphragm), but that a newer myelinated circuit, found only in mammals, regulates supradiaphragmatic organs (e.g., heart and lungs). The newer vagal circuit, when active, functionally manages the coordination between the sympathetic and the "old" vagal circuits in maintaining homeostatic function of the subdiaphragmatic organs. Through brainstem mechanisms, the phylogenetically newer vagal circuit is neuroanatomically and neurophysiologically linked to the cranial nerves that regulate the striated muscles of the face and head. These are the primary structures involved in social engagement behaviors. Thus, the newer myelinated vagal circuit is not only influenced by social relationships, but is also an enabling mechanism through which positive social interactions may optimize health, dampen stress related physiological states, and support growth and restoration.

In Polyvagal theory, the regulators of emotions and physiology thus are embedded in relationships. The core of the social engagement system in mammals is reflected in the bidirectional neural communication between the face and the heart (Porges, 2011). Although a lack of attunement in early relationships may cause emotional dysregulation, attunement and connection in current relationships can heal or exercise the neural muscles to feel safe. From this perspective, arousal can be stabilized through social interaction that includes warm facial expression, open body posture, vocal tone, and prosody (rhythm of speech).

For example, if a person senses threat, then the nervous system either goes into a state of fight or flight, through the activation of the sympathetic nervous system, or a behavioral immobilization, often with symptoms of dissociation through the activation of the more ancient branch of the vagus creating a state of collapse. Alternatively, in the presence of someone with whom an individual feels safe, a person experiences a neuroception of safety, and the inhibition of defense occurs as the person's physiology calms and defensive strategies are

replaced with gestures associated with feeling safe, such as prosocial spontaneous interactions that reduce psychological and physical distance.

Emotion Changes Emotion

Spinoza (1677/1967) in the 17th century hypothesized that emotion is needed to change emotion. He proposed that “an emotion cannot be restrained nor removed unless by an opposed and stronger emotion” (p. 195). Evidence supporting this comes from Fredrickson (2001), who showed that a positive emotion may loosen the hold that a negative emotion has on a person’s mind by broadening a person’s momentary thought–action repertoire. The experience of joy and contentment were found to produce faster cardiovascular recovery from negative emotions than a neutral experience. Fredrickson, Mancuso, Branigan, and Tugade (2000) found that resilient individuals cope by recruiting positive emotions to undo negative emotional experiences. In grief, laughter has been found to be a predictor of time to recovery. Thus being able to remember the happy times, to experience joy, helps as an antidote to sadness (Bonanno & Keltner, 1997). In depression, a protest-filled, submissive sense of worthlessness in people can be transformed therapeutically by guiding them to the desire that drives their protest—that is, a desire to be free of their cages and to access their feelings of joy and excitement for life. Isen (1999) hypothesized that at least some of the positive effect of happy feelings depends on the effects of the neurotransmitters involved in the emotion of joy on specific parts of the brain that influence purposive thinking.

These studies together indicate that positive emotion can be used to change negative emotion. Davidson (2000), however, also suggested that the right-hemispheric withdrawal-related negative affect system can be transformed by activation of the approach system in the left prefrontal cortex. This principle applies not only to positive emotions changing negative ones, but also to changing maladaptive emotions by activating dialectically opposing adaptive emotions. Thus, in therapy, maladaptive fear or shame, once aroused, can be transformed into security by the activation of more boundary-establishing emotions of adaptive anger or disgust or by evoking the softer feelings of compassion or forgiveness (Harmon-Jones, Vaughn-Scott, Mohr, Sigelman, & Harmon-Jones, 2004). The withdrawal tendencies in fear and shame can be transformed by the thrusting-forward tendency in newly accessed anger at violation. Once the alternate emotion has been accessed, it transforms or undoes the original state, and a new state is forged.

It is important to note that the process of changing emotion with emotion goes beyond ideas of catharsis or completion and letting go, exposure, extinction, or habituation, in that the maladaptive feeling is not purged, nor does it attenuate by the person feeling it. Rather another feeling is used to transform or undo it. Although exposure to emotion at times may be helpful

to overcome affect phobia, in many situations in therapy change also occurs because one emotion is transformed by another emotion rather than simply attenuating. In these instances, emotional change occurs by the activation of an incompatible, more adaptive experience that undoes or transforms the old response. This involves more than simply feeling or facing the feeling leading it to diminish. Rather, emotional change occurs by the activation of an incompatible, more adaptive experience that replaces or transforms the old response.

New Emotional Experiences Help Change Emotion Memories

Recent experimental research on the memory of fear in affective neuroscience revealed that the changing of emotion schematic structures most likely occurs through the process of memory reconsolidation (Lane, Ryan, Nadel, & Greenberg, in press). Memory reconsolidation is the process of previously consolidated memories being recalled and actively consolidated anew (Nader, Schafe, & LeDoux, 2000). The classic view of memory suggests that immediately after learning, there is a period of time during which the memory is fragile and labile, but that after sufficient time has passed, the memory is more or less permanent. In this view, it is only during this consolidation period that it is possible to disrupt the formation of the memory; once this time window has passed, the memory might be modified or inhibited but not eliminated. Recently, however, an alternative view of memory had been supported in which it has been shown that every time a memory is retrieved, the underlying memory trace is once again labile and fragile—requiring another consolidation period, called *reconsolidation*. This reconsolidation period allows another opportunity to disrupt the memory. Given that maladaptive emotion schematic memories result in such emotions as fear, shame, anger, and sadness, the possibility of disrupting a previously acquired emotion schematic memory by blocking reconsolidation has important implications for resolving emotional difficulties.

The study of reconsolidation blockade of emotional memory has progressed from animals to humans (Brunet et al., 2008; Soeter & Kindt, 2010). The possibility of disrupting a previously acquired emotion memory by blocking reconsolidation has important implications for psychotherapy. As memory reconsolidation only occurs once a memory is activated, it follows that emotional memories have to be activated in therapy to be able to change them.

RESEARCH ON EMOTION-FOCUSED THERAPY

What does research on emotion in psychotherapy tell us? First, the approach we present here, emotion-focused therapies (EFTs) based on the previously described view of emotion, has been shown to be effective in both individual and couples forms of therapy in a number of randomized clinical

trials (Elliott, Greenberg, & Lietaer, 2004; Johnson, Hunsley, Greenberg, & Schindler, 1999). A manualized form of EFT of depression (process experiential therapy), in which specific emotion activation methods were used within the context of an empathic relationship, has been found to be highly effective in treating depression in three separate studies (Goldman, Greenberg, & Angus, 2006; Greenberg & Watson, 1998; Watson, Gordon, Stermac, Kalogerakos, & Steckley, 2003). EFT was found to be equally or more effective than a client-centered (CC) empathic treatment and a cognitive-behavioral treatment (CBT). Both the treatments with which it was compared were themselves also found to be highly effective in reducing depression, but EFT was found to be more effective in reducing interpersonal problems than both the CC and CBT treatment and in promoting more change in symptoms than the CC treatment. EFT was also found to be highly effective in preventing relapse (77% nonrelapse; Ellison, Greenberg, Goldman, & Angus, 2009).

EFT for emotional injuries by significant others was developed from programmatic research on empty-chair dialogue with significant others for resolving interpersonal issues from the past and for abuse (Greenberg & Foerster, 1996; Paivio & Greenberg, 1995; Paivio, Hall, Holowaty, Jellis, & Tran, 2001). In these treatments, confrontations are promoted through enacted dialogues with significant others. Emotion-focused treatments, which promote letting go and forgiving to overcome emotional injuries from the past, have been found to be superior to psychoeducation groups in two studies (Greenberg, Warwar, & Malcolm, 2008; Paivio & Greenberg, 1995). Emotion-focused trauma therapy (Paivio & Pascual-Leone, 2010) for adult survivors of childhood abuse posits both the therapeutic relationship and emotional processing of trauma memories as distinct and overlapping change processes and has been found effective in treating abuse (Paivio & Nieuwenhuis, 2001). In addition to the previously mentioned trials, research is showing promising effects for eating disorders (Tweed, 2013; Wnuk, Greenberg, & Dolhanty, in press), social anxiety disorders (Elliott, 2013; Shahar, 2014), and generalized anxiety disorders (O'Brien, Timulak, McElvaney, & Greenberg, 2012).

Emotion-focused couples therapy (EFT-C; Greenberg & Goldman, 2008; Greenberg & Johnson, 1988; Johnson, 2004), which helps partners access and express underlying vulnerable emotions, has been found to be effective in increasing marital satisfaction (Johnson & Greenberg, 1985; Johnson et al., 1999; McKinnon & Greenberg, 2013). This empirically validated approach to marital therapy is recognized as one of the most effective approaches in resolving relationship distress (Alexander, Holtzworth-Munroe, & Jameson, 1994; Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998; Johnson et al., 1999). In a meta-analysis of six studies, EFT demonstrated an effect size of 1.3 with recovery rates between 70% and 73% (Johnson et al., 1999). In a recent study, one not included in the meta-analysis, an EFT-C intervention

for resolving emotional injuries, of 10 sessions, was found to be effective when compared to a waitlist-control period before treatment (Greenberg, Warwar, & Malcolm, 2010). At the end of treatment, 11 couples were identified as having completely forgiven their partners, and six had made progress toward forgiveness compared with only three having made progress toward forgiveness over the waitlist period. The results suggest that EFT is effective in alleviating marital distress and promoting forgiveness in a brief period of time, but that additional sessions may be needed to enhance enduring change (Greenberg & Goldman, 2008).

RESEARCH ON THE PROCESS OF CHANGE

Empirical research on the independent role of emotion in therapeutic change in EFT has consistently demonstrated a relationship between session emotional activation and outcome. Supporting the EFT hypothesis on the importance of paying attention to, and making sense of, emotion, process-outcome research on the emotion-focused treatment of depression has shown that both higher emotional arousal at midtreatment, coupled with reflection on the aroused emotion (N. Warwar & Greenberg, 2000) and deeper emotional processing late in therapy (Pos, Greenberg, Goldman, & Korman, 2003), predicted good treatment outcomes. High emotional arousal plus high reflection on aroused emotion distinguished good and poor outcome cases, indicating the importance of combining arousal and meaning construction (Missirlian, Toukmanian, Warwar, & Greenberg, 2005; S. H. Warwar, 2005). EFT thus appears to work by enhancing the type of emotional processing that involves helping people experience and accept their emotions and make sense of them.

Emotional arousal and expression alone, however, appear to be inadequate for therapeutic change. The empirical evidence at hand has suggested that emotional processing might be mediated by arousal. For effective emotional processing to occur, the distressing affective experience must be activated and viscerally experienced by the client, but although arousal appears to be necessary, it is not necessarily sufficient for therapeutic progress (Greenberg, 2011). Optimal emotional processing appears to involve emotion activation plus some form of cognitive processing of the activated emotional experience. Once contact with emotional experience is achieved, clients must also cognitively orient to that experience as information and explore, reflect on, and make sense of it (Greenberg, 2011; Greenberg & Pascual-Leone, 1995; J. Pascual-Leone, 1991). As Greenberg and colleagues (Angus & Greenberg, 2011; Greenberg, 2011; Greenberg & Angus, 2004; Greenberg & Pascual-Leone, 1997, 2006) pointed out, symbolizing emotion in awareness promotes

reflection on experience to create new meaning, which helps clients develop new narratives to explain their experience. Through language, individuals are able to organize, structure, and ultimately assimilate both their emotional experiences and the events that may have provoked the emotions. In addition, once emotions are expressed in words, people are able to reflect on what they are feeling, create new meanings, evaluate their own emotional experience, and share their experience with others.

Exploring further the combined effects of emotional arousal and processing, Missirlian, Toukmanian, Warwar, and Greenberg (2005) used expressed emotional arousal and client perceptual processing, along with the working alliance, as predictors of therapeutic outcome in experiential therapy for depression. Levels of Client Perceptual Processing (Toukmanian, 1992) involves rating particular kinds of mental operation with automated or non-reflective mode of processing, such as recognition and elaboration, in early categories and with deliberate or controlled and reflective manners of processing, such as reevaluation and integration, in later categories. They found that emotional arousal in conjunction with perceptual processing during midtherapy predicted reductions in depressive and general symptomatology better than either of these variables alone.

In a similar project, S. H. Warwar (2005) studied the extent to which intensity of expressed emotional arousal and depth of experiencing can be used as predictors, using both peak and modal measures of expressed emotional arousal. She also found expressed emotional arousal at midtherapy to be a significant predictor of the symptom-based measures of outcome, with correlations ranging from .48 to .61 and the combined factors (experiencing and arousal) predicting 58% of the variance in these measures (Beck Depression Inventory and Symptom Checklist—90). In a recent study on the relationships between the frequency of aroused emotional expression and outcome in the treatment of depression. Carryer and Greenberg (2010) found that a frequency of 25% of emotion episodes coded as having moderately to highly aroused emotional expression was found to predict outcome over and above the working alliance. Deviations from this optimal level toward higher or lower frequencies predicted poorer outcome. In a path analysis of 74 depressed clients in treatment, working phase emotional processing was found to directly predict reductions in symptoms (Pos, Greenberg, & Warwar, 2009). Emotional processing was found to be a core change process, whereas the alliance was shown to potentiate emotional processing within working and termination phases of therapy. EFT's proposed theory of change, that the relationship plus emotional processing produces change, was supported, although clients' beginning therapy processes appeared to constrain clients' success in treatment. Finally in this line of relating process to outcome, Auszra, Greenberg, and Herrmann (2013) developed a new

measure of productive emotional processing based on mindful awareness of emotion, congruence, regulation, and differentiation and found it was the strongest predictor of outcome of all measures of in-session emotional process tried thus far.

Testing the sequential process of emotional change, Herrmann, Greenberg, and Auszra (in press) found that adaptive emotions expressed during therapy were the best predictors of outcome and that adaptive emotion mediated the relationship between primary maladaptive emotion and outcome, supporting the hypothesis that adaptive emotion changes maladaptive emotion. Finally, A. Pascual-Leone and Greenberg (2007) showed that emotional processing of global distress involved clients moving from a starting point of global distress, through access to previously avoided fear, shame, and aggressive anger as undifferentiated and insufficiently processed emotions, to the articulation of needs and negative self-evaluations as a pivotal step in change, and finally to assertive anger, compassionate self-soothing, hurt, and grief that resolved the distress.

This finding supports the view held in EFT that the expression of a “heartfelt need”—a wish for attachment, validation, personal agency, or survival—in which the need is embodied and deeply felt is the key to deeper adaptive emotional experiencing (Greenberg, 2002; Greenberg & Paivio, 1997; Greenberg, Rice, & Elliott, 1993). A further study of this model by A. Pascual-Leone (2009) examined how dynamic emotional shifts accumulated moment by moment to produce in-session gains in emotional processing. He showed that effective emotional processing was associated with steady progression along the steps toward resolution characterized by a “two-steps-forward, one-step-backward” fashion. Resolution events were also shown to have increasingly shortened emotional collapses in a backward direction, whereas the opposite was true for poor in-session events.

CONCLUSIONS OF RESEARCH

The excesses of the “get in touch with your feelings” revolution of the 1960s have been overcome by the study of how people change and by developments in the practice of psychotherapy. The “touchy feely” era of sensitivity training and encounter groups, of “letting it all hang out,” has ended. The era of evidence-based EFT that maintains the complexity of the art of psychotherapy but combines it with the rigors of scientific investigation has begun.

The evidence from research on EFT indicates that certain types of therapeutically facilitated emotional awareness and arousal, when expressed in supportive relational contexts, in conjunction with some sort of conscious cognitive processing of the emotional experience, are important for therapeutic change for certain classes of people and problems. Emotion also has

been shown to be both adaptive and maladaptive. In therapy, emotions thus at times need to be accessed and used as guides and at other times become more regulated and/or modified. The main role of the cognitive processing of emotion in EFT has been found to be twofold: either to help make sense of emotion or to help regulate it.

A DIALECTICAL CONSTRUCTIVIST VIEW INTEGRATING BIOLOGY AND CULTURE

The previously stated theory and research all suggest a dialectically constructivist view of emotion, in which bodily felt emotions exist palpably and are reflected on, often in language, to produce what we feel, and naming them helps to contain them. Thus, we construct what we feel by attending to a bodily felt sense and symbolizing it in awareness, and our construction is informed by and constrained by what we feel in our bodies (Angus & Greenberg, 2011; Greenberg & J. Pascual Leone, 1995; Greenberg, Rice, & Elliott, 1993; J. Pascual-Leone, 1991). How emotional experience is symbolized influences what the experience becomes in the next moment. Therapists therefore need to work with both emotion and meaning making and facilitating change in both emotional experience and the narratives in which they are embedded (Greenberg & Angus, 2004).

Two fundamental levels of emotion generation are seen as important. One level involves the automatic processes that produce primary responses following simple perceptual appraisals that evoke emotion schemes. These schemes are seen as developing from birth and as the generative source of much of our initial emotional experience both developmentally and in adulthood.

It is important to note, however, that according to EFT, experience is not generated by a single emotion scheme or by a single level of processing. Greenberg and colleagues (Greenberg, 2011; Greenberg & Pascual-Leone, 2001; Greenberg & Watson, 2006) proposed that experience is generated by a tacit synthesis of a number of schemes and a number of levels of processing that are coactivated and coapply (J. Pascual-Leone, 1991). This synthesis of multiple schemes forms the basis of our current self-organizations in any one moment—the self I find myself to be in a situation—and it provides the bodily felt referent of experience (Greenberg, 2011) to which I need to attend to experience myself.

The EFT perspective is that conscious experience and personal meaning derives from attending to, exploring, and making sense of these implicit bodily felt self-organizations by a process of attention and reflection. Given the internal complexity from the synthesis of many schemes and levels of

processing, experience is always multidetermined and multifaceted. Thus we are always in a process of constructing the self we become in the moment by a dialectical process of symbolizing our bodily felt feeling in awareness, reflecting on it, and forming narratives that explain. It is through reflection that people also integrate all their cultural and social knowledge with their emotional sense of being. Deciding on how to act on emotional signals thus is important. Thought helps puts emotion in perspective and makes sense of it. This ultimately is how personal meaning is created in everyday life. Thus, when people wake in the morning with joy and interest, their organismic feeling signals that all is well. These emotions orient them to begin to tackle projects with enthusiasm and flexibility, and little reflection is needed. If, however, a person wakes with fear or sadness, these emotions signal that something is awry in the way in which the person is conducting his or her life or that something has happened to him or her that requires attention. The person then begins to use all his or her knowledge to consciously reorganize his or her world. This signaling of a problem promotes reflection on what is happening so the person can create culturally derived solutions to the problems that have produced the bad feeling and to act. Emotions thus pose problems that one must use reason to solve. Above all, the information that emotions contain about what is happening to the organism in its environment adds to people's intelligence, just like thought and imagination. Emotional intelligence involves the skillful use of emotions, feelings, and moods to cope with life.

In this dialectical constructivist view, EFT theory thus takes emotion as the fundamental datum of human experience, and it recognizes the importance of meaning making and narrative coherence and ultimately views emotion and cognition as inextricably intertwined (Greenberg, 2011; Greenberg & Pascual-Leone, 2001; Greenberg & Watson, 2006; J. Pascual-Leone, 1991). Ultimately, feelings are not facts. Rather, they are a process of informing us of what is significant to us in the moment and forming a disposition to act, so we always need to live in a process of using this to orient to the world and constructing meaning and developing narratives. We need to make sense of the information and action tendency provided by emotion and decide what to do.

CONCLUSION

The word *passion* shares its origin with the word *passive*. This gives the impression that people receive emotions passively rather than creating them. Clients often think that they are victims of their emotions because of their

daily experience of feeling good or bad for no apparent reason. Many emotions seem to just happen. Clients need to learn how to intelligently use these emotional happenings as a guide, and they need to learn how to regulate them so they will not be controlled by unwanted emotions. To do this, they need to evaluate what their emotions offer. Just as all thought is not necessarily logical, so too all emotion is not necessarily either intelligent or disruptive, and just as people need to learn how to reason logically, they also need to learn how to tell when their emotions are healthy and adaptive, helping them to live a full life, and when they are maladaptive and damaging.

3

DISTINGUISHING AMONG VARIETIES OF EMOTIONAL EXPRESSION

How much has to be explored and discarded before reaching the naked
flesh of feeling.

—Claude Debussy

In this chapter, we look at the different ways in which emotions can emerge: as primary adaptive gut experiences (the naked flesh of feeling mentioned in the quote above), as symptomatic secondary or defensive reactions to the gut experiences, or as manipulative emotions expressed for their effect on others. As the parable of the three blind men and the elephant illuminates, reality is what you attend to and what part you focus on determines what you believe is there. Emotion assessment is presented as a form of process diagnosis of different emotional states to guide differential intervention. We also discuss therapeutically productive emotional processing and how to distinguish it from unproductive processing.

Because emotions have historically been contrasted with reason, researchers have treated them as a single class of events for the purposes of the contrast. All emotions, however, are not the same. First each one has a distinct form and function. As mentioned previously, in anger the action ten-

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dency moves people to expand and thrust forward. The function of anger is to set boundaries, and anger itself varies: It may last only a few minutes, or it can smolder for days. Sadness, in contrast, leads to crying out for a lost object and, after some time, if no one comes, withdrawing to preserve resources. Second, important distinctions about different types and functions of emotion need to be made in coaching people to use their emotional intelligence. For example, at one time, anger may be an empowering adaptive response to being violated; at another time, it may be a destructive overreaction to a current situation on the basis of a history of prior abuse. Anger may be a person's first immediate reaction, or it may come only at the end of a chain of prior feelings and thought. Men often express the latter type of anger. They might actually be experiencing fear, but because they believe that it is not manly to be afraid, they may respond by becoming angry instead. People may also express emotions intentionally to get a desired result, such as crying to get sympathy. Thus, people need to learn to make distinctions among different kinds of emotion.

The tradition of believing that reason is the best way to guide life has shortchanged the complexity of human experience. This view has led to an oversimplification of how emotions should be handled—that emotions either should be controlled (the mind-over-mood view) or they should be vented so that one can get rid of feelings (the cathartic view). To deal effectively with emotions, people instead need to be able to identify on each occasion what type of emotion is being experienced and to determine the best way of dealing with this emotion in this situation.

Picture how differently someone might feel in the following situations and what might be the best way to handle these feelings:

- A person has just had a major argument with his or her spouse, and the two of them are not talking to each other.
- A person has just been told that he or she has been awarded a desired promotion.
- A person's parent has just died.
- A person wants to impress a new boss.
- A person's fiancée has just told him that her feelings for him are changing.
- A person is thinking that his or her future prospects are gloomy.
- A person is trying to win someone over to his or her point of view.
- A parent is about to leave for work when the babysitter calls to say she can't come.
- A mother sees that her 3-year-old child has just run into the street, and a car is approaching.
- A person wants to get rid of a salesperson at the door who has interrupted an important conversation.

These are vastly different situations and different emotional experiences. Just controlling emotions, simply getting in touch with them or getting rid of them, is not going to be enough. How do people handle this variety of feeling? First, they need to distinguish among different kinds of emotional experiences, and then they need to learn how to deal appropriately with each. An emotion coach will need to help clients see that their emotions differ in different situations. A coach will need to help clients see that some emotions can be used as adaptive guides to action, others should be faced, others bypassed or explored, and others transformed. Clients need to be helped to experience some emotions to express others out loud, yet control others, reflect on others, and allow others and use them as a guide to decision and action.

TO FACILITATE OR DOWN-REGULATE AN EMOTION?

In working with emotion, the emotion coach must make three important distinctions. The first distinction is whether the client is experiencing too much or too little emotion (Paivio & Greenberg, 2001). A person with underregulated emotion who is exploding in rage, overwhelmed by tears, or shrinking to the floor in shame presents quite a different picture from a person whose emotion is highly constricted, avoids feelings, intellectualizes, interrupts any emergent expression, or avoids situations that might evoke feeling. The type of problem and types of interventions required differ vastly.

The second distinction is whether an emotion is a new expression that involves the freeing up of blocked emotion or whether it is an old, stale expression that involves the repetition of emotion too freely expressed. The fresh expression of a previously overinhibited emotion generally is helpful, whereas the venting of too-often-expressed stale emotion that is not blocked is not therapeutic and does not lead to reduction in expression (Bushman, Baumeister, & Stack, 1999).

The third distinction that emotion coaches need to make is whether the emotion being experienced and expressed is a sign of distress or a sign of the process of resolving distress (Kennedy-Moore & Watson, 1999). For example, weeping when feeling overwhelmed and unable to cope is a sign of distress and should be distinguished from weeping as part of a grieving process. Panicky fear or shame at anticipated failure is a sign of distress. Fear of risking being assertive, or embarrassment at revealing something new, however, often is a sign of facing change.

Thus, emotion clearly is not a uniform phenomenon. At the most general level, coaching interventions will depend on (a) whether the emotion is over- or undercontrolled, (b) whether the emotion is a newly expressed or a stale emotion, and (c) whether the emotion is a signal of distress or a process of change.

TABLE 3.1
Facilitate or Down-regulate?

Factor	Facilitate	Down-regulate
Alliance	Safety and agreement on task of increasing emotional experience	Relationship cannot yet support emotion
Client	Avoids emotion Behaves maladaptively: There is no awareness of action tendency	Is overwhelmed; emotion does not inform or promote action, or it confuses Has a history of falling apart or of aggression Engages in destructive coping (e.g., drugs, bingeing, self-harm) Has a deficit in emotion regulation Is in crisis
Emotion	Signals a process of change (reprocessing and reflecting on emotion) Inhibits adaptive action Is newly expressed	Is stale Promotes maladaptive actions

These and other criteria for when to facilitate more emotion and when to down-regulate emotion are presented in Table 3.1 and discussed next (Wiser & Arnou, 2001). The first and most important criteria for facilitating more emotion are (a) that there is a relational bond sufficient to contain the emotion that will be facilitated and (b) that there is agreement and collaboration on the task of deepening emotional experience. Rushing in to facilitate experience and expression with people with whom a secure relational base has not yet been established is unwise, and evoking emotion in an actively unwilling client is potentially harmful. Once a therapeutic alliance has developed, what are the general indications for focusing on emotion? A primary client indicator of the need to facilitate more emotion is, paradoxically, its avoidance. When a person is obviously feeling an emotion and interrupting it, or when he or she avoids the emotion by intellectualizing, deflecting, and distracting, helping the person to approach the emotion can be therapeutic. In addition, clients who behave maladaptively because of lack of emotional awareness benefit from being coached toward greater emotional awareness and better access to their own emotion-based action tendencies. For example, clients who do not attend to the information provided by their emotions become passive when abused or depressed when angry, and those who are overly inhibited when they are either happy or sad often lack vigor. Emotion coaches can help people who need to reprocess traumatic experience by facing the feelings stored in emotion memory and putting the emotions into words. Finally, if the problem exists because emotion is preventing the exercise of skills, then exploration of fears and other emotional blocks is helpful.

There are a variety of counterindications for facilitating emotions. It is unwise to promote emotional experience when the therapeutic relationship cannot yet support it because of lack of safety, when trust has not yet been established, or when the therapist has insufficient knowledge about the client or his or her circumstances. A strong counterindicator for increasing emotional arousal is when a client is feeling overwhelmed by emotion. In such a case, emotion does not inform or promote action; rather, it confuses. This is a clear indicator for emotion down-regulation. When a person is in a crisis, then crisis management rather than facilitation of emotion is required. A previous history of aggression or of falling apart is a strong counterindicator for promoting anger or feelings of vulnerability. Emotional arousal also is generally counterindicated for people who engage in destructive coping; if a person uses substances to self-medicate, binges, or engages in self-harm to deal with distress, then it is not advisable to activate distress until he or she has learned better coping skills (Linehan, 1993). Finally, if the problem is one of a deficit in emotion regulation, then training in the development of social or problem-solving skills is preferable to emotion facilitation.

PRIMARY, SECONDARY, OR INSTRUMENTAL? ADAPTIVE OR MALADAPTIVE?

To help clients make sense of their emotions and benefit from them, in addition to making the discriminations just discussed about whether to facilitate or regulate an emotion, an emotion coach has to help clients figure out what type of emotion they are experiencing and when they are experiencing it. This will help clients determine what is useful in what each emotion is telling them. Clients need to be coached to make the key distinctions outlined next to learn to skillfully use their emotions. They need to be coached to become aware of whether an emotional experience at any moment is one of the following feelings:

- a healthy core feeling, an *adaptive primary emotion*;
- a wounded core feeling, a *maladaptive primary emotion*;
- a reactive or defensive emotion that obscures a primary feeling, a *secondary emotion*; or
- an influencing or sometimes manipulative emotion that people use to get something they want, an *instrumental emotion*.

Any particular emotion, such as anger or sadness, cannot be put into any one category because the emotions a person feels at any particular moment could be primary, secondary, or instrumental. Therefore, each time clients feel something, their job is to determine what type of emotion is occurring in that

instance. In Chapter 6, I focus on how therapists as emotion coaches help clients make these distinctions in regard to anger, sadness, fear, and shame—the emotions I have found most important in coaching. I now describe the main characteristics of primary, secondary, and instrumental emotions as a guide for both coaches and clients.

PRIMARY EMOTIONS

Primary emotions are people's core gut responses to situations. They are our first, fundamental, most immediate visceral responses, and they can be either adaptive or maladaptive. These emotions have a very clear value to survival and well-being when adaptive and are a source of difficulty when maladaptive. They are reactions to something happening right now.

Adaptive Primary Emotions

Primary adaptive emotions are automatic emotions in which the implicit evaluation, verbal or nonverbal emotional expression, action tendency, and degree of emotion regulation fit the stimulus situation and are appropriate for preparing the individual for adaptive action in the world, thus helping to get the person's needs met. Examples are sadness at loss that reaches out for comfort, fear at threat, anger at violation, grief that lets go of what is irrevocably lost, disgust at intrusion, and hopelessness that lets go of a need that cannot be met. They are present reactions to current input, and when the situation that produced them is dealt with or disappears, the emotions fade. They are quick to arrive and fast to leave. They can be biologically basic emotions, such as anger or fear, or they can be complex emotions, such as jealousy or appreciation, as long they are the person's first response.

These emotions are the main source of emotional intelligence. People have to be helped to recognize these emotions and use them as a guide so they can benefit from them. This is a crucial step in helping people make sense of their emotions. It requires disciplined awareness and practice. The therapist has to help clients get past the clutter of their defensive, secondary emotions and let go of their instrumental feelings to become aware of their primary adaptive emotions. These primary feelings tell people who they really are and what they are most fundamentally feeling in any given moment.

Maladaptive Primary Emotions

Primary maladaptive emotions are also a person's first automatic emotional response to a situation, but they are more a reflection of past unresolved

issues than reactions to the present situation. They often are based on traumatic learning (Greenberg & Paivio, 1997) and often due to failures early on in the dyadic regulation of affect (Schorer, 2003; Stern, 1985). They therefore do not prepare the individual for adaptive action in the present. They once represented an attempt at optimal adaptation to aversive circumstances, but as circumstances have changed, they are no longer adaptive. These feelings are still people's most fundamental, "true" feelings, but they are no longer healthy; rather, they are core wounded feelings. Debilitating fear, unconscious insecurity, the sadness of lonely abandonment, shame and humiliation, destructive rage, and unresolved grief are the main contenders in this category of emotions.

Maladaptive emotions are those old familiar feelings that do not help people adapt to current situations. People suffer a lot of pain from them. These emotions can arise through external or internal cueing. The shame of feeling unlovable, worthless, or no good; the sadness of feeling lonely or deprived; the anxiety of feeling inadequate or insecure; or the rage of feeling wronged or disobeyed arise and take over. People feel stuck in these emotions. They can last long after the situation that caused them. They can stay with people for years as unhealed wounds. When these wounded states emerge, they seem to have a mind of their own. When they are evoked, people sink into them in inexplicable and helpless ways. They might be old, familiar feelings of longing and deprivation, anxious isolation, shameful worthlessness, or inexplicable blame and anger. Every time one sinks into them, they make one feel just as bad as the last time. These are the bad feelings that hold people prisoner and from which people so desperately want to escape. Such emotions are generally disorganizing. They do not suggest a clear sense of direction. Often they reveal more about the person than about the situation. Maladaptive emotions can be basic ones, such as fear and shame, or more complex ones of empty isolation or alienation. It is helpful to note two types of maladaptive fear. There is the traumatic fear that comes from the fear of danger and that leads one to run away from the danger, and there is fear of abandonment that leads one to run toward the source of the fear. Each can be a core wound.

Each time a person sinks into a maladaptive feeling, he or she hopes that this time it will change, but it never does. Every time, the wound is still there. The deep anxiety emerges. Trying to put the feeling into words, the person might say, "I feel like I can't survive without you giving me what I need. I'm falling to pieces." A familiar primary sense of shame and worthlessness comes with words such as, "I just feel like disappearing. There is just something wrong with me. I'm just no good"; "I just don't measure up—I'm not as good as others"; or "I'm just a bottomless pit of needs." Negative internal voices and destructive thoughts often accompany these feelings, and the person inexplicably feels shaky and insecure, small and insignificant, defective, or

worthless. This awful feeling pervades all—people can't talk themselves out of it; it has them by the throat, and they are helplessly consumed by it.

Certain emotions often become maladaptive through *traumatic learning*, in which an originally adaptive emotion, such as appropriate fear of gunshots in battle, can become so deeply etched into one's psyche that it gets generalized to situations that are no longer dangerous, setting off alarms of danger when no danger is present. For example, a person might duck for cover and relive horrifying scenes of war every time a car backfires. In such a case, emotions from the past are intruding into the present. They are recognizable by their unhealthy effect on the person's daily life. They often disrupt close relationships and destroy, rather than protect, emotional bonds.

SECONDARY EMOTIONS

Secondary emotions are responses to or defenses against a more primary feeling or thought. They are not associated with a primary need and are troublesome because they often obscure what people are feeling deep down. For example, a client may feel hopeless, but this feeling may actually be covering a core feeling of anger. Clients may report feeling resentful but may be feeling hurt at their core and be afraid to admit it. Often men who have grown up being told they have to be strong have difficulty admitting their primary feelings of fear or shame, so instead they get angry. Women who have grown up being told they should be submissive often cry when they are actually angry. If people are not aware of their primary feelings, it is very easy for these feelings to turn into other ones. Thus, anger often obscures original feelings of sadness or primary jealousy, whereas coolness may obscure original fear, and sadness may obscure anger.

Secondary emotions are the ones that clients often find troublesome and want to get rid of. They are symptoms of core feelings that are being obscured. Clients come to therapy wanting to get help so they can stop feeling so hopeless, upset, depressed, frustrated, and despairing. These troublesome feelings often do not represent people's primary emotional response to situations; they are symptoms of emotions with which the person is not dealing. Secondary emotions often arise from attempts to judge and control primary responses. Thus, anxiety may come from trying to avoid feeling angry or sexually excited, or it may arise from guilt about having felt these emotions. When clients reject what they are truly feeling, they are likely to feel bad about themselves. For example, suppressing anger often leaves clients feeling hopeless or complaining. Disowning sadness leaves them feeling cynical and alienated. Judging their own needs as "bad" makes them feel guilty. Secondary emotions can be basic or complex. It is not that particular

emotions such as anger and sadness themselves can be categorized as primary, secondary, or instrumental, but that all emotions, basic or complex, can be primary, secondary, or instrumental.

Clients also often report having feelings about other feelings. They may feel afraid of their anger, ashamed of their fear, and angry at their weakness. These feelings are secondary to more primary, core feelings. A sequence often seen in therapy is one of secondary guilt or anxiety felt about primary anger. In this case, the person fears anger or is afraid of disturbing a relational connection, and this fear prevents acknowledgment of the primary feeling. Feeling or expressing one emotion to mask the primary emotion is a meta-emotional process. Emotions about emotions need to be acknowledged and then explored to get at the underlying primary emotion.

Secondary feelings also can arise from thought. These are the feelings primarily dealt with in some forms of cognitive therapy that work with automatic thoughts. These feelings can take on a life of their own, often reoccurring in never-ending loops, without any overt cause. For example, feelings of anxious worry might go around and around, because every time the person thinks about the distressing situation, the bad feeling comes again. In this case, feeling is secondary to thought. In addition, when people think negative thoughts about themselves such as "I am flawed," they usually feel bad, and when they catastrophize about the future, they feel anxious. These are instances in which feeling clearly is produced by conscious thought, and it is helpful to get at the negative thoughts that produce the feeling. The awareness of the role of these automatic thoughts provides an understanding of the immediate source of a lot of bad feeling. It is important to explore all bad feelings to determine what lies behind them. Often there is a complex chain of thought-feeling-thought-feeling that needs to be tracked backward to its origins. This is the meaning of therapeutic exploration: traveling backward along this complex chain. The pay dirt is the source of the secondary feeling. In the emotion-focused view of functioning proposed here, it is the core emotion scheme that generates primary experience.

SORTING OUT PRIMARY AND SECONDARY EMOTIONS IN THERAPY

Clients find it difficult to sort out their primary, core feelings from their secondary, negative feelings about themselves. However, they need to learn how to sort out their feelings so that they can identify their primary emotions. Therapists as emotion coaches need to help them do this. This means wading through the chain of all the secondary reactions, which can become quite complicated. As clients tell therapists what they are feeling, or have

felt, clients begin to have other feelings in reaction to what they are describing. So, for example, clients often feel frustrated with themselves for feeling weak or angry. This secondary frustration serves to cloud their prior feelings. Helping clients figure out what they feel involves sorting through all these layers. They need time and space to do this, as shown in the following example.

Joe reported feeling distant from his partner and not knowing why. With the therapist's help, he began to explore this feeling, which arose the day before during a ride home from a movie. The ride occurred in virtual silence, during which Joe remembered feeling quite confused (secondary feeling). He said that after seeing the movie, his wife had said, "I'm too tired to take a walk. I want to go home." He said that he had been looking forward to a walk but figured if his wife was tired, then they should go home. On the surface, her response appeared innocuous. Something, however, had not felt right to him. He described how the two of them walked to the car, a few inches too far apart, and as he focused on what he felt, he said that he felt vaguely angry (another secondary emotion). At the time, he thought that he was angry because he wasn't getting his way about taking a walk (trying to make sense of his experience). Joe remembered, however, that he decided at the time that his angry reaction was selfish, and wishing to be more considerate, he expressed concern (instrumental emotion) to his wife about her tiredness. His concern was restrained because of his mixed intentions and feelings. With the therapist's help, Joe searched his memory and began to remember that something had happened earlier, at the beginning of the movie, while they were sitting next to each other. He had asked his wife to fill him in on something he had missed during the movie, and she said she couldn't. He had an automatic thought that she didn't care enough about him to help him understand. At the time he expressed some irritation at this, mainly in his voice, and felt annoyed (masking his hurt) at his wife's seemingly offhand response to his request. Things had been fine before the movie, but he remembered now that there had been a few difficult moments between them the day before. His wife had seemed tense and distant in the last couple of days. Joe remembered feeling at that time his old familiar fear and anxiety about being rejected by her (primary maladaptive emotion). This was his core feeling and led him to think she didn't care about him. He had to sort through a number of reactions with his therapist to get to his primary feelings of sadness and hurt at feeling rejected. Although his secondary bad feeling reactions to his primary feelings were not very pleasant, they still signaled that something was wrong and demanded that he pay attention to what was happening internally.

In another example, early in a therapy session, Desh said he felt upset about his interactions with his son. The therapist asked him to pay attention to his feeling. At first, Desh expressed frustration about how irresponsible his

son seemed to be, but this soon transformed into his fear that his son would fail and be terribly wounded. Desh felt sadness about how he could not protect his son from the pain he had experienced in life. In this case Desh's upset feeling was signaling more primary concerns.

Vague feelings of sadness or anxiety are often reactions to underlying feelings that need attention to be deciphered. Consider the following example. Bill wakes up in the early hours of the morning, in a half-awake state, feeling disturbed. His usual calm is clearly disrupted. Inside, things feel rocky, and he has vague images of a jagged, spiky terrain inside him. This is very different from the calmness he usually feels when he wakes. He normally may not even be aware of the general, calm background feeling when he wakes. It comes to light only on mornings like this, when it is no longer there. These ragged, ruffled feelings, differing from the smooth plane on which he normally surfs into wakeful awareness, are telling him in a most uncomfortable way that all is not well. He remembers a conversation with his lover the night before that did not end well. Polite friendliness summed it up, which was not the way they usually ended an evening. They had both felt hurt and distant and had not known what to do, except to sleep on it. They had already talked for most of the evening, and things had become worse rather than better. Bill is anxious and disturbed. This feeling tells him that "this relationship is rocky; things are not going well."

Emotional "disorder" of the type described in the preceding example often reflects internal disorganization. Therapists need to help clients pay attention to these states so that they can explore them to understand the information they provide. Bill's rocky, jagged feeling of disruption represented a desire for comfort and care. These emotions are constructive and unpleasant, and they tell people something about the way they are conducting their lives.

Feeling upset is a general signal that something is amiss. The term *upset* connotes disorder; disarray; confusion; and feeling disturbed, agitated, and stirred up. The state of being upset generally masks a more primary feeling that is not yet recognized. Clients often do not feel their core emotions of anger and hurt; instead, they are aware only of their irritability. However, this irritability is a signpost pointing toward the original feeling. It is an indication that the person needs to search internally for what is troubling him or her by taking time to focus on bodily feelings.

INSTRUMENTAL EMOTIONS

Instrumental emotions are the third category that adds to the complexity of sorting out emotions. They are learned expressive behaviors or experiences that are used to influence or manipulate others. This process might be

conscious or nonconscious. The emotion can be manipulative and/or have a secondary gain. Typical examples are the expression of anger to control or to dominate or “crocodile tears” to evoke sympathy.

People express instrumental emotions because they have learned that other people will, they hope, react to these emotions the way they want. Often clients may not be aware that they have learned to use these instrumental feelings for the gains they bring. For example, a client may have learned that when she cried, people were kinder to her. Now she automatically cries to evoke sympathy. Instrumental emotions are expressed either consciously or automatically to achieve a goal. A client may have learned that getting angry is likely to intimidate people or that crying makes them more sympathetic. Instrumental emotions are often more like general emotional styles than momentary reactions. Over time they often become part of the person’s personality, such as being dominant, overly dramatic, or shyly demure.

Instrumental emotions that clients express without any awareness of their intention can be quite problematic. The sadness one client expressed with sighs and heavy eyes was quite demanding of attention and support. He was afraid to ask for attention, so instead he hoped that sighing would get the desired response. Another client’s uncertainty and anxiety were expressed by hesitating or appearing confused. This attracted helpers who saved her by taking charge. When people use these instrumental expressions too frequently, without being aware of what they are doing, they can often end up driving others away because the people receiving these signals end up feeling manipulated. Some family therapists refer to people as “showing” emotions rather than feeling them to highlight the instrumental use of emotion. For example, a wife may show depression or sadness, whereas a husband may show anger or boredom. This language helps emphasize the communicative aspects of this type of emotion and helps to focus on the interpersonal pull some emotions may be intended to have. A more negative term for instrumental emotions is *manipulative feelings*.

The intentions in instrumental expressions can be more or less conscious. Being consciously coy or seductive may be playful and exciting, but doing this without awareness can be problematic. Consciously expressing anger when feeling offended is quite different from automatically expressing anger to intimidate and control. Coaching here involves helping people become aware of the effects and intentions of their emotional expressions. Then they need to find more direct ways of expressing themselves and stating their needs.

Instrumental emotions, however, often involve a lot of emotional intelligence. People need to be quite skilled to be able to use emotions to achieve a certain response or to communicate in a social situation. A person may pretend to be embarrassed to indicate that he or she knows the social rules

and is aware that he or she is not complying. In such a case, the person is skillfully using emotion to influence other people's views of him or her. For example, even though a man may have had no intention of wearing a tie to a meeting, he may pretend to be embarrassed so that others think he made a mistake. Similarly, people may express moral indignation to communicate to others that their values are in the right place and that they are good people. Someone may bow his head and drop his eyes to show deference, or he may stare another person down to show his power. The art of social role-playing lies in the instrumental expression of the correct emotion at the appropriate time.

BASIC AND COMPLEX EMOTIONS

Still further distinctions about emotions help in identifying primary emotions. People not only have basic emotions of sadness, anger, fear, shame, and so on, but they also have many more complex emotions, such as love, pride, guilt, embarrassment, compassion, envy, and ecstasy. These too can be the source of great emotional intelligence, depending on whether they are primary, secondary, or instrumental emotions. In early human history, when primitive people sensed danger or violation, the emotional parts of their brains led them to feel a basic emotion, such as anger or fear, and they simply fought or fled. With the development of greater cognitive abilities, more complex feelings—such as guilt, remorse, resentment, and embarrassment—emerged, as well as subtle feelings of wonder, appreciation, compassion, and love. These complex emotions integrate a lot of information, blend emotions with each other and with cognition, and give people a very high-level sense of themselves and the world, but they do not have as clear an action tendency as the basic feelings do. The complex feelings tell people whether they are feeling on top of the world or down in the dumps. These feelings are more a source of information than of action tendencies. Thus, in coaching people toward primary emotions, it is important to not only work with the basic emotions of sadness, anger, fear, and shame, but also to recognize that primary feeling is often more complex and that it is idiosyncratic. These complex feelings also need to be acknowledged for the helpful information they can provide.

“ME” AND “IT” EMOTIONS

It is important to make one final distinction to help understand people's emotions. Some emotions are felt in response to an external situation, whereas others arise mainly because of internal reasons related to how people see themselves. Many emotions that people experience in the present are

responses to external cues; these emotions give meaning to things in the world, offering information about situations in relation to well-being. For example, fear of the dark alerts people to the possibility that there could be something dangerous lurking in it. People who have a healthy fear of external threats, such as approaching predators, should pay attention and act accordingly. As a rough guide, these healthy reactions to the world are about real threats in the world such as real violations. They are basic “it” emotions (Dahl, 1991). They need to be experienced in awareness for the information they give about how to act, and they should be expressed in an appropriate manner. Thus, people need to experience and express their current anger when they have been wronged, and act on their interest when they are surprised, and act on their fear of being run over by a car. These are healthy experiences and expressions.

Other emotions are more interior. These are “me” emotions, and they often involve people’s beliefs about themselves. “Me” emotions affect how people feel about themselves and influence how they handle their emotions. All past- and future-related emotions are by definition internal, because they are not felt in reaction to a current real-world situation. They are based on memory of a past event or anticipation of a future event. In addition, specific emotions, such as sadness and shame, tend to be more “me” related, whereas others, such as anger and fear, are often more “it” related. “Me” emotions, such as embarrassment at standing out or feeling sad and hopeless, often need to be explored for their meaning and the feeling that underlies them rather than expressed out loud. However, there is no simple formula for this. Clients, with the help of their emotion coaches, always need to figure out whether it would be better to express and act on a feeling or to explore and understand the feeling. Clients need to understand what each emotion is telling them about their lives and decide for themselves in each instance what is the best course of action. “Me” and “it” emotions can be primary, secondary, or instrumental.

PRODUCTIVE AND UNPRODUCTIVE EMOTIONAL PROCESSING

Since the first edition of this book, my colleagues and I (Auszra, Greenberg, & Herrmann, 2013; Greenberg, Auszra, & Herrmann, 2007) have made an important new research-based distinction in describing emotion processing in therapy. In our research on the treatment of depression, interpersonal problems, and couples’ distress, we found that increased emotional arousal predicted outcome. Although we found that higher emotional arousal predicted outcome, as clinicians we knew that some emotional arousal was productive and some was not productive, and we wanted to encourage only productive arousal. We had found a correlation around .33 between

arousal and outcome, leaving a lot of variance unaccounted for. We also knew that our therapists themselves discriminated between therapeutic arousal and countertherapeutic arousal, and so unproductive process was curtailed because the therapists worked to facilitate change in unproductive manners of processing toward more productive forms of processing. So clinically we knew that not all arousal is good arousal. In general, in emotion-focused therapy (EFT), therapists need to decide if and when to facilitate higher arousal. In the case where therapist and client come to the view that a client's current arousal is not productive, or is even harmful, the therapist needs to know how to work with the unproductive arousal to help the client achieve more productive emotional processing. Over the last decade, we therefore set out to develop a measure to discriminate productive from unproductive emotional processing.

On the basis of theory and qualitative research and surveys of therapists, a scale of client emotional productivity was developed and tested. *Client emotional productivity* was defined as a client experiencing a primary emotion in such a way that (a) the useful information inherent in an adaptive emotion can be extracted in the service of problem resolution (the signal feature) or (b) a maladaptive emotion being expressed in a sad way shows the potential of being transformed (the transformation feature; Greenberg, Auszra, & Herrmann, 2007). In other words, a client should process a primary emotion in such a manner that, depending on whether the emotion is adaptive or maladaptive, either the *utilization* or *transformation* of the emotion appears possible.

Even though getting in touch with primary emotion is essential in facilitating emotional change, effective emotional processing involves more than simply activating primary emotional experience. To be productive, primary emotions require a particular manner of processing, which we refer to as being *contactfully* or *mindfully aware* of the emotion (Greenberg et al., 2007). In our measure, contactful awareness is defined by the following seven criteria, all of which have to be more present than not for a client's emotional experience to qualify as productive: (a) attending, (b) symbolization, (c) congruence, (d) acceptance, (e) regulation, (f) agency, and (g) differentiation (Auszra, Greenberg, & Herrmann, 2013). These criteria, which characterize productive emotional process, not only help practitioners to differentiate between therapeutically productive and nonproductive emotion processes but also guide them toward effective intervention by drawing their attention to those dimensions of clients' emotional processing that need to be worked on.

Attending

At the most basic level, the client has to be aware of the activated primary emotion and attend to it. This involves paying attention to primary emotional experience and allowing and tolerating live contact with it. Clients

often are unaware of their emotional responses; for example, they might non-verbally express emotions without being aware that they are doing so. One client, while talking to his abusive mother in an empty-chair dialogue, was clenching his fist and speaking with an angry tone, but when he was asked by his therapist what he felt at the moment, he responded that he felt nothing (see Chapter 5 for details about chair work). Although the client visibly expressed some form of anger, he was not aware of what he was feeling. In instances like these, therapists can help clients increase awareness of their emotion by focusing attention to their nonverbal activities (e.g., “I’m aware of what you are doing with your hands, what’s that expressing or feeling like?” or “I hear some anger in your voice, are you aware of feeling angry?”). Attention can be guided to nonverbal expression, to bodily experience, and to internal physical sensations.

Symbolization

Once a physical or emotional reaction is felt in awareness, it has to be symbolized (generally in words, but could also be in painting, movement, etc.) to be able to fully comprehend its meaning. Labeling and describing emotional responses enables clients to use the informational value inherent in primary emotion. It also promotes reflection on the emotional experience to create new meaning that in turn helps people develop new narratives to explain their experience. In judging whether clients’ emotional expressions are productive, it is important to note that clients do not have to be able to label their emotional experience exactly; they simply have to be engaged in a process of trying to symbolize what they are experiencing. The following is an example of a productive symbolizing process:

Client: I don’t know what I feel. All I know is that I am not happy about what happened.

Therapist: Something like “I feel it was sort of a loss, maybe sad or disappointed.”

Client: Yeah, I guess that is what it is. It just wasn’t what I expected. In some way it’s dashed some of my hopes.

Therapists, through empathic attunement to affect, try to help clients enter the highly subjective domain of their unformulated personal experience. Therapists serve as surrogate information processors and are constantly engaged in helping their clients to put words to what they feel. It is important to note that in the dialectical constructivist view espoused by EFT, meaning is created in the process of symbolizing the emotion and that the emotional experience constrains how it can be symbolized but does not fully determine it. Thus how the emotion is symbolized influences what it becomes.

Congruence

Sometimes there is a discrepancy between a client's verbally symbolized emotional experience and the nonverbal emotional expression. A client might smile while talking about feeling miserable and hopeless or speak in a meek voice when expressing anger. Such incongruence can be an indicator that the client is not fully allowing the emotion (e.g., for fear of being overwhelmed by it or of being judged and negatively evaluated by the therapist). In addition, because emotional expression in therapy is a highly interpersonal process, clients do not get the full benefit of important therapeutic relational processes that are at work here, the most important of which is the validation and acceptance of previously restricted or unexpressed feelings by an empathic other. Accordingly, when noticing incongruities between verbal and nonverbal behavior in their clients, therapists help their clients, not by confronting them or the discrepancy, but by helping them become aware of their underlying feeling—for example, by empathically directing their attention to their nonverbal behavior or primary experience.

Regulation

Another key aspect of productive emotional processing is emotion regulation. The activated emotional experience has to be sufficiently regulated so that it is not overwhelming. The client needs to develop and maintain a working distance from the emotion (Gendlin, 1996) and to cognitively orient toward it as information, thus allowing for an integration of cognition and affect.

An important distinction has to be made between the intensity of emotional arousal and depth of emotional processing. It is depth of emotional processing and not sheer intensity of emotional activation that is the primary focus in EFT. The regulation of otherwise overwhelming and disintegrating emotional arousal is crucial in facilitating the necessary depth of emotional processing. Even though completely unrestricted arousal might be a highly therapeutic experience at times, at other times it can be a disruptive negative experience in which the client feels like he or she is falling apart. For instance, when a client reexperiences a traumatic situation in therapy and is flooded by the emotional intensity, has difficulties maintaining or loses contact with the therapist, and/or cannot respond to the therapist's interventions, the emotional experience becomes potentially retraumatizing and nonproductive. The same is true for a client experiencing intense rage in therapy, with the therapist getting the sense that the client is unable to control his or her arousal or the expression of the anger. So when evoking the client's bodily experience of primary emotions, therapists have to be aware of

signs indicating that a client is overwhelmed by the intensity of the emotion. If that is the case, therapists have to work toward helping clients regulate their underregulated distressing emotion. This involves immediately gaining some distance from overwhelming negative feelings such as trauma-related fears, paying attention to breathing, and developing self-soothing abilities to alleviate and ease core shame and anxiety during the course of therapy.

Acceptance

Another important aspect of a productive emotional processing is acceptance of emotional experience—in particular, acceptance of unpleasant and painful emotional experience. Acceptance refers to the stance a client takes toward his or her emotional responses. For clients to really experience their painful feelings and personal meanings, they need to listen to their own experience in an open and receptive manner. This involves clients (a) accepting that they are feeling the way they are feeling without negatively evaluating themselves for it or trying to get rid of the emotion and (b) accepting the emotional experience as information and recognizing it as an opportunity to gather information about something that is important to their well-being as opposed to negatively evaluating the emotion or trying to suppress it. In other words, they have to develop an exploratory attitude and manner toward their emotional experience. Therapists have to pay attention to signals that might point to lack of acceptance of emotional experiences. Lack of acceptance of dreaded feelings (“I don’t want to go into it because I don’t think I’ll ever get out of it”) could be indicated by clear signs of discomfort when confronted with feelings (e.g., client moves around nervously in the chair or squeezes back tears) or negative evaluation of the feeling or self for feeling the feeling (e.g., “I hate it when I get so weepy”). One male client, for instance, a 50-year-old carpenter, when confronted with feelings of shame and fragility after losing his job, said, “That is not the way I want to be. It was always me other people came to for help. I just don’t want to be such a wimp.” Therapists can help clients like this gain more acceptance of their emotion by providing a safe, empathic, and validating relationship. In addition, it might also be useful to empathically explore the underlying cognition and to identify the negative “voices” associated with the nonacceptance of certain feelings (e.g., “So, for you, feeling like this is a sign of weakness, and you cannot be weak?”).

Agency

Productive emotional processing also involves the client being an active agent rather than a passive victim of the emotion. This involves the client

taking responsibility for his or her emotional experience and acknowledging it as his or her own personal construction of self and reality. That means that a client should not regard other people and their actions as responsible for the way they are feeling (e.g., “My husband always makes me feel so sad”). Rather, the client owns his or her emotions as based on personal goals, needs, and concerns in particular situations (e.g., “I feel sad and lonely about our distance”). So clients should feel that they are having the emotion rather than that the emotion is having them. Agency also entails the client assuming an active role in the emotional change process, seeing himself or herself as the primary agent in changing the way he or she is feeling and not seeing the therapist as one who will take away negative feelings or expecting that the solution lies in shifting circumstances or other people altering his or her behavior. For example, an emotionally abused wife in therapy needs to access anger at the maltreatment to gain a sense of entitlement (e.g., “I don’t deserve to be treated like that. I have a right to be treated with respect”), allowing her to shift into a more assertive and resilient self-organization as opposed to hoping that her feelings of being depleted will go away once the husband becomes more considerate. A client has to show some willingness and motivation to actively work with the emotion, particularly in the context of the experiencing of maladaptive emotion. This involves exploring the emotion, using it as information, or actively expressing it. Lack of willingness to actively work with an emotion is sometimes indicated by the client focusing on external factors (e.g., “Once I’ve found someone who really cares for me, I will feel better”), resigning himself or herself to the emotion (e.g., “I am worthless, that is a fact”), or treating the emotion as a symptom that he or she wants to get rid of (e.g., symptom talk: “No matter what I do, when I get up in the morning everything is grey. I just want it to stop. I am just so tired of it”). Emotion coaches try to facilitate agency in their clients by having the client speak from an “I” position (e.g., “I feel angry” rather than “It makes me angry”), to take responsibility for the emotion (e.g., “I am sad” or “I do feel hurt or ashamed”), relating the emotion to the self and exploring the reasons or meanings in the emotion (e.g., “I feel this shame because I have such difficulty being wrong”), and finally connecting the emotion with what he or she wants or needs.

Differentiation

Finally, for emotion utilization and transformation to occur, a client’s primary emotional expression has to be differentiating over time. Fundamentally, the client is not stuck in the same emotion but is exploring and differentiating new aspects of experience. This means that his or her emotional awareness needs to be in the process of expanding, as indicated by the client verbally

differentiating an initial emotional reaction into more complex feelings or meanings or into a sequence of other feelings or meanings, or that new feelings or aspects of the feeling emerge (Lane & Schwarz, 1992). In other words, the client goes beyond basic symbolizations of distressing feelings such as “feeling bad” or “not well” or “afraid.” A client might say, for example, “When that happened I felt bad . . . as if something important was taken away from me. But not just bad, it also made me angry, because it felt not right.” It is important to note, however, that differentiation does not only refer to the cognitive, verbally symbolized side of the meaning-making process. Differentiation could also entail that an emotion is shifting, is more fully allowed, or is more freely expressed, or that its expression changes. For example, when faced with his physically and emotionally abusive father in the other chair during empty chair work, a client first froze in fear. Then he started to cry, fully allowing the painful experience and allowing the therapist to see him in his pain. In this instance, the emotional process was moving forward and was fluid, without the client explicitly verbally differentiating his experience. Thus, in assessing whether a client’s emotional expression is therapeutically productive, an emotion coach has to look for some signs of “movement,” either verbal or nonverbal, indicating that a client’s meaning-making process is not stuck or blocked. Coaches promote differentiation in their clients by adopting a curious attitude and a highly exploratory style both verbally and nonverbally. They might conjecture, “Sounds like you not only felt angry but also hurt,” or ask an exploratory question, “What does that feel like inside,” or give direction, “Stay with that feeling and follow where it goes.”

HOW DOES ONE ASSESS EMOTION?

We have discussed many different kinds of emotion: primary, secondary, instrumental, adaptive, maladaptive, basic, complex, “me,” “it,” productive, and unproductive. How does one tie it all together to do an assessment? Assessing emotion involves making a process diagnosis. An emotion coach assesses a client’s current emotional expression, not a personality style or trait. This involves determining the type of emotion being expressed in the session. Process diagnosis thus involves the moment-by-moment assessment of the emotional states of mind the person enters, is stuck in, or leaves and the sequences of these states. The following sources of information are used in assessing emotion states:

- knowledge of the function of adaptive emotion,
- knowledge of universal emotional responses,

- understanding of the context of the experience,
- observing effects of expression,
- attending to nonverbal expression,
- empathic attunement (putting oneself in the other's shoes),
- knowledge of one's own emotional responses to circumstances, and
- knowledge of the client and his or her issues and ways of responding.

Probably the most crucial information used to assess a person's current state is knowledge of the function of healthy primary adaptive emotion and its adaptive expression. Anger that empowers, sadness that grieves, fear that helps one escape or seek protection from danger, and disgust that expels noxious intrusions are all healthy adaptive expressions. This knowledge of healthy, adaptive expression acts as a baseline against which to assess any current expressions. If a client is feeling anger, one asks whether it is empowering; if the client is feeling sadness, one asks whether it promotes the grieving of a loss. It is important to note that in emotion coaching, the healthy function of an emotion is to help reorganize and mobilize the self. It is by organizing and increasing the self's ability to respond (responsibility) that an emotion becomes curative. Emotional experience and expression that are either highly out of control or focused on a desire to change others are unlikely to be primary and adaptive. Anger that destroys or complaining that blames both differ from assertive anger that empowers. Sadness that clings desperately, that pulls for a response and demands comfort, differs from the sadness of digesting a loss. Fear that leads to panic and to desperate seeking of protection differs from a healthy fear that organizes escape or seeks appropriate protection.

In addition to assessing whether an emotion is serving a healthy organizing function, emotion coaches use their knowledge of universal human responses to help assess what type of emotional expression is occurring. They also use their understanding of the context out of which the emotion arises to assess whether the emotion appears to fit the situation and the person's need in that situation. Thus, if someone is only sad at having been violated or only angry at a loss, these probably are secondary emotions, as they do not fit the situation or the person's need, goal, or concern in that situation. Understanding present and past context also is crucial. The immediate context in therapy is important. Knowing what people have just said and where they are stuck helps illuminate what is needed. If someone is talking about having been abused as a child and says that he or she feels nothing or that he or she feels resigned or hopeless, an emotion coach understands that fear,

anger, shame, and sadness all are possible emotions that are not yet available to this client. Similarly, a woman trapped in a submissive role in a hopeless marriage who only cries helplessly seems to have no access to her anger. Thus, evaluation of prior context helps one see what emotion might be missing or in what emotion the person seems stuck.

The immediate effect of an emotion also helps assess its function. Emotion that informs, opens someone up, promotes deeper exploration, or leads to something new is probably adaptive. Emotion that confuses, overwhelms, or is repetitive and stuck is not adaptive. Therefore, one way of assessing the adaptiveness of an emotion is by observing whether it serves an adaptive function. In addition to the use of emotional knowledge and observation of effects is the attunement skill of reading nonverbal expression and the empathic understanding of the other person's internal experience. The latter is helped by understanding one's own internal experience and using that understanding to know what it is like to feel different emotions. Finally, as emotion coaches get to know their clients, they learn about a client's particular emotional style and consistent ways of responding, and this helps inform process diagnosis of what is occurring for a client at a particular moment. Here, identifying emotion sequences can be helpful. Learning that a client often obscures anger with sadness but feels guilty when anger is accessed helps client and coach understand that anger is the primary but feared emotion and that sadness and guilt are secondary emotions that are preventing anger from being acknowledged.

We have found that emotion coaches primarily use at least the following five major types of moment-by-moment cues to assess whether an emotion is primary or secondary or instrumental: vocal, facial, and gestural signs; semantic content; and their own emotional reactions to what is being expressed. For example, if someone is crying but the voice has a complaining quality, the gestures are sharp and fast, the face shows anger, the content relates to unfairness, and the therapist's feeling is not one of compassion or comfort but rather of moving away from the client, the emotion is judged as secondary sadness and primary anger.

CONCLUSION

The recognition of the importance of distinguishing between primary and secondary feeling and between adaptive and maladaptive emotion began with EFT and has spread to cognitive-behavioral therapy and dialectical behavior therapy, with parallels in brief dynamic therapy. It is an important integrative concept that can help therapists and other emotion coaches communicate across orientations. Early on, the different traditions focused mainly on only some aspects of emotion. Essentially, humanists focused on

the potential in adaptive emotion, psychoanalysts on the need to change maladaptive emotion, and cognitive behaviorists mainly on coping with secondary symptomatic emotions and modifying traumatic maladaptive emotions. Recognition of different types of emotion, and the need to treat different classes of emotion differently, moves the field a step forward in dealing with the complexity of human emotional experience.

Now that we understand how emotions work and the varieties of motivational experience, we can delve into the process of emotion coaching. The next chapter gives an overview of the emotion-coaching process—that is, the process of helping clients enhance their emotional intelligence.

4

THE THERAPEUTIC RELATIONSHIP, STEPS OF EMOTION COACHING, AND COACH'S OWN EMOTIONAL AWARENESS

The greatest good you can do for another is not just to share your riches
but to reveal to him his own.

—Benjamin Disraeli

Logic will never change emotion or perception.

—Edward de Bono

As mentioned in the introduction chapter, the term *coaching* is used here to broaden the application of the use of the emotion-focused therapy (EFT) approach to apply beyond therapy rather than to distinguish coaching from therapy. *Emotion coaching* refers to a way of working with emotion in therapy as well as in other forms of working with people, such as in executive coaching, parenting education, couples therapy, and skill training. Emotion coaching is based on two major treatment principles: the *provision* of a therapeutic relationship and the *facilitation* of therapeutic work (Greenberg, Rice, & Elliott, 1993). Coaching combines following with guiding. The emphasis is on following with empathic attunement to emotion throughout. The style of following is person centered (Rogers, 1957) and involves entering the client's internal frame of reference, following the client's experience moment by moment and responding to it empathically and nonjudgmentally. This is combined with a more process-guiding style drawn from experiential and

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Gestalt therapy (Gendlin, 1969; Perls, Hefferline, & Goodman, 1951) to deepen experience. This forms an approach in which following and leading combine synergistically into a sense of flow.

This chapter discusses the two aforementioned principles, the therapeutic relationship and the therapeutic work. Therapeutic work is broken down into two phases, with each phase containing different steps. Specific aspects of these steps are elaborated on in Chapters 6 through 9. Marker-guided interventions used throughout the steps are described in Chapter 5.

Because the coach's own emotional intelligence is critical to helping a client improve his or her emotional intelligence, the chapter continues with guidance for maintaining your own emotional awareness. It concludes with a clinical vignette illustrating the overall process of emotion coaching.

THE COACH-CLIENT RELATIONSHIP

The coach-client relationship—also referred to as the therapeutic relationship—is built on a genuinely valuing, affect regulating, *empathic relationship* in which the therapist is fully present, is highly attuned, and is sensitively responsive to the client's experience. The therapist also is respectful, accepting, and congruent in his or her communication. In this view, the relationship with the therapist provides a powerful buffer to the client's distress by the coregulation of affect. A relationship with an attuned, responsive, mirroring therapist provides interpersonal soothing and the development of emotion regulation.

Geller and Greenberg (2012) suggested that a therapist's presence is a precondition for therapist attunement and responsiveness as it allows for a particular kind of sensing, seeing, and listening to the other that then promotes a response that is attuned to the client's present moment. Therapeutic presence involves being *fully immersed in the present moment*, without judgment or expectation, being with and for the client. *Therapeutic presence* is defined as bringing one's whole self into the encounter with the client, being completely in the moment on a multiplicity of levels—physically, emotionally, cognitively, and spiritually.

Being present provides the therapist with the capacity to notice and be aware of different levels of what is poignant in the moment in the client's inner world and provides the type of relational encounter that infuses the client's moment-by-moment experience with significance. That which before was ignored becomes infused with significance and is attended to. Having previously lived in an experiential desert where experience was not relevant, people suddenly begin to listen to themselves and take their experience as valid and as conveying something important.

In addition to being present, the therapist responds with different types of empathy that help clients access and symbolize their emotions (Elliott, Watson, Goldman, & Greenberg, 2003; Greenberg & Elliott, 1997). These include empathic understanding, empathic affirmation, and different forms of exploratory empathy including evocative responses, exploratory responses, and empathic conjectures. *Empathic understanding* conveys an understanding of clients' experiences and a checking of understanding. These responses attempt to distill the essence of the client's communication. They are not intended to push for exploration or increase client's arousal. Rather, they involve following clients' narratives, staying present and responsive to clients' experiences. To do this, therapists try to reflect that which is most poignant in clients' statements. *Empathic affirmations* go beyond empathic understanding to validate the client's experience. *Evocative responses* are intended to evoke vivid, pictorial representations of clients' experience to help them access their feelings. Therapists use imagistic and concrete sensory language to try to bring the client's experiences alive.

Empathic exploration responses are intended to encourage clients to explore the edges of their experience. Empathic exploration is seen as the fundamental mode of intervention in EFT, and in contrast to simple reflections that focus on what has been said, these responses are attempts by therapists to capture feelings and meanings that are just at the edge of clients' awareness—that which is most alive or poignant or implicit—to help it unfold. When a therapist's response is structured in such a way that it ends with a focus on what seems most alive in a client's statement, the client's attention in turn is focused on this aspect of his or her experience, and the client is more likely to differentiate this leading edge of his or her experience. By sensitively attending, moment by moment, to what is most poignant in clients' spoken and non-spoken (nonverbal) narrative, a therapist's verbal empathic exploration can help capture their experience even more richly than can their own descriptions. This helps clients symbolize previously implicit experience consciously in awareness.

Empathic conjectures involve guesses or hunches about what the client is feeling or offers for the client to try on. They are clearly offered as coming from the therapist's frame of reference and differ from exploratory responses, which remain in the client frame of reference. For example, a conjecture might be: "I imagine that you are feeling, or my hunch is that . . ." They are tentative attempts to express what the client may be feeling but not yet saying.

Therapist empathic responses need to focus on growth-oriented possibilities that emerge or are implicit in clients' experience, but they also need to be within people's proximal zone of development, focusing on possibilities within their grasp. This means not being too far ahead or too far behind the client. Empathic responses can be up to one step ahead—that is, sufficiently

close to where the client is so as to provide a stepping stone that the person can use to step out of their painful state. Two steps ahead is too much, and being behind is potentially impeding.

Overall, the genuine relationship between the patient and the therapist, as well as its constancy, is a corrective emotional experience. This type of relationship also creates an optimal therapeutic environment, to fully engage in the process of emotion processing self-exploration, and new learning. The therapeutic relationship, as well as being curative, also promotes the therapeutic work of emotional transformation and creation of new meaning.

Another important aspect of a helping relationship is establishing an *alliance* by collaborating on the goals and tasks of therapy. This promotes the experience that *the two of us are working together to overcome the problem*. Getting an agreement on goals and tasks is dependent on understanding the client and what might be helpful to the client, and thereby it is an enactment of empathy. Goal agreement in EFT often is achieved by being able to capture the chronically enduring pain with which the client has been struggling and establishing an agreement to work on resolving this pain, rather than setting a behavioral change goal.

THE WORK

In addition to the empathic relationship, therapists engage clients in the work of processing their emotions. The work principle involves engaging clients in *different types of processes at different times*, depending on client states. In this process, the emergence of different client in-session problem states are seen as markers of opportunities for differential interventions best suited to help facilitate productive work on that problem state (see Chapter 5).

Therapeutic work involves suggesting experiments, which essentially involves the therapist offering “try this” followed by “What do you experience?” Experiments in emotion coaching are designed to promote facilitating access to experiencing by the articulation of primary emotions and needs, the acceptance and transformation of painful unresolved emotions, and the explication of implicit feelings and meanings. Change comes as a dynamic self-reorganizing process facilitated first by acceptance and then by moving on, rather than by direct efforts to deliberately change or achieve a specific goal.

Emotion coaching thus involves a combination of following and leading, but following is always seen as taking precedence over leading. Coaching can be thought of as involving islands of emotional work within an ocean of the empathic relationship. If empathy alone does not deepen client experience, therapists move to focusing, guiding attention to the bodily felt sense. This often is followed later by more stimulating interventions such as chair

dialogues and imagery work in which affect is heightened to bring it vividly into focal awareness.

In addition, some interventions work to regulate emotion that is overwhelming. Coaches help clients who feel emotionally flooded develop adaptive strategies for containing emotion by using a range of possibilities, including observing and symbolizing the overwhelming feelings (e.g., meditatively creating a safe distance by adopting an observer's stance and describing one's fear, for example, as a black ball located in one's stomach). Offering support and understanding, and encouraging clients to seek others' support and understanding, is also helpful in regulating emotions, as is encouraging clients to organize their distressing emotions—for example, by making a list of problems. Helping clients to engage in self-soothing to cope with high arousal is a crucial strategy. Here the therapist encourages relaxation, self-comforting, self-support, and self-care. Helping clients in high distress distract themselves by, for example, counting backwards or going in imagination to a safe place are other useful interventions for promoting regulation. If clients become overwhelmed in the session, asking them to breathe, put their feet on the ground, feel themselves in their chair, look at the therapist, and describe what they see helps regulate the distress.

Paradoxically, one of the most effective ways of helping clients contain emotion may actually be helping them to become aware of it, express it, and decide what to do about it as soon as it arises. This is because suppressing an emotion and doing nothing about it tends to have the effect of generating more unwanted emotional intrusions, thus making it more overwhelming or frightening. One of the dilemmas for clients and therapists alike is knowing when to *facilitate* awareness and experience of emotion and when to *regulate* it. A helpful practical guideline, especially for people who experience overwhelming destructive emotions, is to be aware of how intense the feelings are and use this as a guide to coping. Emotional approach and awareness should be used when the emotions are below some manageable level of arousal, say 70%, but distraction and regulation should be applied when they exceed this level and become unmanageable.

MARKER-GUIDED RATIONALES FOR WORKING ON EMOTION

Before beginning work with clients who are often afraid of their emotions, it can be helpful to provide rationales for working on emotion. This helps to establish collaboration to work together and helps in the creation of an alliance. General rationales need to be given for why one should focus on emotion, how feeling bad can lead to feeling good, and what the purpose is of going into the past. Rationales should be provided at a teachable moment to provide an experience-near understanding of why to work on emotion.

Rationales based in the theory of emotion inform clients that it is important to attend to emotions because they give information, aid survival, help identify needs, and change memories.

A therapist thus might say, “Anger tells you that your boundaries have been violated,” “sadness tells you that you have lost something important,” or “when you are not aware of what you feel, you also are not aware of what you truly need.” Analogies such as the following are helpful: “Emotions are like the little red light on the dashboard of your car to tell you that some inner workings of your engine need attention.” Examples are also helpful, such as: “When you meet somebody and you have a gut feeling, your gut feeling gives important information—a kind of information that you’re thinking brain alone does not provide.” Other important rationales for working on emotions are that people often regulate/avoid/soothe their painful emotions like anger and shame by using substances, self-harming, and engaging in other behaviors, so we need to face our feelings to help us cease destructive behavior. Also, research has shown that suppressing emotion increases stress, unexpressed anger leads to high blood pressure, getting angry increases blood pressure, and avoiding emotion weakens peoples’ immune systems.

THE STEPS OF EMOTION COACHING

Emotion coaching is based on nine major steps to best help people make emotions work for them in their everyday lives (see Exhibit 4.1). These steps are embodied in two phases: arriving and leaving. The first phase, arriving at one’s emotions, involves the following four steps that help people become aware of their feelings and accept them:

1. Promote awareness of emotions.
2. Facilitate a welcoming and acceptance of emotional experience.
3. Promote putting emotions into words.
4. Identify the client’s primary experience.

The second phase, that of leaving the place at which the client has arrived, involves the following five steps for moving on and transforming core feelings when necessary:

5. Facilitate the evaluation of whether the primary feeling is healthy or unhealthy.
6. Identify the destructive beliefs or views attached to the maladaptive emotion.
7. Facilitate reowning of need.
8. Facilitate access to alternate adaptive emotions.
9. Facilitate the development of a new narrative.

EXHIBIT 4.1 Emotion Coaching

Coach people to do the following:

A. Arrive by

1. Becoming aware of their emotions.
2. Welcoming their emotional experience, allowing, accepting, and regulating when necessary.
3. Describing their feelings in words.
4. Discovering what are their primary feelings.

B. Leave by

5. Evaluating if the primary emotion is a healthy or unhealthy response.
 6. Identifying the negative voice associated with the unhealthy emotion.
 7. Accessing the heartfelt need in the core painful emotion.
 8. Accessing alternate healthy emotional responses.
 9. Forming a new narrative to challenge their destructive beliefs or views of self.
-

PHASE 1: ARRIVING

The first phase of emotion coaching involves helping people arrive at and accept their feelings. As painful as some feelings may be, people need to feel their emotions before they can change them. It is important for the coach to help people understand that they cannot leave a place until they have arrived there first.

Step 1: Promote Awareness of Emotions

First, it is important to help people become aware of their emotions. Emotional awareness helps people understand what they are really feeling at their core, and this helps them solve problems. In this first step, gaining awareness involves helping clients pay attention to and make contact with sensations. This is a nonverbal form of knowing what one is feeling. Here the coach needs to direct clients' attention to their bodies to help them become aware of, for example, the excitement in their stomach or the sadness in their eyes and cheeks. This type of awareness of feelings is not an intellectual understanding of feeling. Clients should not feel that they are on the outside looking at themselves; rather, the coach should encourage a bodily sensed awareness of what is felt from the inside—like the sensing of the throbbing of a toothache. Clients are directed to pay attention to the actual quality, intensity, and shape of the sensations at specific places in their bodies to help them concentrate on their sensations. For example, they might be able to experience a feeling such as one of “a hot, tight ball in my chest.”

In addition to helping clients pay attention to sensations, coaches need to help them be aware of the thoughts accompanying those sensations, because

most emotions include thoughts as well as feelings. When people feel emotions, they often have an inner dialogue accompanying the feeling. They sometimes have images and always have some judgments. For example, if a client is feeling sad, he or she might be thinking, “Why am I sad? I have nothing to complain about,” or “I never get what I need from him.” Clients need to be guided to pay attention to the thoughts, pictures, and evaluations that accompany sensations. Emotional awareness thus involves awareness of the feelings, thoughts, and images that comprise the emotion.

Step 2: Facilitate a Welcoming and Acceptance of Emotional Experience

Coaches need to encourage clients to allow themselves to feel their emotional experiences. They also need to communicate to clients that clients do not necessarily have to act on all their emotions. Clients should not, however, be encouraged to avoid or deflect their painful emotions, no matter how difficult it may seem to not do so. They need, rather, to welcome their emotions, dwell on them, breathe, and let them come. They need to accept their feelings as information. People need to recognize their feelings as opportunities to gather information about something important to their well-being; their emotions give them a message about what they are truly feeling. Once they have attended to an emotion, they are more able to let it go. Emotions follow a natural course of rising and passing away, swelling and fading. They come and go if people let them and don't try to block the emotions or avoid them. It is helpful to coach people to become aware of how they interfere with, or interrupt, their emotions, rather than allow themselves to experience the emotions. Inquiring as to how clients are avoiding their feelings helps accomplish this.

Clients also need to be taught that emotions are not reasoned, final conclusions on which they must act. They therefore can afford to feel emotions without fear of dire consequences. If a person allows himself or herself to experience a feeling of hopelessness, this does not mean that he or she is hopeless. Neither does this mean that the next logical step is to give up. A feeling is not a permanent state in which a person will reside forever; instead, feeling is part of a process. Emotion is not about a concluded truth; it provides information about one's values and judgments about how things are affecting one's well-being. An emotion says more about the person than about reality. Anger tells someone that he or she feels violated rather than offering a truth that the other person is a violator. People need not fear their emotions because of what they imply. Emotions inform rather than determine. If a client is upset with her spouse and feels that “I hate him for what he did,” this does not necessarily mean that the relationship is destroyed; this emotion is informing

the client how isolated and enraged she feels. Acknowledging this leads to the next step in her own process. She then needs to ask herself, “What do I need or want? What do I do?”

Emotion is not an action, and it is not a conclusion. People may want to control their actions, but they should not try to control their primary internal experience. Anger is not aggression. People can feel angry at their friends without hitting them. They may possibly not even tell their friends that they are angry; however, they still need to acknowledge their anger and feel it. Saying to themselves that “I have no right to feel angry” often leads to more trouble, because the anger might build inside them instead of being acknowledged and dealt with.

Expressing how one feels out loud, on the other hand, needs to be appropriate to its context and needs to be regulated. People learn to express their feelings and communicate effectively if they are first able to understand, feel, and welcome their primary feelings. Rather than suppressing their feelings until they blow up, or recklessly blowing off steam at any opportunity, people need to contact and develop their emotional experiences. Once people have allowed the feeling to develop and have made sense of it, they will be able to decide if or when to tell others how they feel. Only then will they be able to express their feelings in the manner most appropriate to the context in which they find themselves.

For people whose emotions are overwhelming, the task is not so much one of allowing the emotions and welcoming them as it is learning how to regulate them. I discuss this later in the explanation of Step 7.

Step 3: Promote Putting Emotions Into Words

After helping people pay attention to and welcome their emotions, coaches need to help them describe their emotions in words. People do not always need words for their emotions, but this is helpful when their emotions are signaling difficulties that need attention or when they want to reflect on or communicate their feelings. Describing a feeling in words makes emotional experience more available for future recall. Once people know, for example, that they are feeling sad, they can reflect on what they are sad about, what this sad feeling means to them, and what they should do. A list of simple emotion words, categorized into the basic emotion they express, follows (Shaver, Schwartz, Kirson, & O'Connor, 1987; see also the exercises in the appendix):

- *sadness*—sorrow, neglected, misery, despairing, homesick;
- *fear*—distress, panic, hysteria, apprehension, anxiety;
- *anger*—bitterness, fury, wrath, scorn, spite;
- *love*—attraction, affection, passion, infatuation, yearning;

- *joy*—zeal, enraptured, triumphant, eager, euphoria, optimistic; and
- *surprise*—amazed, surprised, astonished, wonder, awe.

Metaphors are also useful in helping people symbolize their inner experiences. Thus, conventional images, such as feeling stuck in the mud, feeling dirty, or swimming against the stream, are all helpful. Novel or idiosyncratic metaphors, such as “a volcano erupting in your chest” or “just all prickly and sharp,” are helpful in catching sensations. More complex images help capture what cannot be expressed otherwise; for example, attempting to catch a client’s feeling of a diminishment by reflecting back his image of his loss of substance with “It’s like your self is all squeezed up against the back wall of your body, leaving you all hollow inside,” or responding to another client’s sensation of a lack of solidity with “It’s like you are just a chalk outline of yourself on the street that could be erased any moment.”

Naming emotion is a first step in regulating emotions. With words, people can speak their emotions rather than act them. Attaching words to feelings gives clients the ability to reprocess their emotions. Being able to describe their emotions allows them to get a handle on what they are feeling and can help them deal with their problems. Thus, if a client can describe a feeling about having difficulty engaging in social conversations with the words “I feel so left out,” then he is better able to understand the experience in a new way, which he might express by saying, “I try so hard to keep up with the conversation, but actually I’m often not interested. That’s why I’ve nothing to say. I don’t really find it interesting.” The client is now in a new place: one in which he recognizes that he is often not interested in social conversation. A new meaning has emerged, and this new perspective no longer focuses on his feeling of being left out. New possibilities emerge that were not available in the state called “feeling left out.” Another client might describe some of the confusion and difficulty she is experiencing in taking over a job as supervisor of a team. She says, “Whenever I meet with my team, I feel like there’s a ghost in the room [the old supervisor], and I can never fill her shoes.” The client then moves on to say, “I can’t do what she did. It’s crazy trying to be like her. I’m different and will use my own strengths.” In these examples, describing feelings in words promoted the generation of new meaning. New meaning does not always arise, but often it does, and coaches need to promote it by helping capture feelings in words and differentiating central meanings.

Knowing what they feel also gives people a sense of control of their experience and strengthens their belief that they have the power to do something about their feelings. Being able to label feelings in words facilitates a separation from the feeling. By putting emotion into words, people have in effect simultaneously created a new perspective from which to see the feeling

and provided a label for the feeling itself, thereby knowing what they feel. It is not “I” who feels “worthless,” and “worthless” is not all of what I am; some distance is created. I now feel that “worthless” is something I am “feeling” rather than it “being” me. This act of naming lets clients experience themselves as agents, having a namable feeling rather than being passive victims of the feeling. Rather than representing reality or truth, the feeling is seen as their current reaction. This establishment of the self as an agent in relation to a feeling helps establish a sense of distance from the feeling, and this distance provides strength and agency.

Putting experience into language also helps overcome trauma. If clients have suffered trauma or endured deeply painful experiences, coaches can help them begin a reconstructive process with the help of language. This allows them to develop accounts of what occurred (Pennebaker, 1995; van der Kolk, 1994). The capacity to describe emotionally traumatic experiences allows clients to make sense of their experiences. Before, they had not coded the experience in language, and the experience remained as sights, sounds, and images in emotion memory. Now, in a safe environment, being able to put the traumatic experience into words enables people to think about and describe their traumatic memories and thereby gain some control over the terrifying experience. They become authors of the experience rather than victims of it. This process of naming emotions helps marry the verbal and nonverbal parts of the brain and creates an integrated experience in which people can both feel and think about their experience simultaneously.

Step 4: Identify the Client’s Primary Experience

Both coach and client need constantly to explore whether the client’s emotional reactions are his or her core feelings. Thus, when a client talks about feeling angry when a colleague at work disagrees with her, she needs to explore whether at some level under the anger she basically feels threatened. Or when a client angrily says his spouse accused him of being inattentive, he needs to explore whether behind his anger he feels unappreciated. A coach will need to help a client who is worrying about her child leaving home for college recognize that, under the worry, she feels sad. The ability to identify primary emotions is one of the core skills coaches train their clients to develop. Coaches do this by constantly focusing people’s attention on their bodily sensed feelings and empathizing with their feelings. With practice, clients become adept at monitoring their own feelings.

In life, monitoring whether a feeling is a core one does not mean losing spontaneity. It does not mean becoming highly self-conscious or introspective. Rather, emotional awareness involves the development of an automatic skill that operates at the periphery of awareness. This tacit level of apprehension

constantly lets people know what they are feeling and when a feeling is not a primary one, without their having to explicitly think about it. This form of tacit knowing involves a knowledge that is similar to the way people know how to turn a corner on a bicycle without falling off or how to drive a car without thinking (Polanyi, 1966). To do this, people automatically and simultaneously integrate many cues. In emotion awareness, this form of knowing is used not to stop one from falling off a bicycle, but to sense when one's emotions are veering off track. People's brains monitor their whole bodies, so, for example, if they are aware, they will know when the box they are lifting is too heavy for their back. When something happens that exceeds the normal level of background sensation, the brain registers this. It sends a pain message to make people aware that they need to do something about this distressing state of affairs. It tells them they need to change their actions to bring things back within acceptable limits. This ongoing monitoring also happens with emotion: The brain can signal people with a feeling, without explicit thought, that the emotion they are experiencing is not their primary emotion. This is how people either simply know they are feeling something else deep down or just sense that they are not quite at the heart of the matter.

Primary emotions are based on one's automatic first-order evaluation of the world and what is happening to one and one's body. "Know thyself" means to know one's core emotions, to know one's most basic evaluation and response to any situation in which one finds oneself. This may require hard work; however, it is only by becoming aware of one's primary feelings that one can be in a position to choose whether to follow them. With practice and honesty, clients' primary feelings will start to come to them more spontaneously. They will feel sadness at loss, anger at violation, compassion for self, and joy at connection with others or at achieving goals. They will also more easily discern when their anger is covering fear or when their crying is obscuring anger. Coaches will know that their clients have reached the necessary level of awareness when their clients are more easily able to apprehend what emotion their secondary anger is covering or that the emotion they are feeling at the moment is not really what's at rock bottom. Some people come to coaches with this skill in place, and Phase 2 is more relevant to such clients; others, however, need considerable amounts of practice to learn this skill until it becomes automatic.

PHASE 2: LEAVING

Once people have arrived at a particular place, they need to decide whether that place is good for them. If the place seems as if it will enhance their well-being, then they can stay there and be guided by what is in the place. If,

however, they decide that being in this place will not enhance them or their intimate bonds with others, then this is not the place to stay, and clients have to find the means of leaving. Therefore, Phase 2 involves helping people decide whether they can trust the feeling at which they have arrived as a source of good information or whether the feeling is not helpful and needs to be transformed.

Step 5: Facilitate the Evaluation of Whether the Primary Feeling Is Healthy or Unhealthy

This fifth and very important step occurs once a client has identified a core feeling. Coaches and clients then together need to ask, “Is this feeling adaptive, or is it a maladaptive feeling possibly based on a wound of some kind?” If the person’s core feelings are healthy, they should be used as guides to action. If they are unhealthy, they need to be processed further to promote change.

Essentially clients, in collaboration with their coaches, have to decide whether their emotions are healthy responses in given situations. This is often done implicitly but is key: The coach cannot determine what is true for the client. Individuals ultimately have to decide for themselves if their emotion in a particular situation is one to be trusted. No one else can or should decide this for another person. The emotion a person feels at a particular moment is an automatic evaluation of the situation in relation to his or her well-being. This is the automatic first level of evaluation provided by emotion. The person then has to consciously consider this primary evaluation and decide what to do with the feeling. This second-level evaluation, done through conscious reflection using conceptual processing, also is a fundamental part of exercising emotional intelligence. Thus, clients need to reflect on and decide whether their feeling provides good information worthy of following. Coaches can train clients to do this and even can help them decide by coexploring with them and providing input, but ultimately clients have to make this decision on their own. Thus, a client might clarify that his anger is a healthy, adaptive anger and say, “Yes, I trust this feeling. I feel wronged and demand reparation,” or he confirms that sadness is the core emotion by saying, “I’ve lost something important and need to recuperate.” Clients also might decide that a feeling is not helpful and that their anxiety is unrealistic, their shame reflects a damaging history, their anger is not helpful to them, or their sadness is preventing them from living more fully.

People can recognize that a feeling is not helpful to them once it has been accepted fully. The paradox is that if the feeling is judged as not acceptable, it cannot be changed, because it hasn’t been accepted. Only when a feeling has been accepted can it be evaluated and changed if necessary. This

second-level evaluation of the adaptiveness or maladaptiveness of an emotion is one of the most complex decisions people have to make. To acknowledge not only that “I feel angry” but also that “this is not a healthy anger that is going to help me” requires balance and wisdom. It involves awareness of the situation that is evoking one’s emotions and of one’s own emotional history. To exercise emotional intelligence, people need to be aware not only of their feeling, but also of whether their emotion is a maladaptive response from the past that is still with them. They also have to integrate their emotional responses with all their personal and cultural learning and with their values. When people function with emotional intelligence, all this is integrated in a rapid, silent process of deciding whether a response is healthy or unhealthy. When people sense there are difficulties with their responses, they need to stop and reflect. This second-level reflection involves assessing not the rationality of the emotion, but rather its adaptiveness. If an emotion is adaptive, then it should be followed. If an emotion is maladaptive, then its expression needs to be regulated, and it needs to be understood and transformed.

Greenberg and Paivio (1997) studied emotion in the treatment of affective disorders and childhood maltreatment and found that people’s core maladaptive feelings mainly related to two major basic emotions: shame and fear–anxiety. They also related to two very basic views of the self: (a) feelings of worthlessness and a view of the self as a failure—a “bad me” sense of self—or (b) feeling fragile and insecure and viewing the self as being unable to hold together without support—a “weak me” sense of self. In these instances, maladaptive core feelings of shame were central to the “bad me” sense of self, whereas fear was central to the “weak me.” Fear and shame thus often appear to be unhealthy, even though in some cases they may be healthy responses to situations. To change the core vulnerability that leads them to so much fear and shame, people first have to access it. Next, they need to identify their basic negative view of themselves; finally, they need to heal the basic fault and begin to build a stronger sense of self. Rage, too, can be a core maladaptive feeling, especially in people who have experienced violence. Here the core scheme contains negative views of others. Rage is often very closely connected to fear as a trigger, but as well as being secondary to underlying vulnerability, it can be a primary maladaptive response that needs to be transformed.

Step 6: Identify the Destructive Beliefs or Views Attached to the Maladaptive Emotion

Identifying maladaptive feelings helps people get to the destructive beliefs or construals that are so much a part of the feelings. Maladaptive feelings are almost always accompanied by beliefs or views that are hostile to the

self or blaming of others. Destructive thought processes and beliefs need to be identified if they are to be overcome. These beliefs, such as “I am worthless” or “I can’t survive on my own,” often accompany or help articulate a complex maladaptive feeling state. Such beliefs do not always sit formed in language in people’s heads, and it is not these beliefs that are the cause of the problem. Instead, articulating the belief is a way of representing the emotional problem in language. When beliefs are conscious and occur as repeated thoughts, they help maintain and intensify maladaptive feeling states. Thus, believing “I am a failure” or “I can’t cope” intensifies the states that produce these thoughts.

People often experience destructive beliefs as a negative voice in their heads, a harsh, internal voice that has been learned, often through previous maltreatment by others, and is destructive to the healthy self. This internal hostility often leads to vicious self-attacks that leave people stuck in their unhealthy feelings. Whelton and Greenberg (2000) found that the degree of contempt with which a negative belief was expressed was predictive of proneness to depression. Even more predictive of nondepressiveness was the degree of the self’s resilience in response to the contemptuous beliefs. The more pride and assertion a person showed in response to self-criticism, the less likely he or she was to be vulnerable to depression. To change the contempt, the destructive beliefs, and the totality of the experience they represent, a person must first articulate the beliefs in words. This articulation in language gives people something to hold onto in dealing with these feelings. Emotion coaching involves changing articulated beliefs, not primarily by confronting their rationality or their validity, but by accessing alternate emotions and beliefs that challenge both the usefulness to the person of the destructive beliefs and the idea that these beliefs are the only ones accessible to the person.

In addition to articulating beliefs about the self, such as “I am unworthy,” into language, clients also need to develop insight into their complex construals of the world and the emotional learnings about patterns of consequences that govern their worldviews. Thus, clients may come to realize that their beliefs that “they had to appease a parent for fear of damaging him or her” led them to view themselves as wrong or useless rather than to challenge the parent. They may come to see that it is their inability to trust and the expectation that people will “get you if you aren’t careful about what you say” that leads them to such interpersonal anxiety. They may see how this originated in a family culture of hostility in which people never expressed how they felt. Coaches need to help people develop insight into these governing beliefs or construals to help them change.

It is not insight alone that leads to change. Rather, once articulated, these views of self, world, and others can be changed by accessing alternate experiences to undo them. Beliefs and construals are language-based represen-

tations of core emotion schemes that need to be changed. Putting the belief or construal into words allows it to be discussed, reinspected, and challenged. Accessing maladaptive feelings and identifying destructive beliefs paradoxically facilitate change, first by accessing the state that needs to be exposed to new experience and second by stimulating the mobilization of a healthier side of oneself by a type of opponent process mechanism. We now look at how to access people's opposing internal emotional resources and how these resources can be used to challenge dysfunctional beliefs.

Step 7: Facilitate Reowning of the Need in the Core Painful Emotion

Accessing the need and feeling deserving of it will help generate new, more agentic emotions and self-organizations, and these will destructure any negative beliefs about self, world, or other. This step is at the core of the leaving phase and involves changing emotion with emotion. The key question is once a person has arrived at the core painful emotion, tolerated it, and symbolized it, how does a coach help the person access another, more adaptive emotional response that will help form a more resilient sense of self to challenge a maladaptive state? One key method by which coaches can help clients access their healthy, more resilient emotions is by focusing them on their needs, goals, and concerns. Asking a client the key question "What do you need when you feel this?" is a good way of bringing needs/goals into awareness. Once people are aware of their needs/goals, then coaches can help them assert their needs and use these needs to implicitly or explicitly challenge their negative beliefs. Focusing people on needs, wants, or goals helps them mobilize themselves to change. People's goals also have been shown to influence their interpretations of situations and their behaviors. Once clients become clear on what they want—once a goal is clearly defined—they can activate their internal resources required to attain the goal. Given that an emotion results from the appraisal of whether a need or goal is being met, need/goal clarification evokes new emotions and associated action tendencies to facilitate goal attainment. Thus, when a person feels lonely abandonment or worthlessness, the associated feelings are generally those of fear, shame, guilt, or sadness. The need or goal at this time generally is to feel secure, accepted, and worthwhile. How does clarifying a need or goal produce change? First, once a need is raised to a self-organizing, emotion-producing system and the appraisal is made that the need has not been met, the emotion system is highly likely to automatically generate anger at the need/goal frustration, or sadness at the loss of what was needed, or compassion for the suffering of need deprivation. This leads to healthy grieving to let go of the unmet need, empowering anger to assert or self-soothing. Observation of tapes of transformative therapy sessions has revealed that people's core

maladaptive emotions are generally withdrawal emotions, such as fear and shame, activated in the right hemisphere, whereas people's core healthy emotions are often approach emotions, activated in the left hemisphere, such as anger at being maltreated and assertion to defend boundaries or right wrongs, sadness at what was missed and reaching out for comfort, or self-compassion for one's suffering and self-soothing.

In addition, Davidson's (2000) studies of emotion and the brain in rats offered an intriguing suggestion that also helps us understand how need activation leads to alternate feelings. It appears that raising a need/goal into awareness may activate representations of certain reinforcement contingencies in working memory by anticipating goal attainment. This produces positive affect that maintains reinforcement-related behavior. Raising goals to awareness, then, appears to activate an automatic process that can provide a reinforcing memory of the positive feeling associated with goal attainment. This process is self-mobilizing, and it generates the positive affect associated with anticipating goal attainment. This positive affect acts to inhibit the emergency amygdala output. Raising goals to awareness also can activate memory or connections of behaviors associated with getting to the goal. Thus, saying "I need comfort," especially in the context of a supportive therapeutic relationship, opens up people's memories of the path to, and the experience of, past instances of receiving comfort. This is the shift in state necessary to mobilize internal resources. This brain process facilitates more approach-related behavior (Davidson, 2000). People thus can use their cerebral cortexes—the thinking, planning centers—to regulate automatic emotions, not by controlling them, but by imagining possible positive alternatives. Emotions can be changed, not by reason but by activating representations of alternatives associated with more positive emotions.

Therefore, coaches need to help people focus on their healthy needs for protection, comfort, and affection in response to being maltreated, as well as on their needs for autonomy and competence, so as to free them from the oppression of their desperate need for approval. Having helped a client identify what he or she truly needs, which is usually related to the client's primary motivational systems (attachment, affection, and mastery), the coach needs to ask the client what he or she can do to begin trying to get some of what is needed. Identifying what people need is one of the best ways to help start a new, healthier feeling process. It helps people find alternate ways of feeling, being, and doing. The identification of alternate, healthy feelings and needs brings other goals into focus and is the primary means of accessing healthy internal resources.

When people are able to experience and name their core maladaptive feeling of shame (rather than avoid it), they begin immediately to gain some

control over it, and then they can be helped to inspect it. They can identify the destructive voice associated with it and recognize that the self-contempt that produces the shame probably is a result of a past experience of maltreatment or was learned. When coaches help people understand that their shame is produced by contemptuous or threatening voices that they have adopted from their past, then they often are able to focus on their healthy needs. With validation of their right to have their needs met by the therapist, they find it much easier to feel that they are entitled to having their needs met. This healthier sense of self then begins to reassert itself.

In therapy, I have so often seen that people's healthier, life-giving emotions are activated in response to their own experienced emotional distress. People are tremendously resilient, especially when they are in a supportive environment. Everyone has the capacity to bounce back. Ultimately, their ability to take care of and support themselves allows them to face distress in a healthy way. People are able to call on this resilience and use it as a life-giving resource. When people are suffering or experiencing pain, they generally know what they need. They know they need comfort when they are hurt. They know they need to master situations in which they feel out of control. They know they need safety when they are afraid. Knowing what they need helps them to get in touch with their resources to cope. Coaching people to stay with their experiences of their distressing feelings thus helps them get what they need, and this motivates change.

Step 8: Facilitate Access to Alternate Adaptive Emotions

The coach needs to shift clients' focus of attention to emerging new feelings, however these new feelings emerge, be they background feelings that are currently activated but not attended to or new feelings now in focal awareness that emerged from need identification or some other means. Thus, in response to feeling the core emotion of shame or fear of maltreatment that is leading a client to feel worthless, the coach needs to guide the client toward his or her healthy anger at being treated badly that is implicit in his or her more dominant experience of shame. The anger may be in the client's voice or face or in his or her phrasing. Expressions such as "How could he have done that?" or "It was just awful!" said in a slightly angry way provide access to the person's subdominant anger at being wronged. The client then focuses on and intensifies this subdominant but present emotion while saying how angry he or she is. Or a client's sadness at loss, apparent in his or her face or tone of voice, might be focused on. As I have said previously, major healthy emotions appear to be empowering anger, the sadness of grief, and self-compassion—all with approach tendencies that activate the organism to act to get what is needed.

It also is clear that unpleasant feelings can also be transformed by happy feelings. This can and does occur in therapy—not in a simple manner by, for example, trying to “look on the bright side,” but in a meaningfully embodied fashion. For example, in cases of grief, laughter has been found to be a predictor of recovery. Thus, being able to remember happy times, to experience joy, can be an antidote to sadness (Bonanno & Keltner, 1997). Warmth and affection similarly often are antidotes to anxiety or even to feelings of rejection. A coach can transform a protest-filled submissive sense of worthlessness by guiding clients to find the desire that drives their protest. The desire to be free of their cages and to access their feelings of joy and excitement for life can undo people’s fear of rejection or shame. It has been hypothesized that at least some of the positive effect of happy feelings depends on the effects of the neurotransmitters involved in the emotion of joy on specific parts of the brain that influence purposive thinking. Mild positive affect has been found to facilitate problem solving (Isen, 1999). Coaches therefore need to help people focus on and feel healthy adaptive emotions. They need to help people express these adaptive emotions to someone—sometimes to the coach, to an imagined other in an empty chair, to another part of the self, or to another person. This helps people consolidate their healthy experience and expression.

A key class of pleasant feelings that help transform negative feelings are what Fosha (2008) referred to as *transformative emotions*. These are receptive and vitalizing emotions such as peace, calm, relief, harmony, lighter, clearer, stronger, aliveness, tenderness, closeness, and gratitude. In my experience, these often occur after painful feelings have been processed; needs have been accessed and validated; and healthy sadness, anger, and self-compassion accessed. Further means of accessing alternate emotions are discussed in Chapter 9.

Step 9: Facilitate the Development of a New Narrative

Having accessed adaptive emotions and needs and developed a healthier internal voice, clients are in a position to make the final change. The ninth and final step involves helping people develop a new narrative to change the old stories and beliefs (Angus & Greenberg, 2011). People change the same old stories of their lives by adding emotions to empty stories, storying unstoried emotions, and using new emotions to develop new stories. Coaches help clients integrate all parts of their experience into a new sense of self and to feel more self-accepting. This embodied transformation now needs a new story to consolidate and conserve the change. Stories of self, other, and world now are characterized by discoveries and new outcomes. The new narrative makes the embodied change explicit.

THE COACH'S OWN EMOTIONAL AWARENESS

To facilitate the emotional work of others, coaches must have engaged in their own emotion-awareness process. The exercises in the appendix offer an opportunity for coaches and clients to practice this process. Probably the best training in the emotion-awareness process is to experience it. It is only by working with one's own emotions that one can help others do this. It is only by allowing and accepting one's own emotions that one can see that emotions inform and organize people. It is only by learning to tolerate one's own unpleasant emotions that one can experience that such emotions come and go, and it is only by suffering one's own pain and triumphing over it that one truly knows that this is possible for one's clients. Thus, this is a case of "Physician, heal thyself" rephrased as "Coach, train thyself." Coaches should train themselves, or receive training, in identifying and staying with their own emotions. They need to learn to symbolize their feelings in words and evaluate their nature; identify their maladaptive emotions; and, above all, learn how to access their positive emotional resources to transform and soothe the maladaptive emotions in themselves.

Clients benefit from coaches' emotional awareness in the process of learning to master their own. Coaches need to be authentically present and congruent when working with clients' emotions. Emotional awareness and emotional honesty in coaches promote emotional awareness and emotional honesty in clients. Congruence, however, is a complex concept, and I offer some pointers on what I mean by coaches being in touch with themselves and how to use this congruence (Greenberg & Geller, 2001).

Authenticity or congruence can, at an initial level of analysis, be broken into two separate components (Lietaer, 1993): (a) the ability to be aware of one's own internal experience and (b) transparency, the willingness to communicate to the other person what is going on within oneself. Congruence thus clearly has two components: an internal component that involves awareness of one's own flow of experience and transparency, and an outer component that refers to explicit communication.

The claim that being transparent is therapeutic requires specification of the set of preconditions and beliefs, intentions, and attitudes that are needed for this aspect of congruence to be therapeutic. To simply teach young or new coaches that they should be congruently transparent is not always helpful. This is because being transparent presumes a certain level of personal development and certain intellectual and value commitments. Congruence, therefore, does not stand alone as a therapeutic ingredient. Therapeutic congruence, as well as involving awareness and transparency, also requires that the therapist's internal experience arises out of attitudes, beliefs, and intentions related to doing no harm to clients and to facili-

tating their development. This is the psychotherapeutic equivalent of a Hippocratic oath.

Being aware of one's own flow of internal experience and connecting with the essence of one's feeling are two central components of congruence (Rogers, 1959). The internal-awareness component is the easiest aspect of the concept to endorse as universally therapeutic. It always is helpful for coaches to be aware of their own feelings and reactions, because this awareness orients them and helps them be interpersonally clear and trustworthy. This inner awareness and contact involve being receptively open and sensitive to one's own moment-by-moment, changing experience and being fully immersed in the moment. With this type of presence in the moment and emotional awareness, there is less likelihood of a discrepancy between verbal and nonverbal behavior, and clients come to know that what they see is what they get. They learn that the coach has no hidden agendas. This helps the client feel safe and reduces interpersonal anxiety, which in turn allows clients to tolerate more intrapersonal anxiety and thereby to explore more deeply. If coaches are not aware of their feelings in interaction with their clients, they are unlikely to be effective helpers, because they will not have access to vital information being generated in their relationships. It would be like operating in the dark. Therapists know that they are most effective in helping others when they are clear and aware of their own flow of internal experience, especially experience that is generated out of their moment-by-moment interactions with clients.

The case of transparency, or the communication component of congruence, is much more complicated than the self-awareness component. Being facilitatively transparent involves many interpersonal skills. It involves the ability not only to express what one is truly feeling, but also to express it in a way that is facilitative. Transparency, therefore, is a global concept for a complex set of interpersonal skills embedded within a set of therapeutic attitudes. This skill seems to depend on three factors: (a) the coach's attitudes, (b) certain processes, and (c) the coach's interpersonal stance.

First, and probably most important, congruent responses need always to be embedded within Rogerian therapist attitudes and need to be communicated nonjudgmentally. In life one clearly can be congruently destructive. Therapists know that being destructive is not what is meant by the term *congruence* as it relates to therapy because congruence is really tacitly qualified by a number of other beliefs and views on how to be congruent. I thus find it helpful to use the word *facilitative* to qualify the word *congruent*. The coach's expression of himself or herself needs to be done for the client's benefit.

When coaches express themselves genuinely, they need to do so in a disciplined manner. They do not impulsively blurt out whatever they feel in the moment but communicate important core feelings. To do this, they need

first to be aware of their deepest level of experience, and this may take time and reflection. Next, they need to be clear on their intention for sharing their experience—that this sharing is for the benefit of the client or the relationship and not for themselves. It is also important for therapists to be sensitive to the timing of disclosure, sensing whether clients are open to what one has to offer or too vulnerable to receive it. Discipline thus involves the therapist (a) not simply saying whatever he or she is feeling and (b) making sure that what is expressed is a core or primary feeling rather than a secondary one. Another qualifying concept that I think helps clarify the transparency aspect of congruence is comprehensiveness—that congruence needs to mean “saying all of it.” The coach expresses not only the central or focal aspect that is being experienced, but also the metaexperience—what is felt about what is being experienced and communicated. Thus, saying that one feels irritated or bored does not comprise comprehensive communication. Coaches need also to communicate their concern about such a revelation potentially hurting their clients and express that they are communicating this out of a wish to clarify and improve a connection, not destroy it. This is the meaning of “saying all of it.”

Being congruent may involve the therapist saying what he or she is feeling in his or her body at the time. It may involve speaking of a feeling that has been persisting over time and is not actually being felt at the moment in any visceral way. Also, being congruent may involve the therapist saying something that spontaneously captures the sense of the moment. The current or general feelings being congruently expressed may range from compassion to anger, from threat to joy. Depending on which emotion is being felt, it will be expressed in a very specific way, with its own expressive intentions. Anger, for example, may be expressed to set boundaries and to assist in resolving a feeling of being wronged; compassion may be expressed to share it and to comfort. Fear probably is most often expressed to inform the other person of one’s reaction to him or her.

In addition to disclosing what one is feeling, being congruent might involve saying what one is thinking, disclosing an image, sharing a past experience of one’s own, or commenting on the interaction between therapist and client. The intentions here may be to convey one’s understanding or deal with a relational difficulty. A highly integrated or well-trained coach dedicated to helping will produce congruent responses of a different kind and quality than will an undifferentiated or egocentric therapist or a novice. Being therapeutically congruent thus can be seen as involving a complex set of interpersonal skills, as well as the intrapersonal skill of awareness.

Finally, it is the coach’s interpersonal stance that is important in understanding facilitative transparency. Affirming and disclosing stances are the key that make transparency facilitative. Affirming responses are the baseline

responses in supportive therapies. What does a therapist do when he or she is feeling not affirming but angry, critical, and rejecting and cannot get past this feeling? For a transparent response to be facilitative, feelings need to be expressed as disclosures. It is not the content of the disclosure that is the central issue in being facilitative; rather, it is the interpersonal stance of disclosure that is important. Implicit or explicit disclosure involves a willingness to, or an interest in, exploring with the other person what one is disclosing. For example, when attacked or feeling angry, coaches do not attack but rather disclose that they are feeling angry. Coaches do not use blaming “you” language; instead, they take responsibility for their feelings and use “I” language that helps disclose what they are feeling. Above all, they do not go into a one-up, escalatory position in this communication, but rather openly disclose feelings of fear, anger, or hurt. When the problem is one of the therapist experiencing nonaffiliative, rejecting feelings or a loss of interest in the client’s experience, the required interactional skill involves being able to disclose this in the context of communicating congruently that the therapist does not wish to feel this. Or the therapist might disclose these feelings as a problem that is getting in the way and explain that he or she is trying to repair the distance so that he or she will be able to feel more understanding and feel closer to the client. The key to communicating what could be perceived as negative feelings in a congruently facilitative way is generally occupying an interactional position of disclosure that is nondominant and affiliative. Thus, in the context of feeling angry, a coach’s facilitative, congruent process involves first checking whether anger is his or her most core feeling; if it is, then this needs to be disclosed in a nonblaming, nonescalatory fashion. If the coach is feeling more hurt, diminished, or threatened than feeling anger, then congruence involves being aware of this and disclosing this in an effective manner.

For example, a very fragile and explosive client once told me during an intense encounter that she hated me because I was so phony and that I acted so presumptuously in assuming that I understood what she felt. She said she saw me as a leech trying to suck her emotional life out of her and that although I professed good intentions, I was really out to destroy her. Under this mounting, relentless attack, I first felt defensively angry. I succeeded, however, in going beneath my anger and told her I felt afraid of her anger. Tears came to my eyes as I told her that I felt hurt. This was disclosed without blame or recrimination and without an explicit power- or control-related intention to get her to stop—just a disclosure of what it felt like inside for me in that moment. This disclosure helped the client stop her attack and drew from her some concern for me. The skills of congruent responding in dealing with difficult feelings thus involve identifying one’s own internal feeling response—this is the general skill of awareness—and translating this intrapersonal experience into affirmative, disclosing interpersonal responses.

A VIGNETTE FROM THERAPY: PUTTING THIS ALL INTO PRACTICE

A client in a session said that he was depressed, and he talked about feeling lonely. I guided his attention to his feelings of loneliness with an empathic response of how he was “just feeling all alone.” My client acknowledged this. I suggested to him that it was important to attend to his emotions as they were a road to what was at the base of his depression. He agreed. I continued to empathize with his hopeless feeling and in response to my question “Do you feel this now anywhere in your body?” the client pointed to his chest. I asked him to put his hand there and speak from that feeling. He talked about his deep sense of isolation. He said, “I feel empty, like I’m not there unless I talk to someone or do something.” His loneliness welled up, and he began to cry. He articulated this feeling, expressing how much he yearned to just be touched, to have a hand placed on his shoulder or his chest to know that he exists, and to be reassured and comforted by the touch. He said all this while gently rocking back and forth in his chair. I highlighted his expressive motion and asked him to develop it into an explicit self-comforting activity. He then described how isolated he felt in his previous marriage. He felt this for years before the marriage broke up, and he expressed how he had felt “unseen” and “uncared” for by his ex-wife. I continued to help him to search for, describe, and express his feelings in words by empathically reflecting both his feeling of having been invisible and his need to be seen and valued just for him. My client then began the inevitable process that occurs in so many of us: that of criticizing himself for being so weak and needing others so much. He worked for a while on this unfortunate process of self-diminishment, putting his criticisms into “you” language and pretending he was another person criticizing himself; however, he overcame these criticisms by focusing on his healthier aspects. He focused on his ability to read the message from his feelings of isolation in an empty marriage and the legitimacy of his needs for contact. These feelings acted as a valuable source of information to him about what he wanted and led him to reflect on the importance to him of being in a caring relationship. He talked about how amazed he was when his new girlfriend actually wanted him and approached him for physical contact.

As my client talked about his girlfriend’s active pursuit of him, he held his arms and hands straight out, gesturing that his response to her pursuit was to protectively hold her at bay. Paying attention to his hand movements, I asked him what it was like when she approached him. He said that he initially feels anxious when she approaches and that he internally pulls back. On further exploration of this feeling, I encouraged him first to own this possibly unhealthy fear rather than avoid or ignore it. He talked first about how unworthy he felt and then about how he was afraid to let anyone close for

fear of being known and rejected again. This led back to his feelings of having been dropped by his ex-wife—not for another man, but for her art. I shared with him that I could imagine how unimportant that must have left him feeling. His experience of feeling rejected was further evoked and intensified when I asked him to imagine his ex-wife was sitting in the chair across from him. I asked him to tell her how unlovable this had made him feel. Once he had dwelled in and tolerated this painful experience, I asked him what he needed. He said he needed to feel valued and wanted, and I validated this. This helped him access his feeling of having been poorly treated by her. A feeling of anger emerged. He felt more empowered because he was able to feel angry at the offense rather than rejected and sad. The session concluded with the client clearly describing his need to feel loved and to be self-affirming and his intention to continue to seek the closeness he wanted with his girlfriend. He also said how reassured he felt when his girlfriend told him that she felt insecure and needed his reassurance. He said he saw himself reflected in her. To realize that she felt insecure when he felt so positively toward her must mean that she did love him, even though he felt a similar inner insecurity. He thus reflected on and constructed a new narrative of his past relationship, of his own worth, and of his ability to be in a new relationship. Although this was a new, tentative outlook in need of further validation, it definitely marked a change in his view of himself. This event involved many of the processes that we have talked about:

- paying attention to body experience,
- focusing on what is experienced in the present,
- experiencing feelings,
- overcoming self-critical interruptions,
- owning unhealthy emotion (fear and unworthiness),
- contacting needs and wants (the need to be treated fairly and the need to be loved),
- contacting healthy emotion (anger),
- creating new narrative meanings, and
- the coach's presence and sharing.

When people are searching for, describing, and expressing their feelings, they need to track their moment-by-moment experience, just as my client did in the previous example. Coaches need to work like artists by continually trying to highlight and develop aspects of their experience, focusing on a phrase here, a gesture there, and the particular vocal qualities of the voices inside their heads or their spoken voices. Feelings of poignancy indicate a direction for deepening an experience. A sigh indicates a sense of sadness; the shape of a person's mouth can indicate that tearfulness is near. People need to pay attention to, and allow themselves to feel, all these emerging experiences

until a core meaning emerges, as when my client experienced his isolation and desire for contact and comfort. Emotion coaching is thus primarily a process of directing attention to internal cues so that the client can put them into words and to then help clients make sense of what they are saying. In this therapy example, once the emotional experience of loneliness was aroused, it was alive and in the room; there was no need to search for it. The task was to pay attention to it rather than avoid, control, or cancel it. The client needed to put it into words, to allow it to exist and to help him make sense of it. This involved identifying what the emotion was urging him to do and informing him of his needs. After this, people then have to decide on a course of action, taking into account all the important emotional information as well as all the external factors. They then need to integrate all of these sources of information into a reasoned course of action.

5

CASE FORMULATION AND MARKER-GUIDED INTERVENTIONS

Reason is, and ought only to be the slave of the passions, and can never pretend to any other office than to serve and obey them.

—David Hume

Case formulation and marker-guided interventions are used throughout the coaching process. A *case formulation* is a working hypothesis about the client's core painful emotion (what this emotion is, what caused it, and what thoughts and behaviors sustain it). This hypothesis serves as a clinical map for intervention. Although it can be revised throughout the coaching process, as an overarching conceptualization, it is generally consistent across treatment.

Although case formulation tends to remain more or less stable throughout treatment, specific interventions are chosen on the basis of the moment-by-moment experience with the client in session. Once the coach has created a safe environment through presence, empathy, acceptance, and validation, she or he must listen for the client to present markers of underlying processing difficulties. The coach then offers interventions to match the difficulty. Emerging client in-session problem states are seen as markers of opportunities for differential interventions best suited to help facilitate productive work on that problem state. This is a form of process diagnosis.

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Process diagnosis thus is privileged over person diagnosis. This is done mainly by having clear descriptions of client markers of emotional processing difficulties that indicate that the client, at this time, is in a particular problem state that is amenable to a particular type of intervention. For example, the marker of a *self-critical split*, in which one part of the person (a *critic*) is criticizing another part (an *experiencer*) in an emotionally involved manner, indicates that the person is currently struggling to resolve this problem and that these processes are currently active and therefore accessible. Therapist interventions create a particular task environment designed to facilitate a particular type of client performance that has been found to be helpful in leading to a resolution of this type of problem, such as integration and self-acceptance for self-criticism (Greenberg, Rice, & Elliott, 1993).

In this chapter, we look at how to develop a case formulation that provides a framework for intervention, as well as at some specific ways of intervening that can be used throughout the emotion-coaching process on the basis of what emotional markers are present.

CASE FORMULATION

In Phase 1 of emotion coaching, in Steps 1 and 2, and even prior to these (when the coach has the first contact with a potential new client), emotion coaches engage in a process-sensitive form of case formulation. Keeping their finger on the client's experiential pulse at all times, they listen for what emotion seems to be key to clients. Case formulation is highly process sensitive, following what is most painful or most poignant all the time rather than listening to content and then imposing this on the future process. Formulation involves first and foremost following clients' pain to guide them to their core problems.

The steps of case formulation have been outlined in detail in Greenberg and Goldman (2007) and Goldman and Greenberg (2015) and are described briefly next. In case formulation, process is privileged over content, and process diagnosis is privileged over person diagnosis. At the center of this process approach to case formulation, the therapist uses a metaphorical "pain compass." Following the client's pain guides the process to the client's central concern.

Case formulation initially involves unfolding the narrative and observing emotional processing style and involves the following steps:

- listening to the presenting problems,
- identifying poignancy and painful experience,
- attending to and observing emotional processing style, and
- unfolding the emotion-based narrative.

The process of formulation begins at the first meeting or even during the initial phone contact with an understanding of the presenting problems. What the problem is will only be understood when the core painful emotion is accessed in Step 4 of the coaching process. Right from the start, the therapist listens for poignancy and pain. As the clients' problems and related stories unfold, the therapist asks himself or herself implicitly: "What is most poignant in the story?" and "What is the most painful?" The pain compass directs the therapist to where to focus attention. This identification of the chronic enduring pain (Greenberg & Bolger, 2001; Greenberg & Paivio, 1997) sets the goal of the treatment, which becomes the resolution of the painful issue.

As clients unfold their stories, the therapist observes various elements of their emotional processing style. From this framework, the therapist attends to and assesses the manner of emotional processing. Early on, the therapist notes whether emotions are overregulated or underregulated; whether they are primary, secondary, or instrumental emotional responses (Greenberg & Safran, 1986); and whether they are productive or unproductive (Greenberg, Auszra, & Herrmann, 2007). These are considered key elements of initial case formulation, as they inform the therapist how to intervene. Such emotional assessments are helped by observing nonverbal expression, including facial expression, tone of voice, and how things are said. Other factors, such as clients' affective meaning states (Pascual-Leone & Greenberg, 2007), client vocal quality (Rice & Kerr, 1986), emotional arousal (S. H. Warwar & Greenberg, 1999), and client depth of experience (Klein, Mathieu-Coughlan, & Kiesler, 1986), are assessed. The emotion-based narrative is then more fully unfolded. The therapist listens to the story intently, being particularly moved by the emotional tone that pervades it. Clients' stories reveal what they feel and about whom, along with their implicit needs or concerns that may or may not have been addressed.

Case formulation moves on to the cocreation with the client of a focus by identifying the core painful emotion. The formulation of the client's core painful emotion begins in Step 4 of the coaching process, when the emotion coach helps the client arrive at primary feelings, and continues in Step 5, when the coach helps the client evaluate if the emotion is healthy or unhealthy. There are six major aspects of case formulation. As an aid to memory, these elements of the formulation process are represented in the acronym MENSIT:

- Markers,
- Emotion (core schemes),
- Needs,
- Secondary emotions,
- Interruptions, and
- Themes.

The MENSIT process helps the therapist and client to co-construct a narrative that ties the presenting problem (P), the triggering stimuli (T), and the behavioral avoidances and consequence (B) of the client's way of coping with their core painful emotion.

Case formulation continues throughout the coaching process as the emotion coach focuses on a moment-by-moment basis to identify current client states, ongoing markers related to core issues, and micromarkers within tasks. In addition, as new meanings emerge, the coach assesses how the new emerging narrative connects back to the presenting problem and indicates degree of change and readiness for termination (see Goldman & Greenberg, 2015, for a more detailed explanation of case formulation).

MARKER-GUIDED INTERVENTIONS

A defining feature of the emotion-coaching approach is that intervention is *marker guided*. Research has demonstrated that in therapy, clients enter specific problematic emotional processing states that are identifiable by in-session statements and behaviors that mark underlying affective problems, and that these afford opportunities for particular types of effective intervention (Greenberg, Rice, & Elliott, 1993). Client markers indicate not only the client state and the type of intervention to use, but also the client's current *readiness* to work on this problem. As I have said previously, emotion coaches identify markers of different types of problematic emotional processing problems and intervene in specific ways that best suit these problems. Each of the tasks has been studied both intensively and extensively, and the key components of a path to resolution and the specific form that resolution takes has been specified (Greenberg, Rice, & Elliott, 1993). Thus, models of the actual process of change act as maps to guide the intervention.

Interventions like the ones described next and summarized in Table 5.1 help people access their core unhealthy emotions. These interventions begin to be most applicable in Step 4 for arriving at primary feelings and are important in the second stage of leaving an emotion. They help in Step 6 to identify the negative voice associated with unhealthy emotions; in Step 7 to access the need in the core painful emotion; and in Step 8 to generate new, healthy, emotional responses. The sections below identify which intervention is best suited to each marker.

Empathic Affirmation for Vulnerability

Empathic affirmation is the intervention of choice when clients present a *vulnerability marker*. This marker indicates the emergence of a deep sense

TABLE 5.1
Markers, Interventions, and End States

Empathy-based task marker	Task	Process	End state
Vulnerability (painful emotion related to self-depletion)	Empathic affirmation	Hit rock bottom and bounce back	Self-affirmation (feels understood, hopeful, stronger)
Experiencing task marker unclear feeling (vague, external or abstract)	Experiential focusing	Symbolization of felt sense	Feeling a bodily felt shift; readiness to apply outside of therapy (carrying forward)
Reprocessing task marker problematic reaction point (puzzling overreaction to specific situation)	Systematic evocative unfolding	Access implicit memory	New view of self in-the-world functioning
Enactment tasks markers self-evaluative split (self-criticism, tornness)	Two-chair dialogue	Assertion of self and softening of critic	Self-acceptance, integration
Self-interruption split (blocked feelings, resignation)	Two-chair enactment	Discover how one interrupts and experience self as agent of the process	Expression, empowerment
Unfinished business (lingering)	Empty-chair work	Let go of resentments, unmet needs	Affirm self; understand, forgive, or hold other accountable
Anguish/Emotional suffering	Compassionate self-soothing	Grieve the unmet need and feel compassion for self	Calm, bodily relief, secure

of depletion, weakness, self-related shame, or helplessness. This is a state of primary depletion. In this state, the client may reluctantly reveal to the therapist, often for the first time, that he or she is struggling with powerful feelings, vulnerability, despair or hopelessness, or personal shame. The sense is that the client is experiencing a pervasive feeling of depletion and has run out of emotional resources. The therapist's task is to offer empathic presence, accepting and validating the experience regardless of what the client is experiencing and allowing the client to descend into his or her feeling of depletion, hopelessness, despair, or humiliation. In empathic affirmation, the therapist validates the client's experience and explicitly does not encourage inner exploration to differentiate experience. The therapist is attuned to the

client's vulnerability, conveys understanding and acceptance, and does not try to "do" anything to guide the client but simply follows and understands. When the therapist follows and affirms the client's experience in this way, it helps the client go into the experience and to hit rock bottom before beginning spontaneously to turn upward toward hope. In the process of resolving vulnerability, the client reveals an aspect of self that has been previously kept hidden.

Daniel Stern (1985), in describing a caregiver's attunement to an infant's affect, described how a child builds a strong sense of self from the mirroring of affect. He explains that if a caregiver, in voice and face, enthusiastically mirrors the infant's excitement at knocking over a set of blocks, the child, experiencing excitement both from within and without, builds a strong and clear sense of himself or herself as excited. This interaction provides the child with a sense of vitality that strengthens the self. If, however, the caregiver is depressed and responds unenthusiastically, failing to mirror the child's affect, the child, referencing both his or her own internal mounting excitement and a contradictory decrease or nonmirroring response from outside, becomes confused about what is being experienced and therefore is unable to form a clear sense of itself as excited. The child's experience is not confirmed and his or her vitality decreases. This is the same with clients when they express, say, feeling hopeless and depleted. A therapist's response mirroring the client's experience in both tone and tempo as well as in content—for example, "feeling just like no steam left, nothing more to draw on"—confirms the client's experience, and this leads to the client building a clear sense of self as feeling hopeless. This confirmation, in which there is a matching of the internal and the external experience, helps the client feel seen and validated. This breaks the client's sense of isolation and provides the vitality to begin moving again, leading to an energetic response such as, "Yes that's exactly how I feel." The self is strengthened by validation.

In this process, it is very important for the therapist to maintain an affirming stance and not push for change. This can be difficult if the therapist does not have unconditional confidence in the client's innate resilience and ability to bounce back. Resolution of this task consists of enhanced vitality together with a decreased sense of isolation and increased self-direction. It is important to note that when vulnerability emerges in the course of working on some other task, it takes priority, as without the sense of hope and possibility that reemerges by working on this highly vulnerable sense of self, there is no energy to work on anything else.

Experiential Focusing for a Vague or Unclear Felt Sense

Experiential focusing, which derives from the work of Gendlin (1996), is the intervention of choice for an absent, vague, or unclear felt sense. An

unclear felt sense is a state in which the person is on the surface of, or feeling confused and unable to get a clear sense of, his or her experience: “I just have this feeling, but I don’t know what it is.” The therapist then guides the client to approach the embodied aspects of his or her experience with attention and with curiosity and willingness, to experience them and to put words to his or her bodily felt sense. A resolution involves a bodily felt shift and the creation of new meaning.

A client, for example, may be speaking in an intellectual or external manner, talking around in circles without getting to what is important in it. There is a sense of feeling uncertain or otherwise out of touch with, or distant from, internal experience. At these times, the therapist suggests focusing on the unclear feeling. The therapist gently suggests to clients to slow down and look inside, to pay attention to that place in their body where they feel their feelings and to see what it is they feel there right now, to ask, “What’s going on with me right now?” and see what comes. After naming the passing aspects of their subjective states, therapists ask clients to identify one of the feelings or issues on which they wish to focus and to put words to the feeling. When a word or words or images come, clients are asked to check inside to see whether what comes up fits or not. If the label does not fit, clients are asked to search for one that better captures what they are experiencing.

As experiential focusing progresses, clients are repeatedly asked to fit words to their feelings until they capture the feeling of “yes, that’s what I feel.” This leads to a shifting of the bodily felt sense. Resolution involves developing an accurately labeled felt sense, accompanied by an experienced sense of easing or relief and a direction for carrying this “felt shift” into life outside the coaching session. The many microprocesses of focusing on a bodily felt sense involved in moving into deeper experiencing also can be woven into other therapeutic interventions.

Systematic Evocative Unfolding for Problematic Reactions

Systematic evocative unfolding is the intervention of choice at problematic reaction points. These are instances in which the client is puzzled by a reaction that he or she had to a specific situation (Greenberg, Rice, & Elliott, 1993)—for example, a client saying, “On the way to therapy I saw a little puppy dog with long droopy ears and I suddenly felt so sad and I don’t know why.” Problematic reactions are opportunities for a process of *systematic evocative unfolding*. This form of intervention involves vivid evocation of experience to promote reexperiencing the situation and the reaction to establish the connections between the situation, thoughts, and emotional reactions to finally arrive at the implicit meaning of the situation that makes sense of the reaction. Resolution involves a new view of self-functioning.

Unfolding tasks involve helping the client elaborate previously condensed narratives with immediacy and vividness; they expand the moment so as to unfold small elements of experience that were coded in memory but not presented in the initial condensed narrative. We always know more than we say, and so by reevoking the situation, we gain access to those moments of experience that were registered and are available in memory when the situation is relived in the coaching session in a slowed-down manner and explored with curiosity.

The purpose of evocative responding is to access clients' moments of memory about what occurred moment by moment in a particular event in order to reconstruct the event and evoke the feelings and subjective construals of what occurred. First, clients are asked to describe the event or scene in detail. The objective is to play a movie of what happened so that both the therapist and the client get a live sense of what it was like for the client. The therapist can help in the construction. As the client provides a concrete and detailed description of the event, the therapist helps the client track his or her affective reactions with the intent of being able to pinpoint the moment when the reaction changed so that the trigger or stimulus, and how it was construed, can be identified.

When the client presents a problematic reaction point, the therapist guides the client to relay the puzzling episode, including what led up to it and exactly what it was that she or he reacted to. The therapist helps the client alternately explore both the perceived situation and his or her inner emotional reaction in the situation. The therapist evokes a picture of the scene by saying something like, "So there you are, standing at the bottom of the stairs in suit and tie, your briefcase in hand, ready to leave for work. Your wife is standing at the top of the stairs, still in her dressing gown, looking down at you." Having painted a picture of the scene from the elements told to the therapist by the client, the therapist now paints the client into the center of the picture, guiding the client's attention to his bodily felt response in the situation. As the client imaginably reenters the situation, he reexperiences his reaction. The therapist encourages the client to search experientially for the exact instant of his problematic reaction and its trigger. The client and therapist search for what was salient in the stimulus situation and how it was construed, such as the way his wife was looking down her nose at him, which he saw as contempt and which triggered his feeling of shame. This then leads to an exploration of his shame and its origins in past experiences of having been humiliated by his father. At a minimum, resolution in this task involves reaching an understanding of the reason for the puzzling reaction. However, this point is usually just the beginning of a self-reflection process in which the client accesses core emotion schemes and related views of self, such as this man whose feelings of shame and incompetence from his relationship with

his father were activated by his wife's look, which he construed as contemptuous. Full resolution involves a clear shift in view of self, together with a sense of empowerment to make life changes consistent with the new view.

Two-Chair Dialogue for Self-Evaluative Split

Two-chair dialogues are used when the client presents a *split* marker (Greenberg, 1979; Greenberg & Clarke, 1979). In a split, one aspect of the self is in opposition to another aspect. The most prevalent form of split worked on is a self-critical split. In this kind of split, one part of the client criticizes the other part, referred to as the experiencing self. For example, a woman quickly becomes both hopeless and defeated but also angry in the face of a setback: "I've failed and, I'm not as good as my colleagues." Self-critical splits such as this offer an opportunity for two-chair work. In this, two parts of the self are put into live contact with each other by having them speak to each other from different chairs. In this dialogue, the therapist, having identified the self-critical voice, encourages clients to begin criticizing themselves from one chair. The therapist then guides the client to move back and forth between two chairs to enact the internal conversation between the critical part and the emotional reaction to the critic.

In the initial dialogue, the client become aware of the constant presence of a self-critical voice and its hopelessness- or shame-inducing impact. Thus, the client might say to himself or herself in a harsh voice, "You're such a coward. You're despicable, worthless, untouchable." The critical part is coached to be as specific as possible in expressing its criticisms, for example, "You so messed up yesterday speaking to your girlfriend." This is designed to evoke the self's emotional reaction as specifically and concretely as possible. The client is then asked to move to the self chair, which is asked for its affective reaction to the critic, not just a global secondary reaction of a general malaise, such as "I feel bad," but rather a differentiated sense that actually comes alive in the body in the moment—a primary feeling, for example, of being paralyzed or of wanting to shrink into the ground. The more the critic can be helped to target concrete instances of experience, for example, of weakness or failure at the meeting yesterday, the more episodic, situational, and emotion memories will be evoked. After identifying the hostile voices, it is much easier for the therapist to help the client separate out a healthier, self-supportive view. Once the vicious, contemptuous quality of the internal voice is identified, people often recognize that the voice is acting way out of proportion to what has occurred. This helps them overcome it.

Sometimes this internal voice might be overprotectively stifling of spontaneity. It could be saying such things as "Be careful, you might get hurt,"

or it might even seem like a helpful teacher who says, “You should try harder.” Unfortunately, as this voice develops, it often becomes highly attacking, malicious, and self-denigrating. The coach’s job is to help clients become aware of this voice and to understand the distress these destructive thoughts are causing them. Often these hostile attitudes toward the self sound very similar to what the person’s caregivers might have said to him or her, and now the person has adopted all the criticisms and repeats them to himself or herself. It is as though a negative parent or significant other now lives inside the person’s head. If these destructive thoughts are to be overcome, then the core criticisms need to be articulated and recognized as attacks that originally came from someone else. Then people will more easily be able to combat them with another voice inside themselves.

In the first few dialogues, the goal is to help the client become aware of the constant presence of a self-critical voice and its impact. It is the contempt toward the self that accompanies these criticisms that evokes the worst feelings, often of powerlessness, helplessness, and hopelessness and then ultimately more primary core shame (Whelton & Greenberg, 2005). The experiencing self’s initial response is generally characterized by a collapse into a nonresilient state of hopelessness in response to self-criticism. The crucial step in the dialogue is evoking the core maladaptive feeling, often shame about the self’s deficits or anxiety/fear about the self’s ability to survive alone. The therapist then facilitates access to the need in the maladaptive emotion and the attendant new experiencing and promotes its expression to the critical voice. This leads to an assertion of the self and the combating of the critical voice (Greenberg, 1984). This is the beginning of the emergence of the resilient self. Adaptive needs are at the core of the resilient self’s tendency to survive and thrive. Needs are associated with action tendencies and direct clients toward attaining goals that are highly relevant to their well-being and help mobilize new emotions to achieve need satisfaction. Finally, self-critical splits resolve by a softening of the critical voice into a more compassionate one in which the needs are acknowledged and integrated, and greater self-acceptance results (see Elliott, Watson, Goldman, & Greenberg, 2003; Greenberg, Rice, & Elliott, 1993).

A variety of other splits have been delineated. A decisional conflict involves being torn between two alternative courses of action (e.g., to end a relationship or not). In the attributional form of a self-critical split, the client is hypersensitive to perceived criticism or control by another person or people. Clients say, “They think I’m stupid, too selfish, sensitive,” and so forth; this is understood as the client’s own critic, projected onto the other person or situation. In the case of an attributional split, the client is asked to enact the other or the external situation. Self-critical splits also often evolve into a dialogue with the introjected critic, generally the voice of a critical parent

who has been internalized, but now the client says such things to himself or herself as, “You are not organized enough, you are not responsible.” Here the client is invited to enact the “mother in the client’s head” and to criticize the self, as the mother, from the critical chair. In addition, anxiety splits and depression splits are common forms of split found in anxious or depressed clients. In depression the critic is highly contemptuous, whereas in anxiety the critic is catastrophizing and overprotective. Finally, it is helpful to recognize coaching splits, in which it is better not to engage. In this, one part coaches or encourages the self to do or feel something different, such as, “You should feel more confident, less depressed, get moving,” etc. The coach split is a second-level process in which a person is trying to knock himself or herself into shape. These are not very profitable to work on, in this form. Instead, it is helpful to identify the real difficulty with which the person is struggling and work on the split involved in the more fundamental difficulty. The real difficulties are that the person does not feel confident, does feel depressed, or does procrastinate. Here it is good to get to the self-critical process that leads to low confidence, depression, or delay. Rather than saying, “You should be more confident, less depressed, or you are useless because you never get anything done,” the criticism then would be the critical process producing the difficulty, such as “You are stupid, ugly, boring, or you aren’t perfect enough, you will fail if you try,” and so forth.

Self-critical splits involve negative evaluation and generally are depressogenic. In the anxiety splits, rather than criticize the self, the critical chair catastrophizes about the future. The underlying motivation in anxiety is generally to protect the self from some potential disaster, from getting hurt or failing. This two-chair dialogue follows a slightly different path, and the components are a little different although the overall process is the same. In the other chair we find a catastrophizer, rather than a critic, who worries about possibilities in the near future or projects judgments onto others who are experienced as looking at the self. As the dialogue moves to resolution, the self asserts and the catastrophizer softens into fear and often needs reassurance from the growingly assertive self that it will not be hurt and that the self will not be too foolhardy or risk taking. In resolution it is as much that the self that needs to listen to the concerns of the worrying self as it is that the fearful part needs to loosen its grip.

It is useful to note that two-chair work can be done without the dialogue. When the critic is very harsh or the person finds it too difficult to engage in an enactment, the self-critical work can be done purely conversationally with questions and reflections of feelings. One then works with the different parts of the self or voices, one at a time, in sequence. The use of enactment, however, enlivens the conflict and has the added advantage of making the nonverbal elements of the inner dialogue more accessible.

Two-Chair Enactments for Self-Interruptive Split

Two-chair enactments at self-interruption markers address immediate, within-session episodes of emotional avoidance or distancing from emotion (Greenberg, Rice, & Elliott, 1993). Clients often actively block or suppress feelings, and a marker of self-interruptions arises when one part of the self interrupts or constricts emotional experience and expression: "I can feel the tears coming up but I just tighten and suck them back in, no way am I going to cry." A particularly helpful intervention for working with these blocks to emotion is one in which the client enacts his or her process of interruption in an imaginary dialogue between two aspects: the agent and the object of the interruption (Greenberg, Rice, & Elliott, 1993). The enactment of the interruption of emotion involves a different use of the two-chair dialogue than the one for self-criticism discussed previously. In comparison with self-critical splits, markers of self-interruptive splits involve actions against the self rather than evaluations of the self; they typically have a larger nonverbal, bodily aspect and sometimes are expressed purely nonverbally, such as with a headache or tightness in the chest. The therapist's goals in self-interruptive work are both to heighten awareness of the interruptive process and to help the client access and allow blocked or disavowed internal experience.

In the two-chair enactment, the interrupting part of the self is made explicit by enacting it. Clients become aware of how they interrupt and are guided to enact the ways they do it, be it by physical act (choking or shutting down the voice), metaphorically (caging), or verbally ("shut up, don't feel, be quiet, you can't survive this"), so that they can experience themselves as an agent in the process of shutting down and then can react to and challenge the interruptive part of the self. Resolution involves expression of the previously blocked experience.

The most common indicators of self-interruption are resignation, feeling blocked or trapped, or a general inability to feel. These often are accompanied by physical symptoms, such as feeling oppressed, burdened, or blocked; tightness in the chest; or a pain in the neck. In these cases, the primary feelings or needs have been so efficiently interrupted that they are not in awareness. In trauma, processes such as shutting down, going numb, and dissociating, which were possibly adaptive at the time of the traumatic event, now interfere with the integration of the traumatic experience. These blocks too need to be overcome. Self-interruptions are also often highly self-protective and ultimately driven by fear, as when someone stops himself or herself from risking opening up for fear of getting hurt again.

In a two-chair enactment, at a marker of self-interruption, clients are encouraged to enact how they stop themselves from feeling, to verbalize the particular injunctions used, to exaggerate the muscular constrictions involved

in the interruption, or to engage in the self-protective actions (Greenberg, Rice, & Elliott, 1993). Eventually this provokes a response, often a protest of wanting to live or a rebellion against the suppression. The experiencing self then challenges the injunctions, restraining thoughts, or muscular blocks, and the suppressed emotion bursts through the constrictions. Therapy thus helps to deautomatize the blocking activity. Having deautomatized the interruptive process by bringing it into awareness and enacting it, and having identified the protective aspect of the interruption and experiencing a sense of control, the client now is ready to experience that which has been interrupted. Finally, the therapist guides the client to express some of the suppressed feelings toward the person with whom he or she is angry.

When people express an emotion, their musculature participates in the emotion as the physiological aspect of that event. When people block the emotion, they do so with the complicity of their muscles. The person is “all set” to express that emotion but holds the expression in check. The “all set” implies a continuing desire to complete. Perpetually stiffened muscles, however, keep the person from feeling the sadness, rage, desperation, or depression. The aims in self-interruptive work are both to heighten awareness of the interruptive process and to help the client access and allow blocked or disclaimed internal experience. Interruptions or avoidance of emotions, or of defenses against them, are all viewed as efforts at self-protection. Perls (1969) suggested that by identifying with resistances, a person turns them into assistances. By acknowledging what he or she is doing, the person regains the part of himself or herself that is interrupting, as well as eventually what is being suppressed. This dialogue involves acceptance of what is. The effort involves becoming aware of how one interrupts. Once one does this, the process comes under conscious control. Rather than being a victim, one becomes an agent. And it is important to recognize the positive, protective functions of the interruptive processes, bring the blocking process into awareness, and have the client identify with this process as part of the self.

Empty-Chair Dialogue for Unfinished Business

Empty-chair work is aimed at helping clients resolve lingering bad feelings (usually sadness and anger) toward developmentally significant others (most commonly parents). The marker, referred to as *unfinished business*, involves lingering bad feelings toward a significant other. This often appears in the form of hurt, blame, or complaint. For example, early in therapy a client says, “My father forgot to come and pick me up for my fifth birthday. I was left sitting on the steps outside our house waiting for him and he never came, he didn’t even come to my wedding.” This type of unfinished business toward a significant other calls for an empty-chair intervention. Markers of

unfinished business generally involve feelings of attachment related to abandonment and insecurity and/or identity-related feelings of invalidation and diminishment. When clients begin to express having felt lonely and abandoned; unloved, neglected, or rejected; or hurt and angry with another person who was significant in their development, this is an opportunity to engage in an empty-chair dialogue with the other. It is very common for markers of unfinished business to involve the expression of secondary reactive emotions, especially blame or complaint. For example, a client in the first session expressed both blame and resignation about her mother, saying, "She was a terrible mother. She still is, just so into herself. I've given up on trying to have a relationship with her, she is so selfish."

Using an empty-chair dialogue, clients activate their internal view of a significant other and experience and explore their emotional reactions to the other and make sense of them. Empty-chair dialogue, in which the client expresses unresolved feelings to an imagined other in an empty chair, has been found to be very helpful in resolving unfinished business (Greenberg & Malcolm, 2002; Paivio & Greenberg, 1995). Resolvers access previously unmet needs and shift their views of both the other and self. Resolution involves holding the other accountable or understanding or forgiving the other.

The intervention is based on the idea that primary adaptive emotions (e.g., sadness at loss, anger at violation) need to be fully expressed; this allows the client to access his or her unmet needs and to identify useful actions associated with the emotion. Anger and sadness often are two sides of the same coin, and in this dialogue both need to be expressed in whatever sequence they emerge. For those people who have adopted a protective barrier of strength, it is the grief and lonely abandonment that need to be expressed; in others who are more dependent, it often is anger that needs to be expressed.

In this task, the therapist suggests that the client imagine the other in the empty chair and express unexpressed or unresolved feelings toward the person. Where appropriate, the therapist guides the client to take the role of the other and speak to the self in the negative manner that the other had treated the self. The therapist invites the client referred to previously to imagine her father in an empty chair, and after a number of sessions in which she expressed her hurt and anger and then grieved the loss of the father she wished she'd had, she began to see him in a new way. She acknowledged his difficulties in loving, given that he had never received love, and she softened toward him in the empty-chair dialogue and began to feel more understanding and forgiving. She went on to have a more cordial relationship with him in life. Resolution involves restructuring of the self–other role relationship scheme, resulting in a shift toward a more positive view of self and a different and more differentiated view of the other.

At the beginning of this dialogue, the therapist must ensure that the client is making contact with the imagined other. Evoking the sensed presence of the other, making sure the person is currently experiencing the real or imagined presence of the other in a direct and immediate way, is important in evoking the troublesome emotion schematic memory. Enacting the other person performing the hurtful behavior also is important in evoking the emotional reaction to the person. The reason for playing the other is to heighten the stimulus value of the other's behavior to in turn evoke the person's affective reaction to it. Once the other has portrayed the negative actions and attitudes of the other, the next step involves accessing the client's affective reaction to this. With the therapist's careful and attuned tracking and reflection, the client's relevant feelings toward the other emerge.

Throughout the dialogue, the therapist focuses on encouraging the expression of the client's emotions toward the other. The main goal of the dialogue is to move beyond these reactions into differentiating underlying meanings and feelings and encouraging the expression of primary emotional states. Secondary complaint must always be differentiated into its more fundamental components—anger and sadness. Other typical secondary emotions expressed in empty-chair work include hopelessness, resignation, depression, and anxiety. These are often expressed in an outer directed manner in a blaming tone. The therapist acknowledges and helps clients work through these secondary emotions but maintains the aim of encouraging the “pure” expression of primary emotion: “I resent you” or “I missed having you around” rather than “You were a bastard” or “Why did you neglect me?” Secondary and primary emotions are often first experienced and expressed in a jumbled manner and are all mixed together. For example, complaint, which is fused anger and sadness, often comes out in question form: “Why couldn't you be more . . . ?” or “Why did you . . . ? I just want to know why.” It is important to help clients move beyond the expression of complaint and secondary reactions to expressing their primary emotions to the imagined other—feelings such as sadness, anger, fear, and shame. Anger and sadness are often experienced together, and it is helpful to ensure that these two primary emotional states are experienced, symbolized, and expressed separately. In cases of abuse, combinations of maladaptive fear, shame, and disgust have first to be accessed, validated, and reprocessed to the point at which the client is ready to access primary anger and sadness (Greenberg, 2002). In this intervention, interruptions to the expression of primary emotions often need to be worked with to access the core emotion and allow its full expression.

Once emotions have been differentiated and interruptions dissolved, the emotional arousal that is a necessary precondition for resolution of this type of problem emerges. Emotional arousal has been found to be an important precursor of the next step, a change in view of the other. Without arousal,

this step is far less probable (Greenberg & Malcolm, 2002). In working with emotions at this stage, therapists need to know that once primary emotions are fully and freely expressed, they move quickly. Anger and sadness tend to follow each other in sequence. Thus, when primary sadness is fully expressed, primary adaptive anger emerges rapidly and creation of boundaries occurs. Conversely, the full expression of adaptive anger allows clients to acknowledge the pain of losses and betrayal and to grieve for what they missed.

A crucial next step involves facilitating the expression of, and validating, clients' basic unmet interpersonal needs for attachment or separation or validation. These are needs that people never expressed in the original relationship because they felt that they were not entitled to do so and that the needs would not be met. To be productive, the needs must be expressed as belonging to and coming from the self and with a sense of entitlement, rather than as deprivations or accusations toward the other. Thus, this becomes an assertion that the needs deserved to have been met rather than an expression of desperate neediness. This step is crucial in helping people establish a sense of the self as an agent, separate from the other. At this stage, the therapist simply follows the client and encourages the expression of both emotions and needs. In addition, the therapist helps clients to symbolize and assert boundaries; to say "no" to intrusion, for example; or to reassert their rights. Therapists are aware that in early experience, people often have found it necessary to disavow their basic needs, and as a result they do not automatically attend to or express those needs. Therapists therefore listen for needs to form, and when they do, therapists quickly validate them and encourage clients to express them. A thorough exploration of feelings is typically followed by a statement of related needs.

After the need and the new emotion have been expressed, the therapist asks the client to move to the chair of the other to see if the other shifts into a more responsive other. If the other softens and acknowledges the pain caused and the harm done, a new affiliative dialogue begins. There are a number of ways in which change of view of the other to a more responsive or a less powerful other occurs—ideally through accessing positive attachment and identity validating memories of the significant other or having the other be responsively attuned to the self. If this does not occur, images of some other responsive caregiver who met the need or a soothing spiritual source may be accessed. In addition, the self may empathically understand the other's inner world and thereby change their view of the other.

In situations in which the need cannot or will not be met by the other, clients must still come to recognize their right to have needs met by the other. This often allows the important process of *letting go of the unmet need*. At this point in the dialogue, the therapist supports and promotes the letting go of the unfulfilled hopes and expectations. When letting go does not naturally

flow from the expression of primary emotions, therapists can help clients explore and evaluate whether the unfulfilled expectations can and will be met by the other, and if not, therapists can help clients explore the effects of hanging on to the expectations. In this situation, therapists can consider asking clients to express to the significant other: “I won’t let you go” or “I won’t let go of the hope you’ll change.” Letting go often produces another round of grief work in which the client works through mourning the loss of the possibility of getting the need met from the attachment figure. This is often the most poignant and painful part of the process. Once people truly can grieve the parent that they never had, they are able to let go and move on.

It is through arousal and direct expression of emotions and a strong sense of the legitimacy of their needs that clients begin to let go of anger and hurt and to expand their view of the other. Finally, resolution occurs when clients reach a sense that they are worthwhile and are able to let go of the previously unfinished bad feelings. This letting go is accomplished in one of three major ways: through holding the other accountable for the violation experienced and affirming the self, through letting go of the unmet need, or through increased understanding of the other and possibly forgiving of the other for past wrongs. In nonabuse cases, the client is able to better understand the other, viewing the other with empathy, compassion, and sometimes forgiveness. In abusive or trauma-related situations, letting go most often involves holding the other accountable and moving on, but empathy and forgiveness may also occur. Unfinished business can be worked with by dialoguing in chairs or by the use imagery, without actually having the person speak to an empty chair. At times this may be advisable if confronting the abusive other directly in the chair is too overwhelming for the client.

In clients who have experienced trauma, current difficulties often evoke unwanted memories, emotional pain, and fragility. Traumatic emotions need to be regulated, but enduring change requires more than coping with trauma symptoms. In addition, the self needs to be reorganized and strengthened (Paivio & Pascual Leone, 2010). People are often ambivalent about returning to face the source of the trauma or to engage in an empty-chair dialogue. On the one hand, they present the issue in an attempt to rid themselves of the intrusive memories, but on the other hand, there is significant pain that threatens to retraumatize the person. As a result, the empty-chair work should only be suggested after a strong therapeutic relationship is secured and when clients feel ready to face their abusers (Paivio & Pascual-Leone, 2010).

Empty-chair work is highly evocative and emotionally arousing. If the client is already in a highly emotional state, he or she is likely to feel overwhelmed even by the suggestion to speak to the other in the empty chair. When emotional arousal is high to start with, it is preferable that the client not play the role of the other but rather stay in the self chair and express the

unresolved feelings either to the significant other or to the therapist. In general, in empty-chair work, the therapist needs to maintain constant empathic attunement to the client's level of emotional arousal and to whether the client feels safe enough with the therapist to undertake or continue with this task.

Compassionate Self-Soothing for Emotional Suffering and Anguish

The marker for self-soothing is emotional suffering or anguish. Typically, the anguish occurs in the face of powerful interpersonal needs (e.g., for love or validation) that were not met by others. Intervention involves imaginatively reentering the scene of deprivation or invalidation and providing some soothing where none was available before. This is done by imagining the self as an adult reentering the evoked scene and providing a reparative response, or a dialogue, in which the client is asked if he or she, as an adult, could soothe his or her wounded child. The goal is to evoke compassion for the self. Self-compassion and self-empathy can emerge from internalization of these qualities from an attuned empathic therapist. This internalization may take years of therapy. This can be done more directly by suggesting the client as an adult offer compassion to the suffering self.

This is best applied when a person who is expressing a lot of self-condemnation or self-contempt feels terribly alone and unsupported, is suffering emotionally, and appears unable to access any self-soothing capacities. This is often the case in people who commit self-harm or use self-medication to regulate their emotions. In this intervention, the coach asks a client to imagine a child sitting in a chair in front of him or her, a child who has suffered what the client has suffered in life. To evoke the child's plight, the coach then describes the most poignant details of the person's history and asks, "What would you say to that child? What do you feel toward the child?" This typically evokes a compassionate response toward the child and the child's circumstances, as well as recognition of what the child needed. For example, a coach might introduce this dialogue with a client who is curling her lip, saying, "I wish that whining part of me would just get over it. So, my mother ignored me and my father emotionally manipulated me. So what, I should just quit whimpering." The coach might say, "Imagine an 8-year-old sitting here. Her mother hardly looks at her, never mind talks to her. Her father emotionally draws on her for all the love he can't get from his wife and then rejects her when he doesn't need her. What do you imagine it's like for her?" The coach might also ask, "What would you say to her if she were your child?" The client might answer, "I know she would feel so alone without anyone. She deserves more," and then the coach might say, "Can you give her some of what she needs?" Once the client recognizes the child's need and responds in a soothing manner to the child, the coach then asks the client if

she could respond to the child in her in that same way. In this intervention, it seems important to start with a stranger or a child in general, not with the part of the self that needs soothing or with the person's own inner child. Even though people understand the implication of what they are being asked to do, they seem to be better able to soothe a child in general. Once the softening has occurred in relation to a child in need, it is easier to transfer this feeling to the self. Over time, doing this in conjunction with the empathic soothing provided by the coach's affective attunement helps the person develop his or her self-soothing capacity.

In relationships, being unable to self-soothe in response to momentary ruptures in connections or minor conflict with others results in a lot of distressing feelings. For example, a husband can become very anxious when his wife is upset with him because he was late or did not wash the dishes, and he simply cannot tolerate the disapproval. Then, while his wife is still annoyed, he presses her for reassurance that she still loves him. Instead of reassurance, he gets more annoyance. This produces the pushing away he was so anxiously trying to avoid. Had this anxious husband been able to soothe his own anxiety, or had his emotional self-soothing been so automatic that anxiety was not felt, these small breaks in connections would be more easily tolerated. It is important for coaches to help people learn the skills of self-care to help them improve their relationships. I discuss this in more detail in Chapter 13.

Coaches, therefore, need to help relationship partners learn emotion-regulation skills to deal with dysregulated states that emerge, usually most intensely in intimate relationships. Although people really are adults and don't have a baby within, the metaphor of taking care of their "inner child" can help people access self-soothing responses. To help resolve conflict between couples, people need to learn to feel compassion for themselves and be able to comfort themselves when their partner is angry or unavailable. This is a complex internal skill that can be learned over time in conjunction with learning to breathe regularly when distressed. As discussed earlier, behaviors such as treating oneself to a favorite activity, listening to music, relaxing, taking a hot bath, going for a walk, or calling someone for contact and support are self-comforting behaviors that can also be helpful when one is feeling bad about relational ruptures. Compassion is the opposite of self-criticism; expressing compassion toward oneself is a way of changing painful emotions (e.g., shame, fear, sadness) by internally confronting the painful feelings with a different emotion. In this task, the therapist first helps the client deepen his or her sense of anguish so that the client can access his or her core pain and access the unmet need associated with it. Then, the therapist offers the two-chair process, described previously, to clients and asks them to enact providing what is needed (e.g., validation, support, protection) to themselves. Often it is better not to ask people to see themselves as a child in

the other chair, as this evokes negative feelings or condemnation of the child self, but rather to symbolize the anguish as being that of a universal child or close friend experiencing the same things that the client has experienced that are the source of the anguish. The comforting agency is represented either as a strong, nurturing aspect of self or as an idealized parental figure or some other positive force. Resolution in this task involves not only feeling compassion to self but also accessing the unmet need, grieving that it was never met, and feeling compassion for what was lost.

Imagery also can be used in a variety of other ways to evoke emotion. The visual system is highly related to emotion, so imagination can be used to evoke an unresolved emotion, to enact dialogues in imagination, and to experience a new emotion or to imagine adding people or resources to situations or scenes to help one experience the scene in a new way. Thus, one can ask the client to imaginably reenter a scene or a time of his or her life to access the core emotion and facilitate transforming the painful emotion by expressing what was needed or by bringing a protector into a childhood scene. The protector can offer the protection that was missing or bring in aids that will empower or protect, like a lock and key to secure their room or a cage in which to put the feared person. This helps generate a new emotion to change the old emotion.

In this type of imaginal transformation, the therapist might say, “Try closing your eyes and remembering the experience of yourself in a situation. Get a concrete image if you can. Go into it. Be your child in this scene. Please tell me what is happening. What do you see, smell, hear in the situation? What do you feel in your body and what is going through your mind?” After a while the therapist asks the client to shift perspectives and says, “Now I would like you to view the scene as an adult. What do you see, feel, and think? Do you see the look on the child’s face? What do you want to do? Do it. How can you intervene? Try it now in imagination.” Changing perspectives again, the therapist asks the client to become the child. “What as the child do you feel and think? What do you need from the adult? Ask for what you need or wish for. What does the adult do? What else do you need? Ask for it. Is there someone else you would like to come in to help? Receive the care and protection offered.” This intervention concludes with the therapist asking, “Check how you feel now. What does all this mean to you about you and about what you needed? Come back to the present, to yourself as an adult now. How do you feel? Will you say goodbye to the child for now?”

Additional Markers and Interventions

A number of additional markers and interventions—such as *trauma* narrative retelling, *alliance rupture* and repair, *confusion* and clearing a space, and

more—have been described (see Elliott, Watson, Goldman, & Greenberg, 2003; Greenberg & Watson, 2006). In addition, a set of narrative markers and interventions combining working with emotion and narrative has been specified (Angus & Greenberg, 2011). These somewhat self-explanatory markers include markers of the *same old story*, a repetitive description of difficulties in which the person is stuck, which is best dealt with by promoting the reexperiencing of specific event memories; the marker of an *untold story*, in which the emerging story is accessed by empathic exploration; the marker of an *empty story*, one devoid of emotion and best enriched by means of empathic conjectures about the implicit feelings; and the marker of a *broken story*, in which unforeseen outcomes challenge one's security and are best dealt with by promoting construction of a coherent narrative.

CONCLUSION

Emotion coaches look for specific markers that point to deeper client problems. A coach helps the client deepen his or her experience by intervening in a way best suited to the marker, and this helps the client access the underlying primary emotions associated with the problem. The coach then assists the client in appreciating and owning his or her primary emotion related to the problem. Finally, the coach helps the client experience empowerment by relating to the problem in an emotionally adaptive way.

Intervention in emotion coaching is designed to access core emotion schemes, and this is achieved through marker-guided intervention within the context of an empathic relationship. Although the interventions involve different therapist actions and different client performances, a core emotional process runs through the transformational process they promote. This change process involves the client moving from secondary emotional distress to activation of his or her core painful maladaptive emotions. The unmet need in these emotions is then accessed and validated. A sense of deserving to have the need met automatically mobilizes new adaptive emotions, which transform the old emotional responses (A. Pascual-Leone & Greenberg, 2007). All interventions promote access to the new experience of adaptive emotions to transform old maladaptive emotions.

II

THE ARRIVING AND LEAVING PHASES

6

ARRIVING AT A PRIMARY EMOTION

All emotions are pure which gather you and lift you up; that emotion is impure which seizes only one side of your being and so distorts you.

—Rainer Maria Rilke

Phase 1 of the emotion-coaching process culminates in arriving at the primary emotion. Having arrived at a feeling, coach and client together must ascertain whether they have arrived at their destination (the primary emotion) or whether this is simply a way station soon to be left behind (a secondary or instrumental emotion). But how do you know if you've done this? What cues help indicate whether a state is a primary, one with which a person should stay? This chapter explores Phase 1 in depth, with an emphasis on evaluating whether a feeling is primary, secondary, or instrumental.

OVERCOMING INTERRUPTION OF EMOTION

Arriving at primary feelings, be they vivid or vague, often involves overcoming blocks to feeling. Some people habitually constrict their emotional experience and expression and are cut off from their feelings or from specific

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classes of feelings. Processes of interrupting emotion vary. Helping people become aware that they avoid their experience, and how they avoid or interrupt their experience, helps them realize that they are agents in this process and can undo what they have done. These steps of becoming aware of the “that” and the “how” of interruption are important precursors to emotion coaching to help people get to “what” they avoid. People can use extreme avoidance strategies or defenses, such as numbing or disassociation; they might use more moderate avoidant processes, such as ignoring or distraction; or they might use milder ones, such as stifling tears. Helping people to experience how they squeeze down their emotions, suck them in, and tighten themselves into a knot so they do not feel their anger, sadness, shame, fear, and pain is an important task. Overcoming these interruptive processes correlates with Step 1 of the emotion-coaching process (helping the client become aware of the emotion). Facing dreaded feelings can be threatening, so safety and collaboration are necessary to promote awareness of interruptive processes. Collaboration provides safety and minimizes the development of opposition, misalliances, or impasses.

Coaches, then, need first to heighten people’s awareness of their interruptive processes. The objective is for clients to come to experience and understand how they stop themselves from experiencing potentially adaptive emotions. Part of the rationale provided by coaches in helping people not to be defensive when they are being helped to see these processes is to note that interruptions happen so automatically that the person has no control over them and that the goal is to regain control. It is important to help people understand how they suppress their emotions so that the interruption is no longer so automatic and they can regain some control or choice in the matter of their feelings. After heightening a client’s awareness of the interruption, the coach might have the client practice and enact in the session how he or she does this to himself or herself. Or coaches might have clients identify with the interruptive process and do it to themselves or ask them to stop their anger, squeeze back their tears, or look away each time they begin to feel sad. This helps return control of the interruption. Coaches should help clients become aware of how they are doing what they do, and eventually what is being interrupted begins to be experienced.

In a study of interruption of emotion in therapy clients, a review of therapy session tapes revealed a variety of rapid, automatic affective, cognitive, and physiological processes by which clients inhibited their emotional experience (Weston & Greenberg, 2000). The model built from both clients’ performance in therapy and their subsequent recall on reviewing tapes of their experience during those moments in the session revealed that they clearly

often were aware of engaging in acts of self-protection and self-control. Their reports indicated that interruptions were motivated by a fear of emotion that led to a desire to avoid it. This culminated in acts of avoidance or control that resulted either in relief and feelings of control or, more often, in discomfort, emptiness, bewilderment, disconnectedness, and hopelessness.

Some of the clients' reports after reviewing moments of their own in-therapy process show how active and aware clients are as they talk with their therapists. Clients reported experiencing opposition to emerging feelings, fear of emotions and of losing control, and a desire to avoid emotions. They said such things as: "I was trying to stop myself from feeling sad. Here something is bubbling to the surface . . . the old reaction to old hurts . . . the physical reactions . . . in the chest, occasionally the stomach. . . . It's a case of starting to lose control, so my natural reaction is to take a tighter grip."

In relation to fear, one client reported, "I was just afraid, I didn't know what was there or where it would lead . . . I knew it was important, but I was afraid it would be overwhelming." Another client said, "It scares me when he [the therapist] says 'hurt' because it's like I don't want to go there . . . there's a kind of a click of 'keep that away from me. I don't ever want to get involved with that anymore.'"

In terms of the desire to avoid emotion, one client said, "I wanted to get away from that room . . . physically I wished I could have gone away, because I didn't see it getting any better." Another reported, "It's getting tighter and tighter in here (chest) . . . restricting, so it relaxes and I take a breath, releasing the physical tightness I was experiencing . . . it's controlling it . . . the feeling is allowed to dissipate with the sigh and it slips away."

One sees from these reports how vivid a phenomenon interruption of emotion can be. Clients often are well aware that they are doing it. Although they identified these experiences as difficult and reported that they wished to avoid emotions, they all also said that it was helpful when the therapist focused on their interruptions or emotions. A coach needs to help bring clients' awareness of their interruptive and avoidance processes into the conversation by asking them what they are afraid of, what they are doing internally, and how they are doing it. When interruption is not yet in a client's awareness, a coach needs to inquire into the client's subjective experience to help the client become more aware that he or she is interrupting his or her experience. People usually can easily become aware of what they are doing, such as looking at the ground, tapping their foot, or sucking in their stomachs. This is the first level of awareness: that they are doing something. As they pay more attention to this, they will slowly become aware that they are avoiding or interrupting some feeling. They will finally become aware of what they are interrupting.

This often leads to allowing the emotion (Step 2 of the emotion-coaching process). One client, for example, reported the following about the allowing of a feeling of sadness after undoing her interruption:

- A wave came up from my belly.
- Tears formed.
- I experienced surprise that it was released from being all closed up.
- I felt a release in my neck.
- I felt internally angry at people who didn't validate me in my childhood.
- Internally I was sad that I couldn't fix the invalidation.
- It was an unusual, very soft, vulnerable feeling.
- I allowed and gave permission to myself to feel my sadness.

After helping clients to become aware of their emotions (Step 1) and to allow, welcome, and accept these emotions (Step 2), the emotion coach helps clients describe and express their emotions (Step 3).

DESCRIBING AND EXPRESSING EMOTION

There are two ways in which emotions emerge and two ways in which emotion coaches can help people become aware of what they fundamentally feel. The first type of emotion is one that is vivid, clearly available, and strong. It is usually a categorical emotion like anger, sadness, fear, or shame. The second type of emotion occurs when people can feel something in their bodies, but the feeling is not yet clear. This is more of a felt meaning, not yet clear. Something like a foreboding or a feeling of "having had enough" that is not yet articulated as such. Coaching with either type of emotion involves helping people receive brain messages through their bodies. In regard to the first type of emotion, coaches help people make sense of what their emotion is telling them; for the second type of emotion, coaches must first help people let a felt sense form in their body and then help them symbolize and make sense of it.

The first type of emotion is a powerful experience that washes over a person. It rises up in the person and can take over. There is no need for the person to go looking for this emotion: It comes to him or her very clearly. Once people have learned words for emotions, they can easily describe the emotion in words, such as "I feel angry, sad, or afraid." Being able to name the feeling allows them to reflect on it. They may then say, "I feel annoyed at her constant interruptions and want her to stop," or "I am sad about his departure." When emotions are readily available, they can be intensely felt but not yet easily put into words. As coaches help people pay attention to these clearly

felt emotions and begin to speak from them and describe them, the meaning of these emotions emerges. People then begin to speak from the strong feeling and say “I feel hurt by what you said,” or “I’m feeling anxious about the meeting tomorrow.” I call this process *describing and expressing* emotion (Step 3 of emotion coaching).

In the second, more complex form of emotional awareness, the feeling does not rise up as readily as in the first case; instead, it is implicitly present in the person’s body. Promoting awareness of these bodily felt feelings involves engaging people in an internal search for what they are feeling. I call this process *an experiential search for feeling*, and it often involves the use of focusing (Gendlin, 1996; Weiser Cornell, 1996). In such cases, at first the feeling is often unclear or initially even absent. When it is unclear, there is a felt meaning that people can physically sense. They know there is something there, but they do not yet know what it is. It is similar to having a word on the tip of one’s tongue, but it is a feeling that is sensed somewhere in the body. When people are eventually able to put words to it, it is often not a basic emotion, such as anger or sadness, but rather a complex, felt meaning, full of implications such as feeling “over the hill”; “all washed out”; “fulfilled”; or feeling hurt, disappointed, small, unsupported, or trapped. I next discuss working with each of these emotion-awareness processes.

Describing and Expressing Clear Emotions

When people are clearly feeling an emotion—say, feeling sad—they need to have their feelings recognized and have them named. It is important for coaches to both validate and empathically offer words to clients who are unable to name their feelings to help capture those feelings. Some people first need their feelings recognized by another person before they can come to symbolize them. At first they may not have the ability to name them. This is where validation and empathic understanding help. Just as a parent first helps a child to recognize a feeling by validating it and empathizing with it, so too does an emotion coach help the person at first find words for emotions.

Description of emotion can be promoted in conversation or in writing about the emotion in a diary. Sometimes it helps to use more nonverbal means—for example, asking people to paint what they feel, to sculpt it, or to play it in music—and then trying to help them put it into words. Once people have words to describe their emotions, they can work with their emotions. The goal of describing feelings is to transform aroused emotion into words. Instead of people simply acting on their emotions, coaches want to help them develop the ability to speak them. A parent coaches a child first by giving words to his experience by saying “Johnny is angry” when Johnny yells and grabs his toy from another child and then continues with “Don’t hit the child

with your car, Johnny. Say ‘I’m angry’ instead.” Similarly, therapists coach their clients to put words to their feelings and then make process suggestions about how to handle the feelings.

It is important to recognize that what people feel always depends in part on how they describe it. Naming an emotion is not simply discovering the right words to fit the feeling, like finding the right key to fit a lock. There is not only one correct word. Feelings are not sitting inside a person, fully formed and articulated, waiting to be named. People are very active in creating what they feel by the way they describe the feeling. Helping a person articulate how he or she feels is more like the process of looking at the clouds and “seeing” a rabbit in the cloud than like the process involved in seeing an actual rabbit hiding behind a tree. Emotional naming involves as much creation as it does discovery.

Even clear emotions do not simply rise up with a clear voice, telling the person what is felt and what should be done; rather, the person’s reflective self immediately starts interacting with the emerging feelings so that by the time the person articulates the emotion, it is as much created as discovered. What people feel always involves how they explain their experience to themselves. For example, clear, consciously felt anger or sadness starts off as a bodily stirring that could involve a facial expression or a change in breathing tempo. The more the person is aware of the beginning elements, the more he or she begins to put these clues together to understand the emotion. The myriad cues or components are an emotion potential that, when blended with related memories, life experience, images, thoughts, and beliefs, become a conscious emotion. The person’s brain preconsciously puts together all the elements to form a feeling with a complex personal meaning. Consciously experiencing an emotion involves an automatic process similar to the brain synthesizing a set of letters into a word. People create their final emotional experience by putting their felt sense, itself a synthesis of more basic elements, into words. They add to what is there by the way they uniquely label it. Feelings thus ultimately depend on the meanings created by the way they are described in words and the story created to explain an emotional response (Greenberg & Pascual-Leone, 1995, 1997, 2001; Whelton & Greenberg, 2000). The coach needs to be aware of the constructive process involved in emotional experience and be aware that his or her presence and input influence this process.

First, a safe, facilitating environment influences the level at which the client will attend. Second, the coach’s empathic offerings will help shape the client’s experience. The client is feeling something, but this feeling is not clearly formed. The empathic coach cannot influence an emotion into something completely different, like changing sadness into happiness. However, a bodily sense can be called tiredness or can be differentiated into a feeling of disappointment or even helplessness. A coach’s differentiating use of language

often helps people construct a more meaningful experience. A coach can help people by acting as a surrogate information processor, and empathically offer them symbols to try and capture what they feel, or by suggesting the process of focusing, first described by Gendlin (1962, 1996) a number of years ago as an *experiential response*.

A particular feeling could be described as sad, disappointed, discouraged, or even exhausted with a struggle. Happy would not fit this internal experience, but anger might catch a bit of it. Thus, the feeling is not just sitting there, fully formed, with only one correct name. Certain words will not fit at all, but a variety of others will capture and help articulate some of the complexity of what a person is feeling. Each method of naming has slightly different implications. Thus, people are always combining many elements of sensation, perception, and thought to form a feeling. The feeling can be articulated in a variety of forms, but only a certain set of descriptions help capture what a person is feeling. Feelings, even when they are very clear, are also complex. There is always more to a feeling than any one description can capture. A person may be angry, but he or she might also feel sorry about being angry. The place from which a person's anger comes may involve either a fear of retaliation or a steely resolve with no fear. People generally also never feel only one thing. In describing a feeling, it is useful to pay attention to all that is there.

Focusing on, Describing, and Expressing Vague Emotions

The second basic emotion-awareness process involves helping people focus on a vague felt sense, which may be more than an emotion. Often a person may feel something only vaguely rather than be overwhelmed by the emotion. At other times he or she may know rationally that something—for example, a recent loss—is important but just not feel anything, or a person may be on a merry-go-round of alternatives and not know what he or she really feels or wants. To help people in any of these states, coaches need to guide them in an internal search to get a clearer sense of what they do feel. This process is described next.

Imagine a client who is experiencing a vague feeling about something, such as not getting a wished-for promotion, an acceptance to graduate school, a bid for a contract, a wish satisfied in an intimate relationship, or even an acceptance of a request for a date. A coach might suggest to this client that it could be helpful to focus on the feeling and then give some focusing instructions, outlined in Exercise 5 of the appendix (Gendlin, 1996; Weiser Cornell, 1996). The coach might simply say, “Close your eyes and go inside to that place where you are feeling this feeling. Just stay with it and see what you feel now in your body and let whatever comes come.” The client then needs to stay very gently with the feeling, and the coach needs to encourage him or

her to welcome it rather than to try not to feel it and to let it come in whatever way it comes. It can be helpful to tell the client to pay attention to any images that may come, even before words. Here is a more specific example. Jonathan is feeling upset about not being awarded a grant that he had applied for. He found out this morning and has been very busy since. He has felt tense and upset throughout the day, but this is the first time he is talking about it. He says to his coach that he is shocked, that he was sure he would get it. After talking about it for a while and saying how upset he is, Jonathan says he does not really know what he feels. The coach suggests that he focus. The process of arriving at his feeling goes something like this: After focusing his attention on the unpleasant sensation in the center of his chest, Jonathan says, "It feels really heavy." The coach reflects "heavy." The client goes on to say, "I feel really disappointed." As he continues to focus on the feeling in his chest, he imagines the review committee sitting at a table criticizing his proposal. Then what comes to him is "I feel like a failure; I'm also a bit ashamed." His body sense changes. New words come from this sense: "I'm unsure about what this means for the next steps of my life. Maybe I'm on the wrong path." His feeling develops slightly as he stays over time with his body sense of it. What comes next is "I feel really disappointed. I'm a bit embarrassed, but most of all I'm tired and discouraged. I don't want to keep trying and repeatedly not have my efforts pay off. I feel powerless. That's it! I feel so powerless. That's what is so disturbing."

The tightness in Jonathan's body now releases a bit. He feels something shift. The coach encourages Jonathan to stay with whatever is new or fresh that comes from the feeling. Then what emerges out of another place in his body is "I feel angry at the unfairness. A lot of it is politics and image management." His anger feels better than powerlessness. Then what comes is "Maybe I was shooting too high. I didn't really want to do this; it's not really where my heart is. Maybe I need to reorganize my priorities." Notice how nonlinear this process is; accessing his anger allows him to let go of, or reorganize around, the goal that has been frustrated. At this point, this emerging sense—that not winning the grant is not so important to him—either feels right to him or does not. Jonathan's bodily sense, if he really listens to it, will tell him if this meaning fits. If it does, he will again feel a shift in his body. The bad feeling will continue to open up and lighten. It no longer will be a tight black ball. It will begin to move and become more fluid, spiraling into a different pattern, letting in more air and lightness. Something will have shifted.

This shift is quite different from what occurs when the meaning created is an excuse, a type of self-deception to save face or deceive oneself. In the previous example, Jonathan's statement that "I didn't really want this" could be an excuse if deep down in his heart he was still set on doing this type of work and was trying to convince himself that he did not care

anymore. Then his inner bodily feeling might change, but in quite a different way. It would become tighter. His shoulders might tense, and his voice might become strained, even if it is only the voice in his head. He will tense some part in his body in his efforts to distance himself from the disappointment, to support the deception, and to protect himself from some feeling he feels that he simply cannot bear.

It is important to note that the whole process in which the coach has encouraged Jonathan to engage is not one of thinking about the issue in any effortful sense. Rather than spinning ideas around in his head, Jonathan is paying attention to his body. Words and pictures are coming from the felt sense. This is quite different from a reasoning process; it is more like seeing than doing. It is a process in which he is more a recipient of impressions than actively problem solving. This process has more in common with free association than reasoning, but it is highly body focused. In Jonathan's experience in this example, the following now occurs.

He continues articulating the felt shift as "I wanted recognition, acceptance, material gain. This is what I wanted, and I still feel I deserve it even though the review committee doesn't." Now an even clearer core feeling of anger emerges: "I feel angry at my efforts being thwarted." This combination of feeling legitimate and feeling angry puts Jonathan in a new, more empowered state. This major shift occurs by consolidating his goal, need, and concern. An alternate resolution could have been one of Jonathan seeing his goal as unreasonable. The following could have emerged: "I feel angry at the wrong," "I feel sad at the loss," or even "I feel relieved at not having to carry through with what I proposed. It would have demanded a lot. I aimed too high." Then he would be able to let go of his prior goal and construct a new one. He would say, "I'm relieved it is over. I will turn my attention to something else." Jonathan would now feel that the way to attack the problem was to do something active. He would be mobilized because he would no longer feel hopeless. He might set out to get feedback, change his approach, try again, or change directions. Whatever way he resolves it, his feeling something new led to the change. Feeling angry and empowered helped him overcome his hopelessness and clarify his goal. Alternately, the sadness of loss would have helped Jonathan grieve, accept the loss, and give up the goal. He would then withdraw his efforts and recuperate. Later he would decide to focus on a new goal. He might begin to clarify that "Really, I don't want to keep working so hard. I've reached my ceiling. Maybe I will retire. I've always wanted to travel and read more. Maybe this is an opportunity in disguise." Or he might say, "I'll change my focus. I really wasn't going with my strengths in that proposal. I need to reorient myself." Whichever solution emerges would come about by means of a body-based feeling process that would lead to the creation of new meaning.

What Jonathan did can be seen as fitting into the two previously delineated phases: arriving and leaving. I focus here on describing the arriving part of this process and discuss the leaving part in Chapter 7.

Coaches in this process need to be able to dwell in their clients' feelings, to be able to sit with them, just letting clients be wherever they are. This is often difficult for many helpers, especially in Western "fix-it" cultures in which doing something to modify the problem is favored. In the delicate moment when the other person is experiencing difficult emotions, such as feeling like a failure or feeling powerless, a coach can be most helpful by listening empathically. Then the coach can help in creating new meaning—not by giving advice but by helping the client pay attention to internal alternatives that are at the edge of his or her awareness.

When therapists don't follow this empathic focusing approach, they move clients away from symbolizing their experience toward a more conceptual form of problem solving and often to secondary feelings of frustration, as seen in the following dialogue:

Client: I feel upset, like there is something there underneath but I don't really know what it is. It's vague.

Therapist: OK. Let's try and identify what brings this about. Let's try and be a bit clearer. If we could really help you identify the cause of this or what brings it about, you'd be better able to cope with it. Right now, though, you say you don't know what it is.

Client: Yes, and it's so frustrating. Like I can't figure out what it is and then I feel so out of control. It must be my lack of self-esteem that causes all this.

Coaches, rather than promoting premature figuring out, can be most helpful by being highly attuned to their clients' feelings and by helping them to stay focused on their internal tracks. Recall that people's internal emotional signals might be so slight that detecting these signals might be difficult. They may need to be very attentive and have their coaches, as a type of surrogate experiencer, running the experience through them, trying to find words to describe the experience, helping make more attention available to focus on these subtle signals. Coaches help clients make more attention available first by providing safety. Safety helps clients increase the amount of attention they have available by reducing their anxiety. Second, by lending support and confirming whatever emerges in their clients, coaches help them internally concentrate their beams of attention to capture and solidify emerging, newly felt alternatives. Any attempted figuring out, reformulations, new views, or solutions proposed by clients themselves or offered by coaches always need to be within the clients' immediate zones of proximal development and in

their ranges of readiness. Coaches should not try to focus clients on goals they won't be able to achieve right away; this just increases their senses of failure or inadequacy. Thus, when someone is feeling hopeless or helpless, focusing on his or her coping possibilities before acknowledging the helplessness or hopelessness, and before he or she is ready to concentrate on coping, will just make matters worse.

In the previous focusing example, the coach helped Jonathan to stay very gently with the feeling, to welcome it and let the feeling come in whatever way it came. In this case the feeling that emerged was "I feel really disappointed." Then the coach encouraged Jonathan to dwell on the feeling, to be able to sit in it, just letting it be whatever it was. As I have mentioned, this is often the difficult part for many people, especially in fix-it cultures. Instead of trying to fix what he felt, Jonathan articulated it; he described the feeling in words. What emerged most clearly was: "I feel like a failure; I'm a bit ashamed. What will I say to others? I'm unsure about what this means for the next steps of my life. Maybe I'm on the wrong path." He fully received the feeling. Once he did this, he was able to tease apart the different messages the feeling was sending him. The feeling developed into "I feel really disappointed. I'm embarrassed, but most of all I'm tired and discouraged. I don't want to keep trying and not succeed. I feel powerless. That's it! I feel so powerless. That's what is so disturbing." If Jonathan tried to change the feeling before he had truly acknowledged and accepted it, he probably would have driven the feeling underground. Then confusion would have set in. He would have felt: "I just feel confused; I don't know what I'm feeling. I feel nothing." By focusing on, describing, and expressing his feelings, Jonathan was able to arrive at his primary, or core, feelings (Step 4 of emotion coaching). But sometimes for some clients it's not clear at first which of their feelings are primary and which are secondary or instrumental. Coaches therefore must help clients evaluate whether an emotion is primary, secondary, or instrumental.

EVALUATING WHETHER AN EMOTION IS PRIMARY

People recognize a feeling as core because it is fresh and new. It arises in the moment in response to shifting circumstance, whether this is internal or external circumstance. It is not an old, stagnant feeling that lingers and does not move. It is not the stale resentment followed by resignation at remembering being overlooked for a promotion 2 years ago, nor is it the sense of complaint that comes from unresolved hurt. Instead, it is a vital feeling that often leaves the client feeling very open and perhaps vulnerable. This can be the anger a client feels at being taken advantage of, the sadness at losing

a dear friend to disease, or even the embarrassment or shame of a blouse or fly being open in public. In therapy it is often a previously unacknowledged feeling that is the most primary.

Once a client is feeling something, the client and coach, or the unfolding process between them, need first to answer the following question: Is this feeling a secondary feeling that is obscuring a more primary one? For example, is this anger covering hurt? Is this hurt covering anger, is shame or fear behind the outrage, is there pain lurking behind the emptiness, are there even deeper tears in the despair? Is this emotion a response to another, more fundamental feeling? Is this client anxious about her sadness, afraid of her anger, ashamed of her vulnerability, afraid of her fear, or sad about her shame?

To identify primary feelings, the coach has to promote a process of exploration, helping the client push through the underbrush of secondary feelings and thoughts to see if there is something more there. When clients arrive at primary emotions, a type of internal bell often rings and tells them, "Yes, this is it. This is what I most truly feel." Without practice, discerning one's true feelings is difficult, so both coach and client really have to concentrate. Having a coach as a coexplorer who lends another pair of ears and also concentrates helps the client pay attention in this search for primary feelings. It helps, too, when the coach knows something about the client's emotional terrain in general. It is helpful, for example, when the coach knows that complaint in the client's voice often signals a fusion of unexpressed sadness and anger and that having each emotion expressed separately helps the client differentiate the feeling.

To help people arrive at a primary emotion, coaches can ask clients what they feel in response to something important to them or what they feel in the present as they are talking. They can ask them to pay attention to the sense in their body of their feeling and help them name it and then ask themselves, "Is this my primary feeling? Is it clearly felt and fluid?" If it is, they are probably experiencing a primary feeling. Or they can ask themselves, "Is this a stuck, bad feeling, knotted and tense?" Coaches can ask them if it is a feeling that they want to be rid of, a feeling that feels wrong. Is it filled with complaint, blame, or helpless passivity? If so, it is very likely a bad feeling that is obscuring a deeper primary feeling that needs to be unearthed by further exploration.

Recognizing primary feelings is in part an art and in part a skill that can be learned. Primary feelings feel good. They feel right, even if they are painful. Even if they are unhealthy, they help people feel more solid. They clearly are what the person feels. Thus, a client might say, "I feel like I have failed," or "I feel broken or afraid of being alone." This is said without panic. Rather than leaving the person confused or anxious, it provides a footing. The person will be able to admit, "Yes; that's it. That's what I feel."

People cannot determine whether a feeling is primary before they have experienced and explored it; it is the feedback from experiencing it and from the exploration process that tells them whether the emotion is primary. To the degree that there is something more to the emotion than at first seems apparent, it is not primary. If people are able to uncover a deeper feeling by being disciplined and focused and concentrating on their emotion, then the original feeling was not a primary emotion. Only the person can really tell. Although a coach can sometimes see if the client is showing signs of anger, sadness, fear, or shame and can help the client concentrate on what appears most central, the coach cannot easily evaluate which is the client's most primary reaction.

For example, in therapy, coaches can see if someone is engaged in a productive exploratory process. They can hear if people's vocal quality has a searching and exploring quality and if their eyeballs are turned inward and they are concentrating in a focused way on what is new and fresh at the edge of their conscious awareness. Coaches can see if clients are trying to bring something from the murky background into the clear foreground, and they can hear when clients have a clarity and sureness in their expression, when there is a release of tension followed by feelings of relief and confidence. Coaches can see when their clients' eyes shine, when they sparkle with clarity, and when there is sureness in their voices. One of the best ways of assessing whether an emotion is primary is by observing the effect it has on the client's subsequent process. If the emotion helps the client open up and produces further productive steps, it means the client has contacted an emotion that is functionally productive and aids problem exploration and problem solving. It therefore is a primary and adaptive emotion. An emotion coach needs to be trained to notice all the cues—both expressive cues and subsequent process ones—that help determine whether an emotion is primary.

When a coach is helping people sort out their primary feelings, the coach will find it useful to notice whether their emotion is felt in response to something internal or external. Emotions that come from external cues are usually more specific and easier to identify. They might be clients' feelings of anger at a driver who cut across their path, fear at someone walking behind them as they are alone on a dark street, or the joy of getting breakfast in bed on Mother's Day or Father's Day. These responses to external cues have a sense of immediacy: The feeling swells in the moment and provides incontrovertible evidence of what a person feels. There is no confusion as to whether this is a primary feeling; it is spontaneous, fresh, and alive. The feeling will melt away as circumstances change, although the flavor may linger for a while.

Primary emotional responses to more internal processes have a slightly different quality. They are more likely to slowly wash over a person than to

rapidly move him or her. For example, these responses may include remembering one's child's first birthday, or recalling the time when a child left home, or thinking about seeing a loved one after a long absence. These feelings are still primary, but they are less rapid and less action oriented. Thus, internally generated sadness about news of a loss received earlier that day may spill over when one is standing at the stove cooking dinner or mowing the lawn, activities that in themselves do not make one sad. These internally generated emotions are poignant and full. They are felt some place inside or all over. They may feel silky and velvety when they are soft and pleasurable feelings. Poets and writers, who are experts at capturing emotions in words after the turmoil or ecstasy has passed, can describe these feelings with lines such as "do not go gentle into that good night," or they may describe "raging at the dying of the light" in response to a death, or combine words to describe the "sweet sadness" of a goodbye. As quoted in Chapter 2, Robert Frost once said, "Poetry is when an emotion has found its thought and the thought has found words." Metaphors capture these emotions, and good actors convey them.

Feelings, however, are most likely not primary when the person is easily able to identify the thoughts that generated them. These types of thoughts could include "I sounded like a fool at the meeting. I didn't make any sense at all," or an internal negative voice that says, "I'm bad because I didn't send a condolence card to my friend." Here it clearly is a conscious thought that precedes the feeling. This sample of negative self-talk gives merely a whiff of the type of chatter that can permeate people's consciousness and produce the type of secondary bad feelings that may mask a more primary sadness, shame, or anger. A coach's task in this situation is to help people identify what produces these negative thoughts. Clients may have to work hard to try and actually sniff out what lies behind their thoughts. They will have to discover what it is that they are feeling at their core that leads to the self-critical voices in their heads. Coaches may have to help them go back into the original situation and remember with full clarity the moment in the meeting in which they tried to speak up but the words did not come out clearly. They need to access memories of actual events rather than general memories of the meaning of experiences. Clients who think they will be reprimanded or found lacking if they speak need to go back to the maladaptive experience that is the source of these thoughts. They need, for example, to remember lying on the floor in their bedrooms when they were 7 years old, hearing the creak of the stairs as a parent came up. This will help them access their actual feelings. They will then begin to experience how scared they really were at that time. They will have to dig and search for the buried aspect they felt at that time. Their primary feeling may be a fear of abandonment and a basic insecurity, or it may be shame and a shrinking feeling of failure, or it may even be anger. Whatever it is, it will feel very different from the secondary bad feeling

they get from their negative self-talk. A primary emotion is much more of a core feeling about the self, and identifying it is like arriving at a destination. People must then give their attention to this crucial primary feeling and the memories associated with it.

What they unearth initially may be a bitter truffle. They may remember feeling unvalued by parents or childhood friends or having been rudely dumped by a first love. They may remember a feeling of failure related to a work situation many years ago. Whatever this wound is, however, it can yield a most delicate part of the self if the client deals with it with emotional intelligence. With care, this part of a person can transform itself from a bitter experience into a subtle and delicate part of the self, an essence that gives strength. By going into the wounded part of the self, people can find the gem of their adaptive, essential self. This healthy essence is a vital part that strives to be connected to others and to be effective. This part, once awakened, will resiliently exercise itself, given half a chance. The essential self, however, needs safety and encouragement, both from within and without, to help it emerge.

EVALUATING WHETHER AN EMOTION IS SECONDARY

Secondary and instrumental feelings have a different quality compared with primary feelings. They obscure access to primary feelings. Secondary feelings are too strident, too unbalancing, and too tense. They leave a person in pieces, feeling pulled and ruffled. They leave the person feeling disordered inside, not whole and smooth and not clearly in the person's center. A secondary feeling does not leave people breathing more freely. Secondary feelings are recognizable first because they make the person feel bad. However, they differ from unhealthy core feelings, which also feel bad, in that secondary feelings often are global or nonspecific. People often come to therapy feeling upset, uncomfortable, hopeless, or just vaguely annoyed. These feelings differ from primary maladaptive emotions because they are global and diffuse and more often are felt in response to situations rather than being about the self. Secondary feelings signal that something is wrong, but the person doesn't yet know what. He or she just feels puzzled, inexplicably angry, or despondent and wonders why he or she reacted this way. These puzzling bad feelings need to be explored and understood.

Secondary reactions, as I have discussed, are reactions to more primary experiences. They are not as deep, and they do not define a sense of identity. They often form part of the symptoms of depression, such as feeling blue, down in the dumps, defeated, dejected, or gloomy. They could be part of the symptoms of anxiety, such as feeling agitated, uneasy, tense, apprehensive, or a sense of dread. They can also be part of anger problems, such as feeling constantly

hostile, bitter, scornful, spiteful, agitated, or grouchy. These too are not the core primary maladaptive feelings of shame, fear, anger, or sadness that may be part of a person's identity. Of course, any bad feeling could be primary or secondary: This is the unfortunate complexity of it all. Each person has to learn to be his or her own judge of what type of feeling is being experienced.

If a person's feeling is a secondary bad feeling, a coach needs to help him or her explore it to get at the primary feeling. First, coaches must help people become aware of, and name, the secondary feeling; then they need to slow things down and try and get at what is generating people's reactive or defensive emotions. The generating cause may be negative thoughts or "shoulds" about a specific behavior or event, such as "You should have worked harder on the report; you were boring people and were not very articulate or responsible." Then coaches need to help people get behind this self-talk to contact their most basic feelings. For example, a man may tell himself, "You should have more courage and be more confident." This tends to make him anxious. He may even say to himself, "Don't be such a wallflower—speak up!" This command makes him feel worse, and he feels bad about being so unsure of himself. This anxiety and despair are secondary—these feelings may be painful and real, but they are not primary. Secondary feelings such as this often come from people telling themselves that what they are doing is no good. These are the feelings of inadequacy that result from people giving themselves "pep" talks such as "You should work harder at being confident" or "You shouldn't feel depressed, anxious, or unsure."

People's primary emotions, on the other hand, are the not-yet-discovered ones that lie at the heart of feeling depressed, unsure, or unconfident. Coaches have to help people discover what their primary emotions are. Sometimes a primary emotion is an adaptive feeling of being angry or sad, or it may be an unhealthy primary feeling that contains destructive beliefs about the person's whole self. The primary maladaptive emotion may be a core fear or anxiety about being rejected or of being unlovable; a feeling of basic insecurity that one cannot survive without support; or a feeling of shame at being worthless or bad. Awareness of primary feelings is a first step on the path to intelligent living. Identifying primary feelings is not easy without a lot of practice.

EVALUATING WHETHER AN EMOTION IS INSTRUMENTAL

Helping clients recognize their instrumental feelings sometimes is even more complicated. These are so much a part of their normal way of communicating that they just feel natural. One person, for example, may feel a repeated sense of anger or generally feel aggrieved. Another may always complain or communicate in a suffering manner that the world is unfair or that things are

too much to handle. People use their voices or facial expressions to convey that nobody cares about them, or they give off “poor me” signals. Others may appear perennially cold and distant, out of a sense of mistrust or a feeling that no one really cares about them. These instrumental emotional expressions have somehow proved useful to them in their lives. They have either helped them to get sympathy or to excuse or protect themselves. A way for clients and therapists alike to recognize that such emotions are not primary feelings is the recognition that rather than being reactions to specific situations, these are a part of a person’s manner and occur across situations. They represent a style of interacting with others to get what is wanted or needed.

Because instrumental emotions are so familiar and regular that they occur without awareness, people often need feedback from others to recognize them. In such cases, the coach’s job is to give observational feedback in a nonjudgmental way about how he or she experiences the client’s expressions. In general, probably the best way for people to learn about their instrumental emotions is to pay attention to how other people perceive them. Clients can be encouraged to ask appropriate others for feedback on what emotion they most often express to them and what type of impact this has on them. Even more difficult is for a client to ask the people to whom he or she is most close if they feel manipulated by any of the client’s emotional expressions. Is one’s hurt or long face always making other people feel guilty or forcing them to be one’s caretaker? Is one’s anger or a raised voice silencing others or making them afraid? If so, people need to ask themselves where they learned this form of instrumental expression. They then need to find some more direct way of asking for their needs to be met. Another way of recognizing that an emotion is instrumental is by a person’s ability to put the feeling on the back burner at a moment’s notice, without much difficulty. Thus, if the aim of one’s anger is to dominate, or if the purpose of one’s tears is to evoke sympathy, then when the phone rings the person can switch off his or her feelings with no difficulty. This does not happen with primary feelings.

FINDING THE PRIMARY EMOTION UNDERLYING A SECONDARY EMOTION

I now look at some specific examples of different secondary emotions and try to identify the core feeling.

Secondary Sadness

A client says, “I feel so sad, just despondent and hopeless. He never listens. Nothing will change. Relationships just don’t work. I can never be

heard or get what I need. It's always 'yes, but' or 'my needs are greater than yours.' I give up."

This is the kind of depressive, hopeless sadness and resignation that come from a person feeling that his or her anger will not be heard, that it is not valid, or that it will not make an impact. The sadness is felt in response to a feeling of impotent anger. Here the sadness is a reaction to and masks the underlying core feeling of anger. An emotion coach, while acknowledging the client's sense of hopelessness and hurt, would shift the client's attention to any sound of annoyance in the client's voice and to the unmet need or what it is the client wants. This would begin to mobilize the client's assertive anger.

Coaches need to be able to distinguish between tears of core sadness and pain and tears of sadness that are reactions to core frustration or anger. Helpless tears often occur when people chronically collapse into hurt, victimization, and sadness whenever they feel angry but are powerless to have their anger heard. Lingering depression often results when people deny their core feelings of sadness at loss. This secondary sadness often involves a kind of generalized hopelessness rather than genuine acceptance of loss accompanying core sadness. People may feel resigned to the loss and say to themselves, "What's the use, there is no point in trying." They may also feel a sense of hopelessness and sadness when they start to criticize themselves or think in terms of "shoulds." One part of the person might berate another part for not measuring up. A person might think, "I shouldn't be angry. I have no right to complain," and then start to feel sad and hopeless. This self-criticism often makes the situation worse, and then it becomes harder for the person to express what he or she is really angry about. The following exercise can be used to identify primary feelings underlying secondary sadness:

- Identify a situation in which you did not suffer a loss but your reaction was sadness of some sort.
- Identify the feeling of which you are most aware. Maybe you feel just generally blue, or you are feeling sorry for yourself, or hurt.
- Then ask yourself, "Is there something more basic that I am feeling? Is there anger or resentment beneath my sadness?" Find your most basic feeling. Put it into words.

Secondary Anger

Julia's boyfriend criticizes her for not being sensitive to his feelings. He claims he is always very attentive, but today when he told her about having been almost assaulted by a disturbed adolescent neighbor, she had quickly

changed the subject to talking about her anxiety about her exam. He resentfully demands that Julia take care of him and says he needs a hug rather than to talk with her about her anxieties. She apologizes but feels mad at him for being so critical and demanding. She becomes distant. Here an emotion coach would help Julia and her boyfriend each access their underlying feelings of nonblaming hurt and their need for support and help them communicate this in a disclosing, rather than blaming, manner.

Most reactions of anger mask underlying feelings of hurt or powerlessness. Both members of the couple in the example above feel hurt: Julia's boyfriend feels in need of comfort and that he is unimportant to her, and Julia feels frightened and rejected. Yet both express anger that is secondary to the more core feelings of hurt. One of the confusing issues in dealing with anger is that it so often is a defensive emotion instead of a core response. In these cases, other emotions or stresses fuel anger. Once anger is evoked, it in turn produces more angry thoughts. When people are angry, they often may think angry thoughts that produce more anger. People who are quick to anger need to learn ways of coping with their anger, and when the anger is not out of control, techniques such as timeouts and counting to 10 can help. Another important skill in regulating anger is learning to become aware of and express rising core anger early, before it intensifies. This is an important means of preventing an escalating sequence of anger.

People might also use anger as a way to block the stress and pain that come from other feelings. Feeling angry removes awareness of other feelings, such as fear or hurt, that can be more uncomfortable than anger. Expressing anger can help release muscular tensions and reduce the high arousal levels associated with these other feelings. Thus, a frightened parent may react with anger at a child who runs into the street. This secondary anger is due to a rapid sequence in which the parent notices danger, feels afraid, blames the child, gets angry, and then acts to let go of his or her sense of fear. Similarly, a person who feels hurt when criticized or rejected can decide that the situation is unfair and conclude that what the other person did was wrong. Similarly, anger momentarily erases guilt, depression, and feelings of unworthiness; rather than feel guilty or worthless, one can blame or criticize the other person. This happens frequently in couples' quarrels and in parent-child arguments. Rather than feel sad or disappointed, people get angry at something or someone else to obliterate the painful sensations and thoughts.

Rage often occurs in reference to, and masks, the shame of loss of self-esteem or the fear of a fragile self. People often feel shame when they are rejected or humiliated, because these are extremely painful emotions, and rage covers them. Much marital violence stems from a shame-rage cycle in which the abuser, most often the man, is unable to deal with his powerless dependence. When he feels powerless, he feels ashamed and erupts in rage

to mask his core feeling of shame. It also is important to understand how an initial healthy reaction of anger can escalate into a secondary rage by an unhealthy sequence of feelings and thoughts that progressively intensify the anger. In this sequence, every successive provocation—either a thought, a perception, or an interaction—becomes a new trigger for further surges of anger, and each builds on the moment before. Rage untempered by reason easily erupts into violence. Thus, in addition to being able to get in touch with and transform helpless dependence or shame that leads to rage, it can also be helpful to unpack the thoughts that contribute to rage. It often is difficult to distinguish between core maladaptive rage and rage that is secondary to shame. The former often is suddenly triggered and is more like a posttraumatic flash and response to past violence, whereas secondary rage follows shame or fear. As long as emotion coaches follow their clients' processes and help them become aware of all they feel, it is not that critical to distinguish between these two types of rage. In both cases the person's rage arousal needs to be regulated, and another, healthier feeling needs to be accessed.

Another common type of secondary anger is when people get angry with themselves for something they did or the way they felt. This type of secondary anger often takes the form of hostile self-criticism. Getting angry with oneself usually leads to further feelings of shame, failure, guilt, or depression. People may get angry with themselves for feeling depressed, needy, or fearful. In these situations they need to bypass this anger and pay attention to their core feeling instead.

A client in therapy chastised herself for being unassertive. She felt "childish" and like "such a wimp" because she was unable to say no to other people's demands or requests. The therapist sensed that this anger actually masked a core feeling of insecurity. Rather than focus on the client's anger, the therapist responded, "It's as if you feel like a little child, and there's something very scary, very awful about others' disapproval." This helped the client to focus on her insecurity and her healthy need to be liked. Rather than focusing on her anger, it opened up the session to explore her fear of disapproval and her need to feel connected to other people.

The following exercise will help people identify the primary feeling underlying secondary anger:

- Identify a situation in which you expressed anger because you felt rejected, as opposed to a situation in which you felt unfairly treated.
- Identify the quality of the angry emotion you felt when rejected.
- Then ask, "Is there something more basic that I am feeling? What is my core feeling?" Is there fear or sadness under your anger?

Secondary Fear and Anxiety

Alex is feeling afraid to speak to her colleague. She feels he wasn't honest with the boss about a situation that occurred in the office and that he had made her look bad. She tells the emotion coach how afraid she is of this colleague now and how she greets him in the hall with a phony smile. As she talks, it is clear that she is angry with him but is afraid to confront him for fear of losing his support and friendship. The coach helps the client focus on her core feelings of having been unfairly treated and her need to have the situation corrected. With the coach's validation and her realization that her fear of rejection is preventing her from asserting her rights, the client decides to speak to her colleague.

When fear and anxieties are secondary feelings, they do not come from an imminent external danger. Neither do they come from a core emotion of feeling like a lost, insecure child in a big world; rather, secondary feelings of fear or anxiety often arise when people are insecure or anxious that their core feelings of anger, sadness, or weakness might damage their relationships with other people. This results in people trying to avoid experiencing their core feelings. Guarding against their anger and sadness often leaves them feeling anxious or vulnerable. In these cases an emotion coach can guide them toward recognizing the primary emotion.

People often try to avoid core feelings of weakness and may fear that they are too dependent on other people. Instead of acknowledging their dependent feelings and admitting that they feel afraid of these feelings, they may become very anxious when they are separated from other people and not understand their anxiety. Another key means of generating secondary anxiety is by having catastrophic expectations about the future. In such cases, people's thoughts are the primary generators of the anxiety. People may imagine that tomorrow's meeting will be a disaster or that they will be rejected on their first dates. They worry and feel anxious today, and this often interferes with preparations for tomorrow. The following exercise can help a client uncover the primary feeling underlying secondary anxiety:

- Identify an anxiety you feel about another of your emotions, such as "I worry that I am too dependent on my partner" or "I'm afraid to tell my partner I'm angry."
- Put the core feeling you are avoiding into words, such as "Deep down I am afraid to be alone" or "I'm angry."
- Let yourself feel what is at your core. Accept it welcomingly. Identify the need, goal, or concern in your primary feeling.

Secondary Shame and Embarrassment

Bill failed to get the promotion he had expected to receive. He has to go to the office tomorrow, and people will ask what happened. He wants to run away rather than face his colleagues. In therapy he will need to work on his shame-inducing process.

Negative views of the self and feelings of self-contempt generate this form of shame. People might say to themselves, "I was so inept" or "I was so stupid," and this results in secondary shame. They then feel that others see them in this way and look down on them. People can feel secondary shame when they see themselves as cowardly for not standing up for their ideas at a meeting. Their negative judgments and their projection of these judgments onto others are the main problems when dealing with secondary shame. If they are able to deal with the self-criticism, then shame disappears. This is not the case with core shame, which sticks to the self much more tenaciously. In core shame, people feel like they are a mistake rather than that they made a mistake. In working with secondary shame, an emotion coach helps the person identify the shaming voice within and then works to mobilize feelings of pride, assertive anger, and self-worth to combat the shaming voice.

A large source of secondary shame or embarrassment involves imagining that other people judge one in a negative way. Social experiences in which people feel foolish or exposed generally involve imagining what other people are thinking about them: They treat other people as mirrors, projecting their own views of themselves onto them. People then experience other people as believing these negative thoughts about themselves. People thus often suffer embarrassment because of their own beliefs. It is these negative thoughts that make them feel embarrassed and foolish. For example, Sue may feel embarrassed for having made a social error at a fancy dinner party: using the wrong knife for her butter. No one else was really paying attention to what cutlery she was using, but she felt like she stood out.

Shame also can be a reaction to, and a cover for, other core emotional experiences. Shame may mask core emotions of feeling hurt, weak, needy, angry, or afraid. This is shame about internal experiences and desires and shame about exposing and disclosing oneself. When people feel shame about how they are feeling, the shame is often related to an inability to accept weakness and vulnerability. This is an important problematic situation that most people encounter. It differs from a core shame feeling in that in this masking shame, people feel ashamed about how they feel. There usually is a difference in that people tend to have some separation from that which is shameful. They exist independent of the shame, which is about something

they feel or did, rather than about their whole selves. Thus, people may be ashamed about their sexual fantasies or about their weakness in response to criticism. Such people need to learn to tolerate their shame, own their fantasies, and face their weakness. The following exercise helps clients access the primary feeling underlying secondary shame:

- Identify an embarrassing situation.
- Stay with your feeling of embarrassment instead of hiding from it. What was the loss of face you suffered? Is there a voice inside you that is criticizing you?
- Face this voice. Speak back to it from a sense of self-worth.

Secondary Hopelessness

People often express hopelessness in working with their emotions. They might say that they feel like giving up and may collapse into despair. In this state, the client feels a sense of futility or doom regarding the future, or some aspects of it, and defeat or resignation dominate. Hopelessness is related to secondary sadness but is so pervasive in clients when they are struggling that it is important to discuss it in its own right. Often coupled with the hopelessness is a sense of helplessness and a lack of confidence in the self to cope with the situation. Statements of hopelessness include expressions of futility, defeat, feeling beaten, giving up, inability to fight, doom, feeling that one cannot have or achieve what one wants, resignation, submission, and suicidal ideation. Statements reflecting helplessness and powerlessness refer to a person's feelings of lacking internal coping resources, self-confidence or ability, and strength or power to control or to change one's situation. In addition, there may be statements about feeling small, suffocated, numb, immobilized, or trapped; feeling defenseless, tired, weary, destroyed, crushed, weighed down, or squashed; or feeling inadequate or worthless. There also is an adaptive state of hopelessness that informs one when effort is no longer useful and that one should give up. As with other adaptive feelings, this informs adaptive action, and once the action is completed, the person moves on. In contrast, secondary and maladaptive hopeless states leave one stuck and needing to be changed so that one can move on.

Helping people deal with this sense of hopelessness or discouragement is an important therapeutic task. Although it seems very core, hopelessness often is a secondary state masking other more core experiences such as fear, shame or anger, and sadness. Coaches need to help people get to the underlying feelings. Coaching in this area is particularly important because people are often quite discouraged and stuck and need a scaffold to help them come

out of this state. In a study of how people resolve hopelessness in emotion-focused treatment, we found that people go through steps with the help of their therapists (Sicoli & Greenberg, 2000).

The first step involves working with the person to identify negative, hopelessness-inducing thoughts and beliefs and to help the person experience his or her sense of agency in the production of the experience of hopelessness. A two-chair dialogue between two parts of the self is often helpful. This intervention was discussed more fully in Chapter 5. In this intervention in one chair, the person enacts the hopelessness-producing agent by saying, for example, "What's the use?" or "You will never succeed," or "You're doomed to emptiness." The person might also say "You're useless," "You're such a wimp," "No one will ever want you," or "You always mess up." The initial step thus involves helping clients recognize and explore their own internal hopelessness-generating processes. Clients then begin to understand that they contribute to maintaining their hopeless state by their attributions and the way they think and that their hopelessness is not merely a result of an external situation. Initially, clients often are unsure about how they generate their hopelessness, and they may experience periods of confusion. With a good alliance, however, there generally is a willingness to sift through the confusion and attempt to understand the process. Ultimately clients learn that they are engaged in internal processes that contribute to "making" themselves feel hopeless and that they maintain this state by the things they say to themselves. The content of the negative cognition is often centered around themes of helplessness, lack of belief in one's ability to cope, self-deprecating statements, negative beliefs about the future, values and standards, and self-blame. The exploration of self as an agent may also involve seeing how inactivity and avoidance, such as not talking to a spouse, withdrawal, or procrastination, contribute to a hopeless feeling.

After activating the hopeless state, the next step in achieving change is to access new, more core emotional experiences (sadness, pain, anger). The coach helps the client search for a more primary feeling. Clients often identify new feelings in response to identifying the agency and negative cognition involved in producing the hopelessness. Thus, clients may feel pain or sadness in response to being told that they are no good or doomed to fail. The coach's job is to steer them past agreements with the negative thoughts and hopelessness toward how they actually feel in response to the doom-casting statements from the hopelessness-inducing voice within. The client experiences the emotion, but at first he or she may not experience it fully. The feeling is undifferentiated and the client may express some confusion by saying, "I don't know what I feel."

The coach works with the client to feel the underlying pain, sadness, or anger more fully. It is important for the coach to help the client to shift from a detached description of experience to a more focused bodily felt experience. With people who have some resilience, helping them stay with the hopelessness rather than avoid it is sometimes the best way to get them to bounce back. Hitting rock bottom coupled with the validation and empathy of the coach leads to a rebound. In other cases with people in more desperate states, this method of “staying with” does not lead to resilience. It is better to access alternate emotions by shifting attention to other feelings or accessing needs. The needs that are accessed at this early stage will most likely be global, vague needs, but the coach’s mere mention of needs often helps the client shift his or her state to a more forward moving one. Hopelessness is a reaction to not being able to get needs met. Once the client begins to truly feel and accept any emerging needs and the attendant adaptive emotions and is able to express these emotions both verbally and nonverbally, the global hopelessness begins to be deconstructed. Through this more focused contact with the current emotional experience, the client begins to explore its meaning in more depth and with more specificity. Acceptance of the feeling, as well as feeling it, is important.

In some cases, clients contact a primary fear that underlies the hopelessness—a fear that they are unable to survive: “I’m just really scared; I feel I don’t have the strength” or “I’m afraid it is going to go on and on and I won’t be able to cope with it.” The maladaptive fear can be manifested both *intrapersonally* (e.g., fears relating to not being able to cope, fear of collapsing, fear of failure or a doomed future) and *interpersonally* (e.g., fear of being hurt or tread on by others). Both forms of fear prevent the person from accessing an inner strength to overcome the hopelessness. At core, even in the interpersonal fear is the fear that the self will not be able to cope, as in “They’ll hurt me and I will not be able to cope with it.” This needs to be experienced and then countered with the more adaptive emotion.

The following exercise helps clients access the primary feeling underlying secondary hopelessness:

- Identify negative, hopelessness-inducing thoughts and beliefs.
- Access new, more core emotional experiences beneath the hopelessness.
- Ask yourself, “Is there something more basic that I am feeling? Is there anger or resentment beneath my sadness?” Find your most basic feeling. Put it into words.
- Identify your unmet need and reown it.
- Grieve its loss or assert your right to get it met in new situations.

FINDING THE PRIMARY EMOTION UNDERLYING AN INSTRUMENTAL EMOTION

I now look at identifying instrumental expressions of the different emotions.

Instrumental Sadness

Sally is not getting her wishes met. She is frustrated and cries helplessly in therapy. The therapist feels a demand in her crying, a demand that he is somehow to fix this, to make her feel better. Rather than responding in terms of this pull, he comments to Sally that he is having this feeling that he needs to rescue her and he wonders if she feels like she is appealing to him to do this.

A good example of a common instrumental expression of sadness is when someone cries as a way of complaining. This is pejoratively referred to as “whining.” It occurs when tears are a form of protest, expressing how poorly treated one feels, with the hope that they will evoke sympathy, support, or understanding. A person may or may not be aware of the instrumental function of the tears and may be feeling genuinely needy. An emotion coach needs to focus the person on the aim of his or her tears by asking, “What do you want?” or “What sort of response to your tears do you hope to get?”

A student goes to her female professor to contest her grade for a class project. The grade was 69%; if she could get a 70%, then her overall course grade would be elevated to a B+. The professor says no, because she has no grounds to change the grade. The student pleads demandingly, and her eyes fill with tears. This young woman for a moment transforms into an angry, helpless baby, crying for somebody to provide her with satisfaction. Her professor declines the student’s indirect plea to gratify her, on the grounds that this would be unfair to other students.

This sadness results not primarily from an experience of core loss but from feeling thwarted and powerless. This type of cry often does not elicit the desired support, especially not outside of one’s family of origin, where it was probably learned. In therapy people need to learn how to face their own disappointments and feelings of inability to take responsibility for themselves. They also need to become aware that often they maintain their powerless sense by getting others to take care of them.

Instrumental Anger

Schoolyard bullies, who are often frightened or maltreated themselves, learn that they can control others with threatening shows of hostile intent.

This carries over into their adult lives in offices and home. By raising their voices or their eyebrows, workers intimidate their colleagues, husbands bully their wives, and parents intimidate their children. This is a learned form of control.

A male client, smiling coyly, talks in therapy about putting his fist through a wall at work. He says he was expressing his displeasure to his female real estate sales partner because she had complained to their manager about him rather than talking to him. He is in therapy because of the loneliness and isolation he felt after his wife left him because he was so dominant and verbally aggressive. He couldn't understand why she felt this way. The emotion coach needs to help him focus on his primary feelings of hurt and his need to be liked. The coach also needs to help this client understand how he uses anger to get compliance and that this results in people disliking him when he deeply wishes to be liked.

Instrumental anger is the learned use of anger as a means of controlling other people for one's own gain. Getting angry is an effective way to control someone, but it usually results in the other person becoming bitter, resentful, and distant. The best way of dealing with this type of anger is to understand the person's underlying motivation and aims and to help him or her develop alternate ways of achieving those aims.

Of course, many people are not aware of the instrumental function of their anger, and often their manipulation is not deliberate. For example, a client was hurt and angry at her parents' lack of support and reacted by "punishing" them, "teaching them a lesson," and "treating them the way they treat me." These are examples of instrumental anger mixed with core anger caused by unmet needs. Therapy helped this client acknowledge and validate her anger at her unmet needs for support. She also came to realize that her attempts to force her parents to give her what she wanted were not helping her get what she so desperately wanted and needed. This helped her let go of futile efforts to control her parents and, at the same time, supported her healthy core desire to get her needs met in the world. She then focused on finding healthier behaviors for accomplishing these goals.

Instrumental Fear and Shame

Displaying fear and shame to achieve a goal is unusual and does not present itself that often as a problem. Instrumental fear is designed to avoid taking responsibility for oneself and to have others protect one. Playing at being afraid or helpless is done to evoke caretaking. People may also show fear as a means of trying to prevent another person from being angry at them or blaming them or to indicate subservience. Instrumental shame occurs when, for example, people pretend to be embarrassed to appear socially appropriate.

This is image and role management. The following exercise helps clients access the primary feeling underlying instrumental fear and shame:

- Identify your favorite, most frequent instrumental expression.
- Do you pout or yell to get your way? Do you act helpless and in need of rescue? What do you think others would say is your way of emotionally manipulating them to get what you want? Try to be brutally honest with yourself. You need to recognize your own instrumental style of emotional expression.
- What is the cost?

After arriving at the primary emotion (Phase 1), clients must process it and decide how to act on the basis of that emotion. The ultimate goal is to reach a primary adaptive emotion, and if the initial primary emotion is maladaptive, then clients must process it to reach an alternative adaptive one. Exercises for arriving at primary emotions can be found in the appendix. The next chapter helps coaches work with clients to determine whether a primary emotion is adaptive or maladaptive.

7

EVALUATING WHETHER A PAINFUL PRIMARY EMOTION IS HEALTHY

Let's not forget that the little emotions are the great captains of our lives,
and that we obey them without knowing it.

—Vincent van Gogh (1889)

Step 5 of emotion coaching involves evaluating whether the primary emotion is adaptive or maladaptive. Coaches need to help clients discern whether their gut feeling is a healthy emotion to be followed or an unhealthy one that needs to be changed. Intensive observation of the emotions that were most prevalent in the York University psychology research clinic tape library of more than 100 therapies led to the development of a list of 16 categories of emotion, shown in Exhibit 7.1, to assist in the rating of emotional arousal (N. Warwar & Greenberg, 2000). Of these 16, sadness, anger, fear, and shame, in addition to the more complex emotion of pain, appear to be the five fundamental emotions most important in psychotherapeutic change (Bolger, 1999; Greenberg & Bolger, 2001; Greenberg & Paivio, 1997). In this chapter, I look at how to evaluate whether the first four emotions, which occur frequently, are healthy. I also look at pain, the fifth emotion, which by its nature is healthy because it warns of injury. Exhibit 7.2 summarizes some basic criteria to evaluate whether a primary emotion is healthy.

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EXHIBIT 7.1 Emotion Categories

The following emotion categories are most relevant to psychotherapy sessions:

1. Sadness
 2. Pain/Hurt
 3. Hopelessness/Helplessness
 4. Loneliness
 5. Anger/Resentment
 6. Contempt/Disgust
 7. Fear/Anxiety
 8. Love
 9. Joy/Excitement
 10. Contentment/Calm/Relief
 11. Compassion
 12. Shame/Guilt
 13. Pride/Self-confidence
 14. Anger and Sadness (both present simultaneously)
 15. Pride (self-assertion) and Anger (both present simultaneously)
 16. Surprise/Shock
-

EVALUATING WHETHER SADNESS IS HEALTHY PRIMARY SADNESS

People get sad when they leave or lose the ones they love. Sadness tells them that they will miss their loved ones when they are separated. Without this sadness, people would be a lot less connected and more likely to wander. Healthy homesickness draws people back to security and familiarity. People need to be helped to feel healthy primary sadness without shame or anxiety. Healthy sadness organizes a person to reach out for comfort or withdraw when hope is lost. Following is an example of adaptive sadness.

EXHIBIT 7.2 Adaptive Versus Maladaptive Primary Feelings

Adaptive primary feelings

- are fresh and new (organizing).
- are felt in the moment in response to shifting circumstances.
- change when circumstances change.
- if externally cued, are rapid and action oriented.
- if internally generated, are slower.
- allow a client to feel, "Yes, that's it!"
- promote attachment bonds and self-coherence.

Maladaptive primary feelings

- are familiar and old (disorganizing).
 - are overwhelming (client feels stuck in it).
 - feel as bad each time as the last time.
 - don't shift with changes in circumstance.
 - are difficult, deep, and distressing.
 - often are about the self.
 - are part of a person's identity.
 - are accompanied by a destructive voice.
 - destroy attachment bonds and self-coherence.
-

David has recently immigrated. He is talking to his counselor about his experience at the airport when he was leaving his homeland to escape the injustice and tyranny that were prevalent there. He is 22 years old and eager to face his future overseas. He mentions how he wept when he said goodbye to his family at the airport, and he again begins to weep. These tears are healthy tears. They suggest that David will return to his land of birth every few years, when he is able and when his need to be reconnected to his family and friends overcomes his hatred of the horrors of his homeland. This is healthy, adaptive sadness. If David suppresses these feelings, he is likely to later have difficulty adjusting to his new life. An emotion coach needs to help David allow himself to feel his sadness and to grieve his loss if his tears persist.

Sadness at the failure and loss of a relationship is another great source of sorrow. People get sad at how difficult their struggles are. They are sad because of the pain of life, and they are sad for not loving or feeling loved. They are sad when they are misunderstood, when they are isolated, when someone they love pulls away, and when they lose a person forever or even for a while. The sadness of loneliness is deep and wide.

Dennis and Sharon came for couples therapy. Their issue is whether Dennis will commit to marriage. Dennis is a 40-year-old lawyer who has never been married. Sharon is a 36-year-old schoolteacher who was previously married for a few years in her early 20s. Her biological clock is ticking; she wants a commitment and a child. After a number of sessions they end their relationship in my office with pain. Sharon weeps, and Dennis feels relieved, guilty, and sad. I feel sad.

Healthy primary sadness is a state that often can appear as a brief moment embedded in the complex ongoing process of life. It is characterized by a kind of momentary sense of loss, hurt, or feeling touched by a goodbye or an ending. At times one can feel the passing sadness of surrender or the sadness of the giving up of a struggle and acceptance of the inevitable. At other times sadness can be deeply and fully felt. People cry at the loss and share their grief or disappointment. This healthy sadness is free of blame. Sadness often is one of the longer lasting emotions.

Myriam, an advertising executive, has just received news that the proposal she had worked so hard to complete and on which she had pinned her hopes was rejected. She is crestfallen and devastated. Her partner in couples therapy reaches out to comfort her. She cries. The tears flow as she feels the healthy sadness that will help her let go and move on.

Sadness often involves crying. The general biological function of crying is to signal to oneself and others that something is distressing. It motivates the crying person and others to do something about the distressing circumstance. Crying is one of the first things infants do when they come into the world; it is motivated by the will to survive. It tells the self and others that

one is suffering. When the crying genuinely stops, it signals that the suffering has ended. Crying within limits is healthy. Being able to cry and express what one is feeling inside helps promote intimacy. The positive effects of healthy crying need to be communicated to clients who struggle against their tears. When they are struggling, coaches need to say to them in a soothing voice, "It's OK. Let the tears come. There is a lot there that needs to come out." Crying is a means of communicating in addition to using words. It adds meaning. Often tears will flow when words fail. The tears may be saying a variety of things, such as "I've had enough," "I care," or "I hurt." In addition, crying can express other emotions, such as joy or happiness, fear, or even anger. However, crying excessively, to the point that one is unable to communicate at all, can be unhealthy. Coaches can ask clients to complete the following exercise to help them identify their primary adaptive sadness:

- Identify a situation in which you experienced a loss. This can be a loss of a person, a relationship, or a disappointment.
- Identify your feeling. Find a word or words that fit the feeling. Do you feel it in your body? Describe in words how your body feels.
- If you usually feel like moving your body in a certain way when you are sad, find some way to express it. Let your body speak. Sigh, droop, curl up, or let your face express your sadness.

Sadness and anger often go together. In grief, and in the separation of an infant from his or her mother, there often is anger at the separation, followed by sadness at the loss, or vice versa. People often feel angry toward the person responsible for a loss and feel sadness or pain about the loss itself. Therapeutic work often involves separating out these two emotions from the knots into which they become fused so that people can clearly identify the source of and the need in each and can express each emotion to completion.

EVALUATING WHETHER ANGER IS HEALTHY PRIMARY ANGER

Anger is one of the most powerful and urgent emotions. It has a profound impact on one's relationships with others, as well as on one's own functioning. Anger can be life sustaining, or it can be destructive. Anger should not be confused with aggression, which comprises attacking or assaultive behavior. Feeling angry does not mean behaving aggressively, and people can be aggressive without feeling any anger at all. A research study of people across four continents showed that anger is most often directed at loved ones because people feel the loved ones have done something wrong or have frustrated them (Scherer, 1984a). The typical expression of anger seldom

involves aggression but rather is directed to correct the situation or prevent its recurrence. Anger tells a person that something needs to change. This empowering type of anger is what clients need to be helped to feel. People need to know the source of their anger if they are to bring about change.

Felicity is sitting in the car talking to her spouse, Jim, for the first time today about something frightening that happened to her this morning. She was walking past a construction site and was almost hit by a falling beam. Felicity and Jim arrive home while she is still describing her experience. Jim parks the car, opens the door, and gets out while Felicity is in midsentence, saying how frightened she was. She feels angry and offended that he doesn't seem to care enough to listen to how afraid she felt. If this anger is not expressed or used to inform her that she feels wronged, it will become a brick of resentment in a wall that will separate the couple. An emotion coach would help Felicity symbolize what she feels, identify the source of the anger, help her recognize her unmet need, and promote reflection on how best to communicate this need.

Aristotle saw anger as stemming from the belief that we, or our friends, have been unfairly slighted, and he claimed that people get angry with other people who are insolent and who injure them by their insolence. Anger is provoked most effectively in an infant by holding the infant's arms so that he or she cannot free them. Anger is evoked by interference with something one wants to do. An offense against, or interference with, one's loved ones or oneself provokes adaptive primary anger. In anger, one holds the other person responsible for an action that has injured one. This is accompanied by the belief that the other person could have acted differently because he or she had control over the offending action.

More than 200 years ago, Immanuel Kant (1953), the great believer in the power of the mind to form categories that shape one's views of the world, recognized the importance of anger in preventing stagnation and thanked the fates for this "cantankerous capacity." He claimed that human beings wish for concord, but nature knows better what is good for the species. When people are clearly offended and clearly angry, their anger helps protect their personal boundaries from violation. Often, especially in Anglo-Saxon cultures, people experience quite a lot of anxiety and disapproval when they hear others being angry. They have been taught well to suppress their anger. For example, an overly pushy car mechanic who exploits Joan's dependence and holds her ransom when fixing her car offends her. Joan knows she is being manipulated and cheated, and she feels angry, but having been socialized to be polite, she says nothing. Afterward she feels depressed and cynical. It would have been far better for Joan to have allowed her anger to move her to assertively express herself than to feel deflated. With the energy and power that anger has provided, she can show that she has teeth and can protect herself from being taken advantage of. I do not advocate anger as a first line of defense,

and I believe in the importance of conciliatory methods, but ultimately anger is an indispensable part of one's makeup, and people should not be too afraid of receiving its message.

Adaptive primary anger is often activated without one really knowing why. People do not necessarily have any conscious thoughts such as "You are offending me"; they simply feel offended. Then they start to think angry thoughts. Anger can be activated by conscious thoughts, but more often than not anger is evoked without thought. An infant's first cry of rage does not depend on conscious thought about the environment. People also are quicker to become angry when they are tired, hot, or stressed. Free-floating irritability does not stem from any conscious thought, and anger felt while one is in an irritable mood lasts longer and is harder to manage because of the effect of moods on emotion and thought. Indeed, anger can actually be induced by certain drugs and diseases, and even by electrical stimulation, not linked to any particular thought or encounter. Anger is easily accessible throughout people's lives. Obviously it is an essential resource. The following exercise can help people access this resource:

- Identify a situation in which you have felt wronged or unfairly treated or your rights have been violated.
- Identify your feeling. Find a word or words that fit the feeling. What do you feel in your body? Put some words to this feeling.
- If it makes you want to move your body, then do it. Find some way to express it.
- Identify the target of your anger. In your imagination or out loud say, "I'm angry at . . ." or "I'm pissed off because . . ." or "I resent that . . ." Find a form of expression that suits you.
- What happens after you express your anger in this way? Do you feel empowered?

Coaching people to handle anger and other hostile feelings in daily living requires special attention. The question always arises of whether one can simply express anger. What about attacking, yelling, or being critical of others? Are such activities healthy or wise?

It is important to help people recognize that angry feelings can be wholesome and are part of being human. Feeling angry or annoyed is as human as feeling sad or afraid. It is important, however, to balance anger with gentleness. Being gentle does not mean never being angry. Becoming increasingly gentle does not lead to the suppression of anger; rather, it will help one accept one's angry feelings as undeniably human. Gentleness is hard to maintain when unresolved anger lurks within. Anger that is driven underground eventually bursts out in uncontrollable and destructive ways. Anger should thus be allowed to come into the open from the beginning and be expressed in

wise and moderate ways. For example, this might involve being direct with a friend. One may tell a friend how one feels by saying, “I feel angry because you didn’t show up for our dinner date.” Telling this to a friend is informative and may clear the air between the two. It helps clarify the relationship and may prevent future hurt or misunderstanding. Bottling up anger; becoming cold and sullen; letting anger out by kicking furniture, crushing things, or lashing out; holding onto anger; or developing or embellishing how one has been wronged will not promote a growth of gentleness. Outbursts may relieve pent-up anger, but they might also increase a tendency toward venting and becoming more angry and explosive. Rather than engaging in outbursts or rage, the best way to deal with anger is to talk about one’s feelings to others. The goal is to communicate feelings for their information value and not to be verbally aggressive. There are only two circumstances in which a display of anger is justified: to protect one’s boundaries and to prevent being violated.

EVALUATING WHETHER FEAR AND ANXIETY ARE HEALTHY PRIMARY EMOTIONS

Humans are among the most curious and the most anxious creatures on Earth. Cats are probably more afraid than humans are, but fear has served humans well in their struggle for survival by tempering their curiosity. Imagine you are walking down a dark street, alone, late at night, in an unfamiliar part of the city. You hear footsteps behind you. You cross to the other side. The footsteps seem to follow. Your heart beats faster, you are perspiring, and you increase your pace. You want to run. This is healthy, adaptive fear.

Fear is highly unpleasant and provides people with a compelling, survival-oriented signal to escape from danger or seek protection. It is generally a transient response to a specific threat that abates after one has escaped the danger. Anxiety, on the other hand, is a response to “threats” sensed in the mind—symbolic, psychological, or social situations rather than an immediately present, physical danger. It is a response to uncertainty that arises when one feels threatened. People’s ability to anticipate lets them experience anxiety. It is a gift and a curse at the same time. Thus, people say they are “afraid” of the dark but are “anxious” about a future exam.

It is adaptive for clients to acknowledge both their primary fears and their anxieties. Acknowledging weakness and vulnerability, rather than having to present a façade of strength, helps people to be more human and stronger. Ignoring real fear or insecurity leads to too much risk taking and needless danger. Acknowledging adaptive, primary fear lets one know that something is threatening and helps one maintain secure connections with others as protection. Fear organizes people to flee long before they are consciously aware

of what, specifically, the threat is. Adaptive primary anxiety, like anxiety before a big game or butterflies before going onstage, is not so different from excitement. The positive quality of anxiety is captured when, for example, one says one is anxious to see someone. This positive side of anxiety is about being ready for what one is anticipating.

Fear and anxiety operate tacitly and automatically. Often, however, primary fear and anxiety are maladaptive rather than healthy. Certain childhood or relational experiences characterized by unpredictability and lack of interpersonal control can, for example, produce many maladaptive anxieties in one's relationships with others, including fear of intimacy, fear of losing control, and fear of abandonment. It is more common for people in therapy to have maladaptive primary fear and anxiety than to have adaptive fear and anxiety. However, it is important to distinguish between two types of fear: one, fear of danger that leads to running away from the danger, and the other, the type of fear of separation that leads one to run toward protection. Both can be healthy and both can be unhealthy. Fear that warns you of danger is highly adaptive and involves a need for safety or protection, but the fear involved in posttraumatic stress is maladaptive, as there is fear but no present danger. Fear of separation is adaptive and involves a need for connection, but when it becomes hyperactive, it leads to dependence and clinging.

Coaches can help people identify adaptive fear by asking them to identify some threat in their life right now that represents uncertainty or danger, real or imagined. The coach might say,

Identify your feeling. Find a word or words that fit the feeling. What do you feel in your body? Put some words to this feeling. If this feeling makes you want to shift your body, then do it. Find some way to express it. Let your body reflect the feeling. Check your breathing. Breathe, and say, "I'm afraid or anxious" or whatever fits. Identify the threat. Now find some way of calming yourself and coping with the threat. What internal or external resources can you draw on for support?

EVALUATING WHETHER SHAME IS HEALTHY PRIMARY SHAME

Adaptive shame helps people not alienate themselves from their group. This is the adaptive shame that, if denied, causes brashness. Shame generally strikes deep in the human heart. It is about a person's sense of worth; it makes people want to hide, as opposed to guilt, which prompts apology or the making of amends. People feel shame when they lose control; when they feel overexposed, like appearing naked in public; or when they feel that other people see them as worthless or undignified. In shame, people often want to

bow their heads and sink into the ground so as to not be seen. Shame can arise when people reveal their emotions to another person and do not receive support. A person, for example, may be telling a story in a group, suddenly realize that no one is listening, and shrink away inside.

Sue is telling her therapist how she woke up and remembered what had happened last night. She had lost control. She had drunk too much alcohol and was acting silly. That is embarrassing enough, but it was the memory of running to the bathroom and getting sick that made her feel ashamed. Someone had to help her clean up. It was awful. How will she ever face these people again? The therapist realizes that helping Sue face this shame probably will help her resolve to not do these things again.

Children feel shame when no one pays attention to their efforts at exhibiting their prowess or to their emotional excitement at their success. When they excitedly yell “Mommy! Daddy! Look at me!” as they stand ready to jump into a pool, and their parents ignore them, they might shrink away in shame. Shame can be an adaptive emotion if it is felt in response to violations of implicit or explicit personal standards and values, such as shame at engaging in deviant behavior, shame at a public loss of control, or shame at being a neglectful or abusive parent. In such cases, feelings of shame need to be acknowledged, because they are providing valuable information about socially acceptable behavior that one might choose to use to guide one’s conduct.

Shame can be adaptive because it simultaneously protects one’s privacy while also keeping one connected to one’s community. It does this by preventing one from erring too much in public or breaking the rules that form the social fabric. Adaptive shame informs one that one is too exposed and other people will not support one’s actions, that one has broken a very basic social norm, or that one has violated standards or values that one recognizes as deeply important. The following exercise helps people identify shame experiences:

- Identify a recent situation in which you suffered a sudden loss of self-esteem or remember a situation in which you felt embarrassed. Have you ever waved back at someone on the street only to realize that the person was waving at somebody behind you? Was this embarrassing? Why? See if you can recapture the feeling now.
- Identify your feeling. Find a word or words that fits the feeling.
- What do you feel in your body? Put some words to this feeling.
- If this feeling makes you want to move or act in some way, do it. Do you want to drop your eyes or look down? Let the feeling express itself in your body.

HEALTHY PRIMARY EMOTIONAL PAIN

There is one type of adaptive emotion that requires special attention: emotional pain. Pain is not unhealthy but rather is an adaptive response to loss or trauma. At first blush, it might look like it is unhealthy because it feels so shattering and people just want to avoid it, but emotional pain is an adaptive emotion. I now discuss how one must distinguish pain that needs to be faced and accepted from unhealthy emotion that needs to be changed.

Pain is the experience of trauma to the self. As such, pain is an adaptive emotion that tells one that damage has occurred. It differs from other primary emotions that organize people to act to prevent damage. Pain is not anticipatory in this way. Fear protects people from impending danger. Anger organizes them for attack. Pain, however, occurs after the fact rather than being anticipatorily adaptive. It tells people that something terrible has happened and that they had better not go through this again if they do not want to feel destroyed. It is a unique primary adaptive emotion.

The experience of emotional pain is something one might know by acquaintance. However, little is known about it conceptually. Pain has until recently defied rational analysis. It is not intense sadness, anger, shame, or fear—it is more than these emotions, and it can include all or any of them. Pain is a unique experience of bodily anguish that concerns one's whole self and survival. It occurs most often when one feels powerless to prevent trauma.

In a path-breaking study of pain, Elizabeth “Liz” Bolger (1999) asked people about what they felt shortly after expressing pain in therapy. She found that the primary experience of pain is what she called *brokenness*: a feeling of being broken into pieces, shattered. People in pain always referred to the body in an interiorly focused way. They said, “I felt torn into pieces”; “My heart was broken”; “It is as if a big chunk of me had been ripped out, and I was left bleeding”; or “I shattered into a thousand pieces.” The metaphors of the body being ruptured helped capture the respondents' experience. This is what it feels like to be in pain: One feels broken.

I have seen clients who have had the courage and support to face their pain, and they not only survived but also grew from the experience. I also have experienced this myself. It is a phenomenon of transformation and emergence, symbolized so long ago by the image of the phoenix rising from the ashes. Research has shown how people in therapy successfully deal with painful experiences (Greenberg & Bolger, 2001). Experiencing the painful feelings is the first step in the process of change. To do this, the previously avoided painful feelings must be approached, then allowed, and then accepted as part of oneself. The original trauma has to be experienced and faced so the person can experientially know that he or she can survive the

pain. People must allow themselves to feel the devastation, helplessness, or powerlessness. Accepting the pain helps people endure it, and this allows the healthy survival need or goal to be mobilized. Allowing one's self to feel the pain also results in an organismic sense of release and relief and permits one to emerge from the experience a stronger person. When people deal with primary dreaded painful aspects of experience, they learn that they can survive what they previously believed to be unbearable. People metaphorically face their own existential death and are reborn.

For example, a client who had lost her infant faced her dreaded sense of rupture and brokenness, as well as her shame at having left the hospital before her baby's death. After facing her pain in therapy, she forgave herself for not being able to endure the pain of his death and saw how her whole life since then had been a protection against the pain. In finally facing her pain, she decided to face life rather than to protect herself behind a wall of fear (Bolger, 1999).

Once people are able to accept feelings of pain and acknowledge the experience of wanting to survive, they will feel less threatened by any situation that might be a reminder of the previously avoided feeling. They are more flexible and open to new information. The feelings have less power over them. The opportunity for seeing new possibilities and creating new meaning now exists. This process of allowing and accepting pain therefore requires that the pain be evoked and lived through, not simply talked about. By experiencing the pain in its actuality, people are in essence in a novel situation, in which they learn that the pain is endurable and will not destroy them.

A move to more positive coping after facing pain is in part governed by people's tendency to move on and seek more positive, comfortable, healthier states, rather than to stay in pain. The paradox is that avoidance of the pain perpetuates it by interfering with one's ability to move away from it. To be able to truly move on with their lives, people need to restructure their experience of the pain so that they can embrace it and face the hopeless, helpless feeling they have been trying to avoid. Helping people face such feelings is often a key part of allowing and accepting pain. Certain forms of hopelessness or helplessness can be secondary feelings that need to be bypassed or explored to get to more primary feelings. This occurs, for example, in resignation or depressive hopelessness that covers anger or in anxious helpless feelings about not being able to control the future that cover deeper feelings of shame or basic insecurity. People need to accept other forms of hopelessness and helplessness that arise in life, such as those that surround death and trauma, as primary emotions, and these too need to be faced as a crucial first step in change. Giving up a useless struggle against feeling hopeless or helpless and allowing oneself to experience and face the inevitable powerlessness is part of being a vulnerable human being. Facing this helpless, hopeless state involves

a paradoxical change process. It appears that hopelessness, for example, generally is undesirable and that it is good to feel hopeful. Similarly, competence is viewed as good and helplessness as bad. However, an emotion coach who is able to help people give up struggles against the inevitable and is able to help them accept feeling hopeless or helpless will help them let go of unworkable strategies or unattainable goals. Acknowledging feelings of powerlessness or helplessness thus involves giving up futile efforts and reorganizing.

The acceptance of these feelings also involves beginning to take responsibility for new efforts and new goals. Facing hopelessness is believing not that “I am hopeless,” but rather that a particular effort is not working and that one’s efforts are of no avail. Helplessness means recognizing that there is nothing one can do to change a particular situation. Contacting and accepting the experience of the futility of the struggle is often a critical step in an emotional change process. This involves facing what has been fearfully avoided, letting go of unworkable solutions, and setting the stage for creative reorganization.

For example, a client who for the first time accessed in therapy a painful trauma experience associated with sexual abuse let herself feel the intense pain of shame plus a deep sadness at her loss of innocence. Supported by the therapist, she felt empathy for herself as a little girl and quickly switched to intense anger at the perpetrator for violating her. The therapist empathically responded to the client’s vulnerability and validated her experience of being violated. At the end of the session the client remarked that despite the pain, she felt hopeful “that things will change. I at least feel like these feelings are my own and [that] I have a right to feel them.”

EVALUATING WHETHER AN EMOTION IS A PRIMARY MALADAPTIVE EMOTION

Maladaptive emotions tend not to organize the self for adaptive action but instead focus outward and make demands on others or focus on the self. An emotion is a core maladaptive emotion when it is an old, familiar, disorganizing feeling that recurs across time, situations, and relationships. It is like an old friend who is not good for a person. Unhealthy emotions are always difficult, deep, and distressing. There is something so familiar about these difficult emotions and their repetitive, unchanging quality. It is this unchanging quality and the enduring sense of woundedness that lets therapists and their clients know that these feelings are not current, primary emotional responses to a situation. Unhealthy emotions do not shift and move with changing circumstance; rather, they simply stick to current circumstances and change the person to conform to the unhealthy dictates of the emotion. Unhealthy emo-

tions end up determining people's responses to the situation instead of allowing the situation to determine the response. They are enduring and resistant to change. By contrast, secondary bad feelings, although they also might be difficult, can change readily once the situation or the thought changes.

Core maladaptive feelings often are about a person's sense of self: He or she feels diminished, unworthy, or unable. These states can be thought of as higher level self-organizations formed from emotions rather than simply as emotions. Thus, worthlessness is a self-organization based on shame, and insecurity is a self-organization based on fear. Core maladaptive feelings do not organize a person for adaptive action; instead, they are disorganizing. Unhealthy primary emotions are more a part of people's character and identity than they are reactions to situations. They are associated with primary negative views of the self and with unresolved past hurts and fears. Maladaptive feelings seem very core to the self; they feel like part of one's identity, but not a healthy identity.

Another clear indicator that feelings are maladaptive is that they overwhelm people and suck them into their vortex. Any difficult feeling that repeatedly controls someone, a feeling out of which he or she cannot shift, is probably unhealthy. In general, although these feelings often take over and totally color people's views of reality, at some level people usually know that the feelings are not helpful or healthy. People in their reflective modes often know well which of their feelings are maladaptive and can predict what will happen when they feel those emotions. Sometimes people even nourish this feeling and seem to enjoy the pain of feeling so alone, wounded, and different.

Examples of core maladaptive primary feelings that clients often experience are a sense of destructive anger; a sad, powerless sense of victimization; or a feeling of being weak and invisible. We have found that the most prevalent core maladaptive emotions are fear and shame. There are two types of fear. One attachment-related fear is the fear of loss and separation that is generally accompanied by the sadness of lonely abandonment and leads you to want to run toward the person who stimulates it. Second is the fear of danger from trauma that leads you to run away from the danger. This is involved mainly in trauma situations and deep fears of threat. Shame comes in a variety of forms of which internalized shame is the most prevalent, where one has been so badly maltreated that one carries with him or her the sense of being worthless. Core maladaptive primary feelings involve a deep sense of woundedness, a feeling of vulnerability and fear, a basic sense of insecurity, and a core sense of shame or worthlessness or of feeling unloved or unlovable. Often these feelings are masked by other feelings on the surface: secondary ones, such as feeling upset, depressed, irritable, or frustrated. In addition, as I have discussed, maladaptive emotion needs to be constantly distinguished from healthy, adaptive emotion; for example, destructive anger needs to be

distinguished from healthy, empowering anger, and hopeless sadness should be distinguished from a healing grief. Maladaptive fear that is panicky or desperately dependent needs to be distinguished from both adaptive fear that seeks out safety and protection and fear that is a response to danger and leads one to run from the danger. Debilitating shame needs to be distinguished from shame that informs a person that he or she has made a mistake. For example, unhealthy primary shame that makes a person feel “I am defective to the core” and encompasses the person’s total identity differs from healthy shame at having violated a social norm or from guilt regarding an action about which a person feels he or she can do something. When feeling healthy guilt, a person feels “I can atone for my action,” whereas an unhealthy primary sense of shame feeling that the whole self is bad might make the person want to shrink into the ground. Unhealthy fear grips every fiber of people’s bodies while they relive something that is no longer present, whereas secondary anxiety about possibly not succeeding dissolves when they stop thinking about tomorrow’s exam. Freezing and tensing in response to consciously desired sexual touch from a loved one is another example of maladaptive fear. In this case, a person’s brain sends alarm signals of danger that are based on past sexual trauma, even though no danger is currently present. This occurs because fear is too readily activated by harmless cues due to past traumatic learning.

Dreams are often helpful in identifying people’s core maladaptive experiences. For example, one of my therapy clients had a dream that she was forced to eat a shit sandwich by her parents. In the dream she decided that she deserved to eat shit rather than take an opportunity to escape. As she entered the feeling state in this dream, she contacted her deep sense of painful unworthiness. Another woman, who was infertile, dreamed that she was biting into a peach, fine on the outside but rotten at the core. I asked her to describe herself as the peach, and this helped her access her painful sense of being rotten at the core. Both of these clients first got in touch with their sense of unworthiness and shame and then changed their views of themselves as bad by accessing their basic human needs to be valued for who they are and their healthy feelings of anger at violation and grief at loss. Another client had a dream of being a baby in a basket dropped at my door, needing to be taken care of. He had been emotionally neglected as a child. Another woman dreamed of herself as a small child, lost and alone in a small clearing in a dark forest, unable to move. Both these clients, after accessing their fear of abandonment and grieving their losses in a safe, supportive, therapeutic environment, acknowledged their needs for boundaries and protection and their anger at maltreatment. They were then able to internalize my empathy and soothe themselves and to feel more able to be alone. All human beings have a need to be valued and to be connected to a safe other, and all people

need to be validated to have a sense of self-worth and to be comforted by another to provide security.

I've discussed how to evaluate if sadness, anger, fear, and shame are adaptive. I now discuss some examples of these emotions when they are maladaptive, part of an unhealthy wound.

EVALUATING WHETHER SADNESS IS UNHEALTHY PRIMARY SADNESS

Maladaptive sadness does not reach out for comfort or grieve a loss; instead, it turns in on itself and leads to feelings of misery and defeat. A person's storehouse of life's wounds and losses often is the source of a maladaptive sadness that belongs to the past but still colors the present. The painful state of distress can be evoked by a perceived rejection in the present or even by feeling powerless to heal the pain of a loved one. Being unable to heal or take away the pain of a loved one can make a person feel a deep sense of helplessness and despair. Thus, something in the present is creating a depth of despair that seems disproportionate to the situation. This overwhelming feeling is maladaptive sadness, and it does not help a person solve a current problem.

Unhealthy sadness brought on by personal rejection or loss can evoke a deep sense of helplessness and powerlessness. The pain and sadness seem to envelop a person's whole body; it is as though a sadness "madness" takes over. Feeling secure is instantly turned into insecurity, enthusiasm becomes lethargy, and all is suddenly heavy. Colors, textures, and body sense change as the sadness slowly creeps over the person and permeates his or her sense of being. An internal part of the person that holds the pooled memories of this emotional state has now been activated and governs experience.

John feels worn down by the stresses of the day. His tank is empty. A little refueling from his partner would be welcome. He would just like to melt into his partner's arms and be transported for a while into sexual ecstasy. His partner shows no interest and seems distant and preoccupied. He starts to feel that familiar unloved, deprived feeling. A wound opens up, and he hears the old refrain, "Nobody really cares about me," echoing in his head. He feels sad remembering all the previous times he has felt deprived. He wonders why this always happens to him. His eyes become downcast, his mouth and cheeks droop, and he feels hopelessly defeated. A coach would help John explore this feeling state; identify the negative voices embedded in it; and most important, identify John's unmet need. Rather than avoiding this need, John would be encouraged to experience it. He cannot go underneath the emotion without first entering it. Once John has felt it, differentiated its different facets, and identified what the emotion has been associated with in his

past, the coach will work to help John transition into another, more salutary feeling state by focusing John's attention on emerging possibilities.

People are often overcome by these maladaptive sad states and are unable to focus on what is occurring in the present or on other possibilities. A person does not necessarily have a specific thought that produces this change; he or she just feels it take place. A new and uncomfortable, but oddly familiar, sensation creeps over them. This state is not like having an emotional memory of a particular incident that occurs in a flashback, like the memory of feeling grief at a funeral. It is more like experiencing the essence of a lifetime of emotional memories of sadness all rolled up into one feeling. The older a person gets, the deeper the well of sadness.

What makes this despairing feeling arrive one day and not another in response to similar situations? This is the true mystery of people's maladaptive emotionality. One never knows exactly what will activate these bleak feelings of sadness and despair. Sometimes people simply are more vulnerable, and other times they are not. People's emotional states are complex. They seem to have minds of their own and are readied for activation by everything preceding them.

The self is a dynamic system (Whelton & Greenberg, 2000). Like any living system, pools of emotional memories are at any moment more or less accessible, more or less active. An emotional state of mind is like a football player not yet on the field: It is either sitting dormant in the background, with no present possibilities of being activated for play, or it is already warmed up for the game by the preceding circumstance. The emotional state is standing on the sideline waiting to be called, ready to go on the field of play at a moment's notice, eager to exert influence. A similar analogy is that, in the parliament of selves that constitute a personality, the emotional possibility may be like a parliamentarian asleep on the backbench. Depending on a combination of the degree to which it has been already aroused and the intensity of the current debate, an emotional experience may suddenly wake up and enter into the debate. Once it enters the debate, it can strongly influence the outcome of the vote.

Thus, at any moment a person might suddenly be swept over by his or her unique experience of maladaptive sadness, and his or her unique way of dealing with it will appear. Some people will cover their emotional canvas with desperately intense red and purple swirls: a sadness of writhing agony. Others will paint with deeper colors and much slower, yearning, curves of deprivation. On another day, at another time, the same event that cuts one so deeply today will leave a different impression on the canvas. The same incident on another day might even leave the person untouched. People are never really in the same place twice—what affects them one day may not affect them the next. This is the mysterious unpredictability of emotional experience: It simply needs to be accepted as it arises.

Emotional experience is not the same as logical thinking: It does not unfold in a linear way. Rather, it involves a complex, nonlinear process of emergence and completion. Emotions, however, are not chaotic or irrational. There is order in them, and clients can see patterns in their emotionality and make sense of their feelings. They cannot, however, control or predict the activation of their emotions, and so they must learn to live in harmony with them and learn to deal intelligently with the maladaptive, distressing ones.

Helping clients sense whether their primary sadness is adaptive or maladaptive takes time and involves understanding the context and the content of their sadness. If a situation involves loss or injury to self, the first step is to learn how to describe and feel the sadness in the belief that, over time, this will lead to a resolution of the emotion. However, in certain instances the feeling does not seem to shift, and the client just seems to repeat the same feeling again and again without any noticeable change in either quality or intensity. This is a signal that the person is stuck in a feeling that is unhealthy.

On the other hand, a client might recognize right from the start that her sadness is unhealthy. She may immediately react to a situation with a fearful, helpless, dependent feeling. She feels no sense of personal power that helps her cope. Her sadness feels overwhelming, her distress is great, and she feels a primary sense of weakness. The coach and client understand that this sadness is not adaptive and is not going to pass away. It is sending the client a message, but not an adaptive one. The client will need to work hard in therapy to transform this feeling into something that will be more useful to her.

Complicated grief reactions are another form of maladaptive primary sadness. Clients might be unable to cope with an important loss and unable to move on. Often they need to learn to express unresolved anger and guilt to be able to move forward. They may also need to develop a stronger sense of themselves so that they believe that they can cope without the other person. Some people feel inordinately sad at separations and avoid situations involving endings. Unresolved losses may be involved in these experiences. Finally, another clue that clients are experiencing maladaptive sadness is if they feel sad when someone is being kind and tender to them. This may be a sign of unresolved loss that needs to be addressed. It is as if kindness evokes deep longing, deprivation, and unmet feelings of dependency—a need for the kindness that never was. Clients then need to resolve the feeling of deprivation before they can tolerate kindness again, free of the rising hurt. The following exercise can help when a client is stuck in sadness:

- Write down three episodes in which you have felt a similar stuck sense of sadness, a wounded feeling that does not go away.
- Identify the feeling in your body. What is it like? Accept it in a welcoming manner.

- Is there another voice in your head criticizing you for feeling sad? What is this voice saying about yourself, others, or the future? Say these things out loud to yourself, such as “I feel all alone,” “No one cares,” or “I can’t survive.”
- Remember when these feelings first emerged in your life, often in childhood or adolescence.
- Identify what you needed. Say I deserved to have this need met.
- Given you deserved it, what do you feel now?
- Is there another, alternate voice available to you that can be responsive to your need?
- Access a more resilient sense of yourself. Remember a situation in which you felt connected, warm, or loving. Feel this alternative experience.

EVALUATING WHETHER ANGER IS UNHEALTHY PRIMARY ANGER

An adolescent in a home for runaways goes on a weekend pass and visits his aunt, who has no children. She hugs him warmly when he arrives, genuinely pleased to see him, and gives him a gift of a box of tools, which she knows he would really like. He brushes off her hug. As soon as she asks him if he would like to return home to his parents, he angrily returns the gift, saying he won't be bribed. He has learned that kindness and concern are not to be trusted. He believes they come only with a price. A coach would need to work with this child to first establish trust. Over time the child's anger would become a focus. To begin, a coach would simply acknowledge the child's anger and empathize with his sensed betrayal or violation, and eventually the hurt would come into focus.

Core anger is maladaptive when it no longer functions to protect a person from harm and violation or when it is destructive. Angry reactions to kindness or intimacy can come from prior boundary violations or from a history of believing that nobody does anything for free. It is maladaptive if a person reacts angrily to true, nonexploitative kindness. This type of anger is similar to learned fear responses, the sort that might result if a child had a history of repeated abuse by his or her parents.

Destructive anger and rage often come from a history of witnessing or having suffered violence, and they cause real problems in relationships. Some people report raging at others without control, being volatile in many situations, having hair-trigger tempers, and becoming easily irritated without knowing why. This type of intense arousal is often connected to past events, and people often try to shut down such arousal. When people with maladaptive

rage who have suffered from violence in their past become angry, the anger can become a trigger for an explosion. In therapy they need to learn to pay attention to what they experience before they explode. Coaches need to help people first cope with the intense and overwhelming emotion and then, in the safety of therapy, learn to acknowledge all the feelings and beliefs associated with the rage in the safety of therapy and how to contact another feeling, often fear or grief caused by an unsatisfied need to be loved. Often people's maladaptive anger is not about who or what they are angry at; it is about their unmet need. Once people understand this, they can begin to process this experience, thereby preventing their rage.

Maladaptive anger also emerges in response to felt diminishment to self-esteem and causes a lot of interpersonal difficulties. This anger often feels justified in the moment. The person feels wronged and loses sight of all the good things received from the other person. The more fragile the person's esteem, the more easily he or she loses contact with the positive parts of the relationship; then all that is felt is the diminishment and all that is seen in the other person is bad. Often clients later feel bad about their anger, but this guilt does not lead to change. They need to learn how to deal with this maladaptive anger in a better way. The problem with anger has to do with the behaviors it involves. Different strategies are needed for different causes and different types of anger. Anger at disappointment or rejection is not the same as anger at attack or anger in response to another person's anger. Attempts to hurt or destroy a loved one are ineffective responses to being hurt or disappointed by that person. Thus, emotional intelligence involves expressing anger in the right way at the right time.

Jane's partner is involved in other things and is not paying the kind of attention to her that she wants. She has already asked for this attention and hasn't received the desired response. She starts to feel very angry. She begins in her mind to analyze and criticize all of her partner's behaviors. Then she begins to attack. "You're so self-absorbed—so insensitive. You just expect things from me and never care about me. I've had it with you!" This is a familiar pattern of which Jane needs to become aware. It begins when she feels neglected. She gets angry and attacks, and generally this doesn't make things better; it just drives her partner away. Emotion coaching, after Jane acknowledges her anger, would help her to see that these actions do not help her get what she needs, and with appropriate timing, the coach would begin to focus Jane's attention on her underlying hurt.

An emotion coach would also work with Jane to help her become aware that her core feeling of being unfairly treated not only does not help her get what she wants but also destroys relationships. The following exercise can be used to help people identify destructive anger:

- Identify situations that anger you repeatedly and in which your anger drives loved ones away.

- Write down the situations and the way they make you feel. Make sure this is a core angry feeling you felt and that it is not masking hurt.
- Identify the feeling in your body.
- Identify the thoughts.
- Now put words to the negative voice in your head related to this feeling. What do you believe about yourself, others, or the future when you are in this state? Write it down.
- When you are in this state, try saying these negative things out loud to yourself. See if you believe the negative voice. Is there another voice that is less dominant but still there? Can you use it to give you a different perspective?
- Now reflect on the opposite of anger: qualities of warmth, loving, and kindness. Is there now a way of letting go of your anger?
- Picture the person at whom you are angry. Can you connect with what you appreciate about this person? Can you feel forgiving or loving? Try saying, "I forgive you."
- Let go of the anger. Let the curtain of resentment fall and be replaced with warmth and caring.

EVALUATING WHETHER FEAR AND ANXIETY ARE UNHEALTHY PRIMARY EMOTIONS

A woman with a severe history of sexual abuse by her father gets very tense and rigid any time her husband touches her. She loves her husband and wants to be intimate, but any suggestion of sex brings back awful images, and she reacts with terror. An emotion coach would work with this woman to rework her trauma, to acknowledge the loss of emotions and their avoidance, and to develop self-soothing abilities.

Clients often experience maladaptive primary feelings of fear even though the triggering event that is occurring is not dangerous. They may also become afraid simply by remembering or thinking about a past event, especially if it was a very traumatic one. The fear a client felt in the past may have been a normal reaction to a frightening situation, but the client may have problems now if he or she continues to get scared even when there is no real danger. When clients have continual memories or nightmares about a past traumatic event, this is a sign that they have hidden primary fears to which they need to pay attention.

A man who grew up with an explosive father constantly feels like he has to walk on eggshells. At business meetings he is tense and careful. If anyone shows any signs of anger in his or her voice, he begins to feel extremely

anxious. An emotion coach would help this man reprocess his fear and access other, more adaptive feeling responses to help him feel stronger.

Unhealthy anxiety comes from a basic feeling that one is ineffective, unprotected, or both. This feeling of basic insecurity, once instilled, will keep coming up in all a person's relationships with friends or loved ones. If clients have primary maladaptive fears, they might often be afraid of being judged, misunderstood, or rejected by others. They might also have trouble telling people how they feel. Past bad experiences may very likely have left them feeling abandoned or rejected. Panic is a prime example of the fear system run amok. It no longer organizes the person for adaptive action but instead is disorganizing. Panicky dependence—the anxious feeling in adults that one cannot survive if one's attachment figure is rejecting or unavailable—leads people to cling to partners for protection in unhealthy ways. Such people must find inner sources of strength and self-soothing. The following exercise can help clients who have unhealthy fear:

- Identify a primary fear, one that occurs in most of your relationships with other people. This fear could also occur in response to a type of situation.
- Describe the situations that lead to this fear.
- Identify the feeling in your body. Is this a core feeling? Make sure it is not masking another feeling.
- Do you hear a negative voice in your head along with the fear? What is this negative voice saying? What do you believe about yourself or others when you are in this state? Write this down.
- Identify what you needed. Say I deserved to have this need met.
- Given that you deserved it, what do you feel now?
- Now be compassionate to yourself and calm/soothe your fear.

EVALUATING WHETHER SHAME IS UNHEALTHY PRIMARY SHAME

A man abused by his priest when he was 10 years old talks to his therapist about how dirty he feels. He says he feels contaminated and will never be able to feel acceptable again. His shame will need to be worked through and transformed.

In this form of shame, clients may feel humiliated, dirty, and worthless. These feelings often come from a history of being shamed and are part of the primary sense of the self as worthless, inferior, or unlovable. Often clients may not admit that they feel this sense of maladaptive shame; they might cover it up with other behavior. For example, they might get really angry and blow up

at the slightest negative comment. If they have a long history of being treated badly and rarely get any support, they may begin to believe that they are worthless. This leads to a primary feeling of shame in which the self is perceived to be defective. The shame of being treated like dirt makes a person feel like he or she is dirt. It sticks to the self. Emotion coaching will help the client in the previous example face his shame and overcome it by accessing other, more adaptive feelings. The following exercise can help when clients have unhealthy shame:

- Think of a situation when you felt worthless or deeply ashamed. What happened that led you to feel this way?
- Identify the feeling in your body.
- Now put words to the negative voice in your head related to this feeling. What do you believe about yourself, or what do you believe others feel or think about you? Write this down.
- Identify what was done to you that made you feel this way.
- Identify what you needed. Say I deserved to have this need met.
- Given that you deserved it, what do you feel now?
- Find a part of yourself to fight back against the shaming.
- Imagine yourself back in the situation, bringing in someone to stand up for you. Have that person give you what you needed in that situation: support, protection, or comfort.

CONCLUSION

Although emotions evolved to enhance healthy living, there are a number of ways in which they can go wrong. Healthy core emotions based on automatic sizing up of situations in relation to needs and goals are the ones that provide people with a healthy guide about how to act, and they inform people of their reactions to situations. They tell people whether something is good or bad for them and help people figure out what is most important to them and how they should respond. They might alert people to whether they feel they are in danger or have lost something important or whether their sense of space is being invaded. In contrast, maladaptive emotions have a disorganizing effect and do not motivate productive behavior.

To exercise emotional intelligence, clients cannot just blindly follow their feelings. They should follow only healthy primary feelings. Secondary emotions must be explored to identify their origins, and awareness of the aims of one's instrumental emotions helps one to be more direct in expressing what one needs. Finally, unhealthy core emotions need to be uncovered to be transformed into healthier responses to situations. The next two chapters explore how to process and transform maladaptive core emotions.

8

WORKING WITH PRIMARY EMOTIONS

Turn your wounds into wisdom.

—Oprah Winfrey

You tell me that you cannot stand the pain. But you have already stood the pain. What you have not done is see all that you are beyond the pain.

—St. Bartholomew

In this chapter, I discuss what to do after the coach and client have accessed the primary emotion and evaluated whether it is healthy. I begin with emphasizing the importance of identifying emotion in healthy living. This is followed by a discussion of what to do if the primary emotion is healthy (i.e., how the client can be informed by healthy emotions and use them as a guide for healthy actions). Next, I discuss what to do if the primary emotion is not healthy. This includes helping clients to recognize when this is the case, as well as to identify the negative voice associated with the unhealthy emotion (Step 6 of emotion coaching) and to access the heartfelt need at the core of the unhealthy emotion (Step 7 of emotion coaching).

Once people acknowledge the importance of their primary emotions and concerns, they can reorganize themselves in light of them. Humans are very purposive beings: Once they become aware of new goals, they almost automatically begin to reorganize themselves to attain them. When one

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becomes aware of a pain in one's back that is caused by an awkward sitting position, one becomes aware of a need for greater comfort and shifts position. Awareness of emotion is the first step in problem solving—emotions identify what is needed. Awareness of needs keeps people active and moves them to contact the environment to get their needs met. For example, when people become aware of feeling insecure and become aware of their needs for greater security, whether emotional or even financial, provided they have sufficient internal and external support for action and are not totally demoralized, they begin to do something different. They try to get what they need. This is the process of healthy living: becoming aware of feelings and the needs embedded in them and acting in the environment to get what is available to meet the needs. One of course always bumps up against others engaged in the same process and then must collaborate with these others to reach mutual satisfaction.

In addition, if people are to live happier, more fulfilling lives, their primary maladaptive emotions need to change. These emotions often, however, have to first be experienced and acknowledged to make them more amenable to transformation. Acknowledging maladaptive emotions clearly is the first step in defining the true nature of the problem. Clients come, then, to see that the problem is “I feel rotten, powerless, or unlovable” or that “My heart is broken. I don't wish to carry on.” People cannot leave a place until they have arrived at that place, and so it is with these dreaded feelings. It is the experiencing of the feeling that makes it unequivocally clear what the problem is: This is a key ingredient in motivating new ways of coping with the feeling.

BEING INFORMED BY ADAPTIVE EMOTIONS

When people arrive at a primary emotion and evaluate it as adaptive, they then need to translate the emotion into an action orientation. Some emotions are clear and can be followed quite naturally; for example, a person feels sad and grieves. However, feeling something does not necessarily imply immediate action or demand expression. There are still decisions that need to be made to translate the feeling into action that fits the context. Once people have determined whether their feeling represents their most primary, heartfelt emotion, uncontaminated by extraneous motives or self-protective covers, what do they do? They cannot simply translate their primary feelings into action or expression. They now need to engage in the conscious, second-order evaluation of whether the emotion is a healthy response that is worthy of guiding action or an unhealthy response that needs to be transformed. People need to determine whether their emotional responses are giving them good information that is relevant to their current situations or

whether their responses are based on unfinished business from the past or catastrophic expectations about the future.

When second-order evaluation leads a client to trust that his or her current feeling is healthy, that emotion now needs to be used as information. Even though the feeling is adaptive, it still should not be followed without prior reflection. In a complex social environment, context and circumstance always have to be taken into account in translating feeling into action.

Feelings Are Information, Not Conclusions

One of the important things for therapists to emphasize as they coach people to use emotion intelligently is that feelings are information, not conclusions. Feeling helpless does not mean that one really is helpless, without skills, resources, or competence. A feeling is an emotional experience, not a decision, a truth, or a fully determined course of action. An acknowledgment of fear does not mean the person must run away; neither does it mean that he or she is a coward. Fear simply tells a person that danger is sensed. Once the pertinent information has been gathered, a process ensues in which this information is used to generate a next step. Thus, feeling is information; it is part of a process and, as such, it must be allowed and assimilated, not interrupted, avoided, or suppressed. The feeling will be transformed as the process of coping unfolds and people are able to accept their feelings.

People generally feel helpless and afraid when trauma or loss occur. Trying to stave off these feelings is counterproductive. Experiencing these feelings is important, but it is not the same as acting on them. It is not giving up or running away; rather, experiencing one's emotions allows the emotions to inform one's sense of meaning about the situation. This may involve adjusting to the fact that someone has died, that someone who committed suicide could not be saved, or that one could not have prevented a criminal attack on oneself. Facing feelings helps people process their experience and move on. Recently I suffered a tragic loss. My wife of 45 years was hit by a van crossing the street, and killed. My world was shattered. Grief was my friend. It was a journey of many twists and turns. I am sure that being an emotion-focused therapist helped me to allow my grief, and had I been the person I was as a 25-year-old rational engineer, I would have tightened against the overwhelming waves of sobbing that came and went. I would never have allowed my tears to arrive, and therefore they would never have been able to repeatedly wash me clean of the pain of the many different losses I suffered. Allowing emotions such as these lets them come and go. Without the shattering grief, I am convinced I would not have been able to discover that after shattering, I reintegrated and still existed. After the shattering I didn't disintegrate, as I expected, but found that I was still there.

Accepting emotion also does not include impulsive acting out. People may make decisions and act on these decisions as a result of emotion, but this is not always advisable. People make many mistakes if they deal with an emotion as if it were the only reality that determines a conclusion or an action. For example, if a person feels sad, he or she can remain quiet, feel deeply involved, or cry. The emotional experience—the expression of quietness or crying—is not the potential cause of any acting out. What could cause a problem is what the person might conclude or do as a result of this feeling. For example, he or she could go through the following thought process: “I’m sad because management didn’t give me a promotion. They don’t value me. They don’t think I’m competent. Therefore, I’m not going to make any further efforts (conclusion). I am going to change my job (action).” The person may mutter on, in an internal dialogue: “My boss thinks I’m no good. But he’s an idiot; he’s so rigid.” Every step moves the person further and further from the sad emotion. Simply reacting to the circumstance by deciding to quit one’s job is not using emotional intelligence. One first needs to allow the emotion, then to access the unmet need, and then to consider how best to get the need met or how to let it go.

Immediate reactions can be equally disastrous in love. For example, a person may feel bad because a loved one did not call. The person may conclude, “He or she really does not love me,” or even worse, “Nobody will ever love me—I’ll never be happy again.” Judgments are made, and absolute realities created. This is how people use rational or not-so-rational thoughts against themselves. They rush to a conclusion or move into action because they do not take time to experience their emotions. They often do not take the time to feel their emotion deeply enough to get its full message or to understand what it is trying to tell them about what their unmet need is. People need to learn to focus, stay in their internal emotional worlds, and describe their experience in words. This makes their emotions more amenable to reflection, clarification, differentiation, and elaboration, which are all important in creating new meaning. For example, once people know that they are feeling sad, they can reflect on what they are sad about, what unmet need is pressing for attention, what this all means to them, and what they should do.

After clients have become aware of their feelings and have put them into words, emotion coaches need to help guide them toward deciding what they intend to do. This introduces a sense of direction and translates feelings into goals to be attained. The need and action tendency in the emotion must be considered. It is often only after people are aware of their feelings that they are able to figure out what they need and might want to do. The integration of head and heart at this point involves articulating what the person wants, needs, or wants to do. Awareness of need, and what one wants to do

about it, also has to be evaluated and integrated with other conscious goals, plans, values, and realistic assessments of the situation. A combination of both streams of consciousness—emotionally based goals and conscious values and reasons—forms a person’s final intention.

The establishment of intentions forms the bridge between personal experience and action in the world. For example, when a client becomes aware that she is sad because loved ones soon will be leaving on a trip, she may realize that she wants to spend more time with her loved ones. She therefore might decide that it is possible for her to take some time off from work so that she can do things with them. If a man is aware that he feels a core sense of fear every time his partner angrily tells him how selfish and uncaring he is because he did not call her, he may decide to tell her that he feels afraid when she gets so angry and berates him. He has to feel strong to be able to be genuine in this way. He has to know what he feels, and he has to decide to not react defensively. He also has to be able to communicate genuinely and nonthreateningly and needs to be able to describe what he is feeling by starting off his sentences with “I feel . . .” rather than accusing his partner by saying “You are . . .” Exercising one’s emotional intelligence is not easy.

Grief is one of the most paradoxical of emotions. It leads to acceptance and compassion. By grieving the loss of a wished-for parent, for the child you wished your child had been, for a lost love, one feels sad, feels pain, even some anger, and the end result is that one feels compassion for one’s own pain and soothes oneself. Nothing that feels bad is ever the last step (Gendlin, 1996).

Expressing Emotions to Others

How should therapists coach people toward expressing what they feel in the world? How, for example, can people express anger without harming, insulting, provoking, or even attacking others? If people express too much joy or happiness, will others be jealous? If people express pride or jealousy, what will others think of them? The first thing to consider is that the appropriate way to express emotions depends on a person’s family, social groups, and culture. Expression needs to fit its social context. Thus, an emotion coach must always take people’s contexts into account and find out from them what is appropriate. Next, a distinction needs to be made between experiencing feelings and expressing feelings. To become conscious of feelings, people need to give themselves permission to feel their emotions: to be in them, explore them, intensify them, ride them, shift from them, or hold onto them until the emotions yield their significance or intelligence. The freedom to feel first requires the freedom to feel without the obligation of immediate expression. People often seem to be trapped between two extremes: suppressing feelings and harming themselves or expressing feelings and hurting others.

People do not, however, need to be either a victim of immediate expression or a victim of suppression and potentially of subsequent illness. They can instead express their feelings whenever they decide it is appropriate. Instant expression, however, is not necessary. The issue thus is not one of expression versus suppression. People have a choice of expressing their emotions when appropriate or of simply being aware of their feelings and choosing not to express them. If people suppress emotions at a certain moment because they do not know how to express them without doing harm, this gives them the time to pay attention to what they are feeling in the situation. They then need to find a way later either to express their feelings appropriately or deal with them internally.

In addition, expressing feeling in therapy to process emotion is different from expressing the same feeling in the world. Thus, expressing previously unacknowledged anger in the safety of the therapy situation to an abusive father has the many benefits of reducing arousal and creating new narrative meaning. This would not be the case if anger were expressed directly to the person in the world.

An emphasis on the expression of feelings has inhibited people's freedom to feel. Imagine if people felt obliged to express all their thoughts: What kind of world would that be? In reality, people think continually and express only some of their thoughts. People can begin to use emotional intelligence to access their internal experience by focusing on feeling without adding the burden of conscious expression.

In short, therapists need to coach people to do the following:

- Feel continuously and be conscious of their feeling.
- Feel without the need to express themselves verbally. Feelings can be expressed in different ways, such as words, art, facial expressions, body movements, or sounds. All of these media express the message.
- Express feelings when they deem it appropriate.

It is also important to help people recognize that it is never simply a situation or an event that makes them feel a particular way. People need to take into account that what they were experiencing before a particular event occurred had a part in their emotional reactions. They need to realize they are not simply moved from one stationary, emotionless state to another by a particular emotion, but instead are always in the process of feeling something, and their current feelings always influence the way they perceive what is occurring. Thus, when people express their feelings, they need to learn to not blame the situation or the other person for the way they feel. They need to accept that they, too, are responsible for their own reactions. In relationships it is never a simple case of "you make me angry." It is important that people recognize that when they are overwhelmed and angry, this is not only because

their partners make demands but also because they are in certain states (e.g., having had a bad day) and are feeling stressed, or if they feel sad, it is not only because their partners did not greet them warmly but also because they have been alone all day and are feeling isolated. People need to take into account the initial feelings that led them to react to the current situation the way they did before they give voice to their emotions.

HELPING CLIENTS WORK WITH MALADAPTIVE EMOTIONS

When primary emotions are maladaptive, therapists need to work empathically with clients to access the second-order level of evaluation of the emotion and bring it into the open. For example, the therapist might say, “As much as this feeling of anger at being diminished captures how wronged you feel, part of you is saying it comes from this terribly vulnerable feeling that you will no longer be special to her.” Often core unhealthy primary emotional responses seem very intense and even meaningful, but what is so characteristic of them is that they do not seem to change, improve the situation, get better, or go away. Their constancy is their hallmark. They do not improve people’s lives, but rather damage them and their relationships. At first people might not see how these feelings do damage, but over time and with reflection, they generally learn, often the hard way, that their maladaptive emotions do not do them any good.

Emotion coaches need to help clients see that these feelings do not work for them. Coaches do this with a combination of leading and following. Coaches validate people’s feelings but constantly focus on anything people say about how the feeling does not work for them or about how it damages them or others. It is important to help people see that they are not bad, or even wrong, for feeling this way, but that the feeling is not functional, leaves them feeling bad, and does not help them get what they need. For example, a client might need to recognize that this is the same old sense of anger in which he always gets stuck: anger about never getting what he needs. Or the emotion might be the familiar loneliness or the painful sense of deprivation of which a client can never seem to rid herself. A maladaptive emotion might also be a familiar, intense sense of humiliation so out of proportion to a minor slight or a recurring sense of devastation at criticism, even though the criticism is minor or even constructive. Coaches help clients realize that an emotion is maladaptive first by validating that the feeling is very real and core and then by highlighting how it is not working for them and does not lead to what they need. Over time, with sufficient support and highlighting of the destructive effect of the maladaptive emotion, clients come to recognize that this old “friend” needs to go.

Emotion coaches highlight maladaptive emotions mainly by reentering the problematic state; exploring it and its meanings (Greenberg, Rice, & Elliott, 1993); and coming to an agreement with clients that rather than being an incontrovertible truth, this emotional state is a wound that needs to be healed. Often identifying the source of the wound helps the client recognize that the feeling is maladaptive. Empathic exploration of the maladaptive state often leads to a deeper understanding of its source. At other times, exploration reveals that it is the intensity of the reaction that is problematic. A coach may also conjecture about what must be happening in this state, and occasionally if a person seems truly unable to discover any connections, the coach may interpret sources of the maladaptive state or its negative consequences. Thus, a coach might conjecture: "My hunch is that this deep anxiety comes from feeling out of control"; "I guess your fear of hurting your colleague's feelings after a disagreement relates to how you felt you had to take care of your mother's hurt whenever you disagreed with her"; or "I understand how bruised you feel from all these criticisms and demands in your job, and I guess you are saying it's the degree to which you feel so shattered that is the problem." These are all offered tentatively, not from the position of an expert but rather as a coexplorer, and as coconstruction of a narrative of understanding.

Half of the battle of change is won when people see that it is their own states that are problematic, that they are in conflict, or that they are in part authors of their own distress, rather than believing that they are victims of others or of fate. Helping people acknowledge core maladaptive states as problematic lets them take a form of responsibility for their own experience. This is not to say that people are at fault for having an unhealed wound or for overreacting to something, but helping them recognize that there is something they are doing in these states that leads to their difficulties and that they need to do something to change is an important goal that is sometimes rather difficult to achieve. For example, consider the case of a man who enters a maladaptive self-organization of powerless helplessness whenever he meets criticism, setbacks, or challenges to his competence. At times he feels competent and believes he has things to offer, but when he enters this core, shame-based maladaptive state, he collapses into feelings of utter helplessness. He panics and sees people as highly unsupportive ogres and himself as weak and without substance. In this state he is sucked into a vortex of powerless and helpless feelings, and he catastrophizes. He lacks any solidity and feels like a fragile glass window that will shatter on touch or like a building held together so tenuously that the slightest jolt will lead to collapse. How can an emotion coach help this person get sufficient perspective on this powerless, helpless state so he can see that rather than this being reality, or a valid response to mistreatment by others, it is a maladaptive overreaction?

I have not found it that helpful, with this type of enduring maladaptive state, to try to demonstrate to people that their thoughts or beliefs are faulty. Rather, what I have found useful is helping them gain the perspective that this is a core, maladaptive, overreactive state they get sucked into at times and that this is not all they are or all that they are capable of. In other words, I work toward a view of this being a partial self among many possible selves. In addition, rather than viewing clients' beliefs, thoughts, or perceptions as faulty, I understand that it is their reactions that are problematic and that these are what need to be regulated. I therefore work to create a sense of other possibilities on the basis of the notion that this is one of a variety of states available to clients and to help them regulate their reactions. I also try to build bridges to other states. A lot of this work depends on being able to maintain the therapist–client alliance and appropriate interactional positioning. The person has to feel throughout that the therapist is on his or her side, validating the person and working with him or her against this problem state. Therefore, what I do first is to empathize with the person and validate how awful it is to feel so helpless, and I convey an understanding of what he or she is feeling. For me to truly validate the person's feeling of primary helplessness, this empathy has to come from a place in me of real acceptance and understanding of what it is like for the person to feel the way he or she does.

At the same time that I validate how the client feels, I hold onto the knowledge of his or her other possibilities, and I wonder aloud about them. I might say, "The issue is how to find a way out when you are feeling so caught," or "The dilemma is how, when you are in these states, you can find your feet, and how I can help you do that." Often clients insist that this is the way they are and that no other reality is true or conceivable. In such cases I might say, "I know this is a part of your identity and that when you are in this state, it really feels like this is true and all else is a sham." I might also comment on how important it seems for them right now to convince me that this is the case. I add that this painful place is where they get stuck and lose all their resources, that I have seen them at other times feel differently about themselves, and that I know they sometimes handle things differently. I recognize these as real existential moments in which I help clients face their impasses—the places where they get stuck in their emotional lives. I tell them that if I could help them solve the problem, I would, but that I know that ultimately when they are feeling this way, it is they who have to figure out how to find their feet. I can only offer support or guidance; it is the clients who have to find the will to change. If my clients get angry and say I am not helping, I empathize with how frustrating it is and reassure them that I am trying to help. I reemphasize, however, that I know that in this stuck place, I can't bring about change, that whatever I do would be a temporary fix, and that the real dilemma is how the clients can find their way to connect

with the strengths and resources with which they have lost contact. The whole encounter is aimed at helping people find the sense of the possibility of change and the will to change. It is all predicated on my knowing the person well enough, having seen that he or she has other possibilities and that he or she is able to enter other states, which I refer to at times throughout this encounter. If a client is truly without skills, then more training in deliberate emotion regulation is needed (cf. Linehan, 1993).

IDENTIFYING DESTRUCTIVE BELIEFS AND CONSTRUALS

Once an experience is clearly accepted and recognized as maladaptive, the coach needs to help clients identify the destructive beliefs and patterns of thoughts that articulate their unhealthy feelings and access the core negative belief or construal embedded in these feelings (Step 6 of emotion coaching). The negative belief is much more easily accessible and put into words when the person is experiencing the maladaptive feeling. The coach thus needs to work with cognition when it is hot. When a belief is just cold, it is not really accessible to change. People can talk about all kinds of negative views of themselves in an abstract and intellectual way, and they will not change. They have to be feeling what they are saying to make the whole maladaptive scheme amenable to change.

As I have discussed, people often experience their negative beliefs as thoughts or critical voices in their heads. A criticizing, internal voice often has been internalized from previous interactions or abstracted from general life experience. After isolating the content of the self-critical thoughts, it is helpful to externalize the negative thoughts as though they are coming from outside the person. This helps separate these antagonistic attitudes from more realistic ones and identify them as the source of the person's distress. Often people's self-attacks at first may be displayed in a rational or descriptive manner. As people verbalize the contents of the criticisms, however, they will spontaneously begin to express emotion. If they do not, then the coach's job is to get at the feeling tone in the criticism. Most evident is contempt. It is this contempt for the self that perpetuates people's maladaptive feelings (Whelton & Greenberg, 2005). Most often contempt is seen in the curve of the person's lip and the raising of the nose, or heard in the person's tone of voice as he or she speaks. An emotion coach might facilitate the client's recognition of the maladaptiveness in his or her voice by commenting, for example, "So this is the voice that makes you feel so bad. What do you feel as you hear yourself say these things?" A coach might also say, "Good—we are getting to how you attack yourself and put yourself down. Are you aware of your mouth or your voice as you say these things?" It is also helpful to set the

stage for collaborating on the task of combating these negative thoughts by opposing them. Thus, a coach might say, "Then we will need to find out how you can stand up to this harsh voice."

Often people find it quite natural to articulate their self-accusations in a statement spoken from the third-person point of view, for example, by saying such things as "You're too stupid, ugly, fat, or lazy." The coach's task here is to help articulate the negative core belief in words to provide a handle with which clients can hold onto this unwanted baggage so they can change it. Once the content of the belief has been articulated, it can be inspected, and the role it has played in hampering people's lives can be understood.

As noted earlier, the schemes that carry the negative beliefs can be broken into two major categories: bad self and weak self. The bad-self scheme is based on shame and the belief that one is not good enough. The following beliefs about the self operate in this state: The self might be seen as unlovable, flawed, or undesirable, or people can feel inferior and be ashamed of perceived inadequacy (cf. Young, 1990). People can also feel guilty and believe that they are bad and deserve to be punished. In addition, people might believe they are incompetent for not being the best or for not being as good as others.

The weak-self scheme, in contrast, is based on fear and anxiety and the belief that one is not able to cope and survive on one's own. Here the following beliefs about the self operate. The self can be seen as dependent, believing that the self needs others to survive or that the person is unable to support himself or herself. Submissive beliefs, such as I must put others' needs before mine or expressing my needs or anger will lead to something bad, might predominate. Beliefs that the self is vulnerable and that something bad will happen or that one will lose control also are associated with a weak sense of self. Beliefs about connection, deprivation, abandonment, lack of trust, and isolation are all associated with this weak sense of self. Being able to articulate these feelings in words such as "I'll never get the love I need," "I'll be alone forever," or "No one will accept me" help both client and coach refer back to these complex states.

Another set of negative beliefs can be related to maladaptive anger, rage, and a bad-other scheme. Beliefs such as "I don't care," "They don't care," "They are bad," or "They deserve to be taught a lesson" can be used to support and justify maladaptive anger. In addition to these classes of beliefs, people's idiosyncratic construals of how they ought to be and their expectations of how others will react to their wishes and how they will feel in response are also articulated. Becoming aware of core conflictual themes (Luborsky & Crits-Christoph, 1990) in an experiential manner also provides emotional insight.

My approach to working with negative beliefs and construals is neither didactic nor disputational. I do not try to debate, persuade, or reason with people to see that their beliefs or views are irrational. Neither do I help them

inspect their reasoning or the rational basis of their beliefs. I also do not try to get them to collect evidence for or against their beliefs. The issue is not one of the truth or validity of their beliefs, but of their usefulness. I take the stance from the outset that these beliefs are probably neither useful nor helpful; rather, they are generally self-evidently destructive. I thus take it for granted that the beliefs are maladaptive if they make people feel bad, and I work to demonstrate this by helping people experience how the beliefs make them feel. There is no evidence as compelling as feeling something. I thus work to help my clients discover what they are telling themselves and how this makes them feel, and I try to assist them in moving away from the negative beliefs and injunctions that are hurting them.

The process of working with negative beliefs often involves first identifying the content of the negative belief and saying this in the second person to the self. Experiencing how the belief makes the person feel is the second step. Reflecting on the sources and destructive effects of the beliefs, and understanding how these beliefs influence the person's life, constitute a third step. Finally, the person needs to formulate a resilient response to the belief so that he or she can separate the self from the dictates of these beliefs and identify with his or her strengths and resources.

ACCESSING THE HEARTFELT NEED IN THE PRIMARY PAINFUL EMOTION

Once the client is able to fully access the maladaptive emotion and identify the negative beliefs or construals associated with it, it is time to access the need associated with it (Step 7 of emotion coaching). This is done by maintaining contact with the feeling and speaking from it. This is the time to focus the client on the wants and needs that have begun to emerge with the expression of deeper, more clearly articulated and more forcefully stated painful feelings. Needs that were once dismissed or tentatively stated are now expressed as valid and legitimate in a convincing manner.

Once, for example, the need for nonviolation and/or protection from abuse in a currently evoked, schematically based self-organization is accessed, the emotion system will react by automatically appraising that the need was not met, and by this mechanism, it will spontaneously reorganize to feel angry at the need having not been met or sad at what was missed. This mobilizes a new emotion that undoes the old emotion—shame in this case. Validating that the client deserved to have the need met helps the client to feel entitled to having had the need met. This focus on and validation of the unmet need in the painful emotion is a key means of activating a new emotion.

Therapists thus can ask clients, when they are in their maladaptive states, what they need. People, when they are suffering and in pain, usually know what they need. Once they know what they need in a situation, they often begin to feel like they have some control over it. The coach's validation of the need is an important element in strengthening the right to have had the unmet need met. The need thus comes not from a statement from an overly needy position but from a sense of deservingness—a sense, for example, of “I deserved to have my need for support, security, or acceptance met.” This generates a sense of agency: “I needed this.” Rather than feeling like a helpless victim of deprivation, the person feels more self-affirming: “I did deserve to be responded to.” A feeling such as “I can do something about my situation or how I feel” then emerges; the person begins to feel that “I can survive. I do have resources, talents, and skills. I am worthwhile.” This is the agentic healthy, internal voice. Once a sense of agency is developed, the client begins to reorganize and becomes more assertive. The key dynamic in reorganization here is that once a sense of deserving of the need is established, the emotional brain, which automatically appraises situations in relation to needs, appraises whether the need has been met and generates a new emotion. The new emotions are generally sadness at not having had the need met, compassion for the self for the pain suffered by not having had the need met, or anger at not having had the need met. These are the new healthy emotions that promote healthy grieving, self-soothing, or assertion. The approach tendencies in the more adaptive emotion, seeking and/or giving comfort in grief and assertion in anger, undo the withdrawal tendencies in the maladaptive fear and shame.

Coaches can facilitate assertive responses becoming actions by exploring: “Which of the things that you need can you get from others or give to yourself? How can you affirm yourself, soothe yourself, or care for yourself or get these things from others?” Self-empathy and compassion for oneself are important. Helping people do something in the world for themselves is also important. Asking the question “What do you have to do to get what you need?” is helpful. Reaching out to someone who cares is doing something for oneself, as is doing something that one enjoys. These are all ways that people can help themselves shift out of their negative states by acting to get their needs met.

If people have difficulty accessing their needs, this is an indicator that they require more empathic support. At this time, the coach might voice the need for them. Thus, the coach might conjecture: “I guess you just need some comfort when you are in this place” or “My sense is that your disgust is saying ‘get away from me, just get out of my space.’ Is that correct?” Alternatively, the coach might validate how difficult it is for the person to form a need, clarify a need, or feel entitled to a need and then proceed to explore this difficulty.

The new feelings that emerge after accessing a sense of having deserved to have the unmet need met were either felt in the original situation but could not be expressed at the time or are felt now as an adaptive response to the old situation. For example, accessing implicit adaptive anger at violation by a perpetrator can help change maladaptive fear in a victim of childhood abuse. When the tendency to run away in fear is transformed by anger's tendency to thrust forward and protect one's boundaries, a new relational position of holding the abuser accountable for wrongdoing is formed.

In my view, enduring emotional change of maladaptive emotional responses occurs by generating *a new emotional response* (Step 8 of emotion coaching)—not through a process of insight or understanding, but by generating new responses to old situations and incorporating these into memory (Step 9 of emotion coaching). Expression involves generating a new response, and this differs from “talking about” because expression adds the feedback to the brain provided by proprioceptive sensation involved in expressing. Expressing is a form of action, the doing of something, which differs from conceptualizing or even awareness. In expression, the brain automatically reads what the body does and codes it as a lived experience rather than as a higher order abstraction about experience as in conceptualizing. In the next chapter, I discuss how to access alternative healthy emotions (Step 8 of emotion coaching) and how to create healthy new meaning that integrates previous experiences (Step 9 of emotion coaching).

9

ACCESSING NEW HEALING EMOTIONS AND CREATING NEW NARRATIVES

Feelings are much like waves, we can't stop them from coming but we can choose which one to surf.

—Jonatan Mårtensson

The main adaptive emotions that we have found help to change the core maladaptive emotions of shame, fear, and the sadness of lonely abandonment are empowered anger, the sadness of grief, and compassion. There appears to be a particularly important relationship between grief and compassion in that grief seems to evoke not only compassion from others but also from the self to one's own grief. Compassion implies a deep caring and respect and a desire to reduce suffering and appears to be a distinct emotional state that differs from those of distress, sadness, and love. Compassion involves sensitivity to the suffering of self and others with a deep wish and commitment to relieve the suffering. Compassion for ourselves helps us deal with many of our more unpleasant feelings, so compassion as well as assertive anger and the sadness of grief are the emotions that frequently help change core maladaptive emotions.

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Emotion-Focused Therapy: Coaching Clients to Work Through Their Feelings, Second Edition,
by L. S. Greenberg

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Once a client has identified his or her maladaptive emotions, the negative voice associated with it, and the heartfelt need underneath it, how does a therapist help the person access healthy emotions, the ones that will help him or her transform the maladaptive feelings of fear and shame and the associated beliefs? First, therapists must help people to breathe deeply while they are feeling the bad feeling of shame, fear, anger, or sadness and must empathize with the feeling. This helps emotion regulation and is especially important when the distressing feelings are intense and overwhelming. Once the therapist is able to help people regulate the intensity of their distress, then he or she needs to help them identify what else they are feeling in addition to, or in response to, their maladaptive emotions. This is where the therapist will help people find new, healthy emotional responses to promote change (Step 8 of emotion coaching). How does a coach help activate a new, more adaptive emotion? He or she does this first by means of empathic attunement to affect and by providing safety, comfort, and a sense of security. This is the baseline condition for bringing in a new emotion. A consistent empathic environment continuously helps clients experience new feelings of comfort and safety along with the old feelings, but a number of additional methods for accessing alternative healthy emotions with which to change maladaptive emotion have been developed. These are summarized in the following list and are discussed in the following sections:

- shifting attention to another, healthier emotion;
- accessing needs and goals;
- positive imagery;
- expressive enactment of a healthy emotion;
- remembering a healthy emotion;
- talking about a healthy emotion;
- expressing a healthy emotion on the client's behalf; and
- other methods for expressing healthy emotion.

SHIFTING ATTENTION

As discussed in Chapter 3, shifting people's focus of attention to a background feeling is a key method of helping them change their emotional states. On the edge of awareness, or in the background, behind their current dominant emotion, often lies another, subdominant emotion that can be found if one attends to or searches for it. The feeling is there but is not yet in focal awareness. Behind the anger might be sadness, love, or forgiveness; at the edge of sadness is anger, within the hurt or the fear is anger, and behind the shame are the pride and self-esteem. The therapist's crucial role is to shift

clients' attention to this subdominant feeling, to focus on it and elaborate on it, and then to teach clients how to do this on their own. For example, one woman talked about how "defective" and "soiled" she felt by the abuse she had suffered, and with the help of her coach, she was able to focus her attention on the expression of disgust on her face and become more empowered. She found that her disgust and anger at being violated could undo her more dominant fear and shame. In another example, an emotion coach helped a man with fragile self-esteem find the hurt at feeling slighted that lay beneath his anger by guiding his attention to his bodily felt experience at the time of the slight. There in his body he felt the dull ache of the hurt behind the anger.

ACCESSING NEEDS

As discussed in the last chapter, accessing needs is a key process in change. It therefore is a key method of evoking a new emotion when no other emotion is present. This involves the coach focusing on the unmet need in the painful maladaptive emotion and validating the person's right to have had that need met. Therapists can help clients access their healthy, healing emotions and internal resources—when the maladaptive state has been arrived at, symbolized, and experienced—by asking clients what they need and validating that they deserved to have the need met. This focus on the activation and validation of the unmet need in the painful emotion is a key means of activating a new, more adaptive emotion.

POSITIVE IMAGERY

A second way to activate alternate feelings is to use imagery. Imagination is a means of bringing about an emotional response. People can use their imaginations to create scenes that they know will help them feel an emotion, and they can use this emotion as an antidote to a maladaptive feeling they want to change. They can thus change what they feel, not by changing feelings with reason, but by using imagination to evoke new emotions. People differ in their capacity to use self-generated imagery to replace unwanted emotions with more desirable ones. This capacity, however, can be developed. For example, when feeling maladaptive anger or dejected isolation, people can be encouraged, at an appropriate time, to imagine themselves in situations that generate positive feelings. When the maladaptive feeling has been fully acknowledged and validated, therapists can ask such clients if they can imagine themselves in strong or capable states, in the arms of loved ones, or as having a police officer or their therapist along to protect them. Imagining

loved ones also can be very effective as an antidote to feelings of painful isolation or anxiety. With practice, people can learn how to generate opposing emotions through imagery and to use these to counteract negative emotions. This takes time, relaxation, and attention to breathing to help them relax. To help people change anger at loved ones, therapists also can ask them to imagine more positive attributes of the person with whom they are angry or to imagine a time when they felt more positively toward that person. Therapists can invite people to balance their resentment toward another with appreciation to maintain their connection. Asking a person to imagine a time in his or her life when he or she felt happiest, contrasting this with the person's current bad feeling, and shuttling between these states sometimes helps people see the possibility of states other than the ones they are in. Therapists can ask people to recall an awful memory and then ask them to bring supportive people or feelings from a positive memory into that bad memory. This can help alleviate the bad feeling. Images based on memories of past experience thus can be evoked to generate alternate experience and provide access to alternate self-organizations. These alternate image-generated states are then used to combat negative self-states.

The generation of compassion for the self and others through imagery can be particularly helpful. Thus, a therapist might ask a client to imagine himself as an adult comforting his 5-year-old self, alone and hurt in his bedroom, or a therapist might ask the client to imagine someone—the coach or another protective figure—going into the child's room and giving the child what was needed at the time, be it comfort, support, or protection. The goal is to evoke new emotional states that provide alternatives to the maladaptive states in which the person is stuck and then to use these new, more adaptive states as launching pads to help transform the old, maladaptive ones. To do this people need to have internalized enough self-support from others and to have a strong enough sense of self to muster self-support. If they cannot do this, then the therapist's empathic attunement to their possibilities is their only available resource.

EXPRESSIVE ENACTMENT OF A NEW, HEALTHY EMOTION

A third way to access alternate emotions is to have people enact a feeling that is not currently being experienced. As pointed out in Chapter 3, this goes back to William James's (1890/1950) idea that people are afraid because they are running away from something. A therapist might ask people to adopt certain emotional stances and help them deliberately assume the expressive posture of that feeling and then intensify it. Hence the emotion coach might use psychodramatic enactments and instruct the client to "try telling him

'I'm angry.' Say it again: yes, louder. Can you put your feet on the floor and sit up straight? Yes, do it some more." Here the person is being coached to express an emotion until the emotion begins to be experienced. This is not the encouragement of phony expression, but rather an attempt to facilitate access to a suppressed, disallowed experience. Similarly, taking on a sad posture and deliberately expressing sad things can help access sadness. A therapist might suggest that a client speak to an imagined other person: "Tell her what you missed. Tell her how sad you were." Instructing people to organize their facial expressions into representations of emotions, although difficult to do, can be effective, because facial expression appears to have a strong feedback component. An angry facial expression seems to produce angry experience, and a sad expression seems to produce sadness (Flack, Laird, & Cavallaro, 1999). It also is helpful to follow very closely any emerging expression. For example, if a person's eyes begin to drop, the coach follows this and instructs the person to develop this movement: "Yes, look down and say this again. I missed you." Asking a client to curl up into a ball can facilitate the withdrawal tendencies of sadness. Having people hold out their hands in a pleading fashion can facilitate the experience of pleading or begging. Instructions to take on expressive postures must always be followed by asking people what they experienced after making a particular expression. Too much deliberate expression without attention to the experience it evokes can become an artificial performance rather than the evocation of experience.

REMEMBERING A HEALTHY EMOTION

The fourth way to access another emotion is to remember a situation in which the emotion occurred and then to bring the memory alive in the present. This is related to the imaging processes described earlier. Remembering past emotional scenes clearly produces emotion. The physiological and expressive changes that occur in emotional responses to memories have been shown to closely resemble the changes that occur when emotions are activated in response to present stimuli (Ekman & Davidson, 1994). Memories of emotional events therefore are an important means of accessing another emotion that can then be used to help change a more maladaptive state. Emotion and memory are highly linked. Emotion is both evoked by memory and is important in restructuring emotion memories and the narratives that are built on them.

Emotions revive memories of prior occurrences. Things are stored in memory at their emotion addresses. Thus, a current disappointment links to other disappointments, and a feeling of shame is linked to other humiliations. Present emotional experiences thus are always multilayered, evoking with

them prior instances of the same or similar emotional experiences. If coaches are to help people change what they feel, they have to help people access and restructure their emotion memories. One important form of changing emotion memories involves accessing the emotion memory to be changed and then transforming it with another one. Once another emotion memory is evoked, either the new memory dominates and the old one recedes into the background and becomes less accessible, or the new one eventually transforms the old memory by the process of memory reconsolidation discussed in Chapter 2. Emotions are often embedded in relational contexts. They connect self to other in the memory. Thus, people have memories of feeling shame in the face of a contemptuous parent, anger at an intrusive other, or fear of an abusive other. Therefore, accessing views of others helps one evoke emotion, and accessing different views of others helps change the emotions one felt.

One client had discovered the body of her mother (who had committed suicide), and whenever she thought of her mother, it was that horrifying image that came to mind. That image left her feeling cold and clammy, with awful feelings of fear and empty abandonment. After working through her anger, shame, and sadness, and after finally empathizing with and forgiving her mother, she talked about being able to transform this awful memory with previous, happy memories of her mother. These memories, in contrast to the others, left her feeling warm and cozy. She reported later that when she thought of her mother, it was this warm, loving memory that she now accessed. Ultimately a full restructuring of emotion memory occurred; the client thought of her mother as loving, and she had good, warm feelings whenever she thought of her.

Another way to work with emotion memory to change emotional states is to access a memory of a person in one's life who supported, or would support, a different, more adaptive emotion and experience of the self. Thus therapists can ask clients if there was someone in their lives who would have seen them, or who would currently see them, as having the qualities that would support a more adaptive emotion and experience of the self. Thus, an emotion coach might say, "Is there someone in your life who believed in you or felt proud of you?" or "Who loved or protected you?" This helps the person evoke feelings of being proud or lovable and the comfort or security that accompany these feelings. One client, who could not permit himself to experience his anger and sadness, said he had no feelings toward, or in reaction to, his wife. He claimed that he could not feel anything and that he had no feelings, having closed them off as a child to protect himself against a perfectionistic, critical father and a cold, ignoring mother. However, after accessing memories of how his grandmother had cared about him, he wept tears of joy and sadness.

TALKING ABOUT A HEALTHY EMOTION

Therapists can help people access new emotions by talking with them about the more desirable emotions. Talking about an emotional episode helps people reexperience the feelings they had in that emotional episode. Opening a conversation about a particular topic often helps generate an emotion relevant to that topic. Psychotherapy is a talking cure, and talk can evoke new emotions. Thus, when someone feels like a failure, talking about success experiences helps him or her contact feelings or possibilities of effectiveness. People can benefit from reexperiencing the feelings they had in past emotional episodes, and conversation can bring forth a sense of how they achieved that feeling. The strategic use of open-ended questions such as “Could you provide me a specific example of that?” helps clients shift to the disclosure and narration of specific, personal memories that are more likely to activate newly experienced emotions. The therapist’s response to the person is also helpful in installing the new feeling; his or her support, encouragement, and ability to see this emotional possibility in the person strengthens the possibility that the person can recall a positive emotion.

EXPRESSING A HEALTHY EMOTION ON THE CLIENT’S BEHALF

In certain situations, therapists can express a particular feeling that the client is unable to express. In these instances, the therapist is giving voice to the client’s alternate emotion. For example, a therapist, on the client’s behalf, can express outrage at a violation by saying such things as “How could they do that to you?” or “I feel furious and outraged on your behalf” or “I want to kick him in the shins.” This does not prompt violence, but rather gives the client the potential to express himself or herself on a deeper level than he or she feels entitled to express. The therapist’s expression of the emotion helps the client feel supported and validated and gives the client access to this emotion to help promote emotional change. Sadness for the client’s loss also can be expressed by saying, “I feel really sad when I hear how alone you felt as a child” or “I feel tears come to my eyes when you tell me about this.” These are all times when the therapist deems it appropriate to share these as genuine, helpful responses. The therapist must be sure that these expressions are helpful to the client and are not being expressed for the therapist’s well-being or are not coming from unresolved therapist issues. The therapist must also ensure that these are genuinely felt feelings and are not being offered as a technique to get the client to access the emotion.

OTHER METHODS FOR EXPRESSING HEALTHY EMOTION

Humor is another method of changing emotion with emotion. Laughing can change a person's emotional state, and the perspective given by humor can reframe the situation. A joke that reframes the client's situation lightens depressed feelings, often placing things in more universal light, and seeing oneself as sharing Woody Allen's neuroses is somehow comforting. Many expressive arts methods also help change emotion, and although they are not always easy to use in individual therapy, they are very useful in groups. Music also is a powerful medium for changing emotion. Playing music alters people's moods, as does making music. Repeating the words of a song that carry or evoke a particular emotion like love can help change feelings, such as feelings of rejection or resentment toward a partner. Painting, working with clay, and dancing all change people's emotional states and can be used to access previously inaccessible emotions. After one has the idea that emotion needs to be changed with emotion, a variety of methods will suggest themselves.

SHIFTING OUT OF EMOTIONAL STATES

In addition to helping people access new emotions, a therapist sometimes needs to help people to shift out of certain emotions, and emotional states of mind, so they can make transitions from one state to another. If people know that they are able to shift out of emotional states and that they can have some control over these states, they might not be so afraid of feeling their emotions. Getting out of an emotion is often a stumbling block. People cannot become emotionally intelligent unless they have the ability both to focus on an emotion and the equally important ability to shift away from it. People can easily become entrapped within emotions. Anger, sadness, or joy can suffuse a person until it feels like the person and the emotion are one. It is then often difficult to shift out of the emotional state and into another one. The person is so involved with his or her emotion that it feels as if the emotion determines the only reality. It is much easier to shift from one thing to another when one is thinking or imagining, because these do not fill as much of a person as do the person's emotions. As I have discussed, maladaptive emotion has a momentum of its own.

There is no need for people to be passive victims of their emotions. Emotion coaches can help people learn to focus on their emotions and to shift away from them whenever this seems appropriate or necessary. Coaches can help people learn to shift from anger to compassion, from sadness to appreciation, from envy to acceptance, and from inner dread to contact with the calming present. With practice, people can learn to consciously govern their

automatic emotional brains. One of the better ways of coaching people in how to do this is by making sure that first they can describe what they feel at the moment when they recognize a need to shift out of an emotion. This helps them center themselves and gives them a handle that they can pick up later when they are able to deal with the feeling. They need to practice being able to put certain experiences on hold with the knowledge that they can come back to them later and process them further. The coach then needs to invite them to shift their attention to the present outer reality and to focus on what is happening outside of the self. This is also helpful for ending sessions when a person has not fully completed an emotional experience. Coaches can ask clients to complete the following exercise to help them learn this skill:

- When you are in an emotional state—feeling angry, sad, afraid, or even ashamed—experience the feeling, and name it. Feel it in your body. Identify the thoughts. Get a clear sense of what you feel before you shift. Put this into words. This will provide a handle you can pick up again later. Tell yourself, “I’ll come back to this.” Breathe.
- Now it is time to shift. Shift your focus of attention to the external world. Make contact with external reality. Name what you see. Breathe again.
- Now pick something else that you need to pay attention to in your day, and focus on this new task.

To help people shift out of an emotion, therapists can also help them develop an ability to consider other points of view. People need to be able to recognize that meanings other than their own exist. The practice of shifting away from emotions and focusing on another state becomes easier and more real when people believe that other views exist and that their view is not always the only one, correct view. Other, less conceptual means of shifting states involve use of music to change a mood or engaging in pleasurable or mobilizing activities.

TRANSFORMATION IN FOCUSING ON VAGUE FEELINGS

Changing emotion by accessing alternate emotions and needs, as described earlier, applies to experiences in which the initial emotion to be changed is vivid, present, and expressed aloud. The principle of changing emotion with emotion also applies to experiences in which the emotion is originally vague and the process is more internal. Consider the example in Chapter 5 of Jonathan, who was focusing on his vague feelings of discomfort. This led him to symbolize that he felt like a failure. He completed the first

phase of the emotion-coaching process when he arrived at a feeling of powerlessness. This acknowledgement was helpful and produced a bodily shift. It was experienced internally and was not necessarily even expressed aloud. As helpful as this step was, complete change requires more than this. Sometimes just recognizing what the problem is, such as acknowledging a feeling that one feels powerless or has overextended one's reach, feels like a solution because then the person knows what has to be dealt with and can begin to mobilize himself or herself to do so. Often, however, the person still needs to shift out of the problem feeling to achieve a full solution to the problem. How does the change to something new come into this internal focusing process?

Gendlin (1996) clearly described how the steps of focusing lead to a bodily felt shift that opens up new possibilities. How the new possibility opens up, however, remains a mystery. In studying very closely the internal process in clients, I have observed that often this process happens by a means similar to the one that occurs in changing vivid emotions: through the emergence of a new, adaptive emotion, one that transforms the person's state. In the example of Jonathan in Chapter 5, the newness came from Jonathan paying attention to his newly emerging anger, which came once he had arrived at his sense of failure. It was this new emotion that helped him generate internal alternatives. He contacted an alternate internal voice that was on the edge of his awareness that said, "I feel angry at the unfairness of the grant review process. A lot of it is politics and image management." This is another emotionally based part of himself, a part that is based on his healthy core emotions and has its own voice. This was the newly emerging resource available in Jonathan's background experience. Paying attention to his newly emerging anger at feeling unfairly treated, he organized himself to defend his point of view with a new voice that said, "I'm not going to take this anymore." Contacting new resources to help fight against his internally represented oppressor, Jonathan began to assert his rights, much as he would mobilize against a live oppressor who was trying to render him powerless.

Jonathan's currently felt, emerging feelings either could have been subdominant, background emotions that were there all the time, or they could have been newly emerging ones. When people reinterpret their experiences, they often create new experiences for themselves. They always are capable of creating new experiences. People can do this because they are emotionally reactive beings, always in the process of evaluating the emotional significance of what is occurring and what they are feeling. Thus, Jonathan came to feel more than just angry. He also felt relieved that he would not have to carry through with a demanding goal. These newly labeled emotions also helped him reorganize and focus on a new goal.

Awareness of needs, goals, and concerns points a person in the direction of change and development. Jonathan, after he identified his feeling of

disappointment and his sense of failure and powerlessness, contacted his need for recognition, acceptance, or even material gain by accessing his anger. This is what he wanted, needed, or desired, what he had to work toward satisfying. Knowing what he needed, even though this knowledge does not actually satisfy the need, is the first step. Being aware of what one needs is crucial to one's orientation to the current environment and is important in the problem-solving process required to satisfy the need. In this internal process of focusing, therapists must focus clients on the need, goal, or concern embedded in their emotions. This will help them become aware of their needs for closeness, separation, protection, recognition, or freedom. They then can take the process of change into their own hands by learning to pay attention to their feeling in a disciplined way so as to discover their main concern. Explicit focusing on the need, goal, or concern takes people a step beyond simply focusing on the sensation they feel and passively waiting for a shift to come. This more self-directed step is especially helpful in focusing when a shift does not occur spontaneously. Thus, people need to be coached repeatedly to ask of their feelings, "What is it I need or really want here?" or "What is my goal in all of this; what is of concern to me?"

Once Jonathan knows what he needs or wants, however, he cannot just simply decide to act; instead, he again needs to integrate his head and his heart and evaluate the value to him of satisfying his needs. Is it worth it to him to do what he wants? He also must know how to get his needs satisfied. This requires the ability to assess the feasibility of getting needs met in different situations. One's needs set an important end goal. The means whereby one gets one's needs met depends on a lot of factors, such as learning, culture, opportunity, and often chance.

REGULATION

In addition to transforming emotions with emotions, people also sometimes need to learn the skills of regulating emotion. When emotions such as shame, fear, powerlessness, and rage are overwhelming, helping people regulate their emotions and get some distance from them is an important task. People often try to regulate their emotions by trying not to feel whatever it is they feel. This is not that helpful in the long run. Some people prevent themselves from feeling disturbing emotions by withdrawing from or avoiding situations that evoke such emotions. Others use distraction strategies, such as humming or busyness, or they transform their feelings into psychosomatic complaints, such as stomachaches. Others avoid disturbing emotions by not remembering the painful emotions associated with major life events, even though they remember the events themselves and realize the full impact

of what occurred. People also engage in stimulus seeking or impulsive behavior to blot out their disturbing feelings. They can engage in extreme numbing behaviors, such as self-mutilation, binge eating, drug and alcohol abuse, and excessive masturbation and promiscuity, to block or to soothe painful or overwhelming feelings.

Therapists need to help people learn better emotion-regulation skills. Important means of regulating emotion include regulating breathing and mindfulness—the nonjudgmental observation and description of one’s emotional states. Basic emotion regulation skills also involve naming the emotion, describing the experience in one’s body, clarifying the event that evoked the emotion, and understanding one’s interpretation of the situation and the actions prompted by the emotion.

When people are swept away by the impetuous torrents of their souls, they need to be able to calm themselves so that they can function. Disturbing emotions, especially anger, sadness, fear, or shame, can overwhelm a person. Getting some distance from these painful emotions often helps. Coaches need to teach their clients how to put some distance between themselves and their experiences of being lost in overwhelming emotions and thoughts that swamp their consciousness. Helping clients be mindful of their experiences can facilitate this. Coaches can offer people meditative methods of focusing on their breath as it enters their nostrils and of observing the contents of the mind as engaged in a process of arising and passing away. This helps people regulate their emotions when they know the emotions are unhealthy but still cannot control them (Kabat-Zinn, 1993; Levine, 1989). A meditative approach is an alternative to avoidance; it involves paying attention to emotions in a particular way. A meditative process involves teaching clients the skills of describing their experiences to themselves in an objective manner, as if they were an outside observer talking to another person. This helps people to detach themselves from the meaning of their experiences and to pay attention to the experience’s qualities and form. People need to attend to whether the emotional experience is felt in their bodies as hot or cold, a big ball, or a small knot. The following exercise can help clients get an observer’s distance:

- Pay attention to the swelling and fading of sensation and thought in your disturbing feeling. Attend to the rising and passing away of your feelings rather than to their meaning. This interrupts the runaway process by which your thoughts and feelings interact. Thus, if you begin to notice and label the quality and location of your feeling as “a hot sensation in my chest,” to notice its intensity as “moderate” and its shape as “a round ball,” then the torrents of emotion will begin to subside.
- Notice whether the sensation is global or specific, whether it is expanding or contracting, whether it is coming or leaving.

- Do this for anywhere from 5 to 40 minutes, and the intensity of the feeling will subside.
- After you pay attention to your sensations, pay attention to your thoughts. Do not get immersed in their meaning and content. Instead, describe your own thinking process. Say to yourself, “Now I’m thinking, remembering, imagining or anticipating . . .” or “Now I’m criticizing, defending or berating . . .” Describe the mental process in which you are engaged. You are now in direct contact with the process of your own sensing and thinking and have created a new internal experience, one that provides a better distance from your feelings.

Once people are able to distance themselves from the actual emotion, they will no longer feel overwhelmed by their anger, sadness, fear, or shame. The meanings of their thoughts that keep adding fuel to their emotional fires will no longer absorb them. They have changed their focus from being a victim of the feeling to being an observer of the feeling. They will have focused on describing the emotion rather than trying to avoid it. This will help them master the emotion by using a simple reframing process, shifting from paying attention to the content to describing the process. Now they are concentrating on what and how they are being in the moment rather than being caught in the meaning of their ideas or the influences of their sensations. They have become fascinated with the ebb and flow of their experiences. They breathe more deeply, and their muscles are more relaxed. They have shifted their perspective. Now it is possible for something new to emerge, and people can be helped to focus on something they want, or can do, to help themselves in this situation. They can access alternate resources. They can become agents and begin again to be the authors of their lives because they are no longer victims of their difficult emotions.

Marsha Linehan (1993), who has worked with people with a lot of dysregulated emotion, offered a variety of behaviorally oriented emotion regulation and distress-tolerance techniques that can be taught to clients who do not yet have these skills. These techniques include changing one’s emotions by acting in an opposite manner to the current emotion; that is, Linehan suggested reversing the expressive and action components of emotional responses as a means of trying to regulate overwhelming emotions. She also suggested that people, when in a state of fear, should approach the emotion rather than avoid it. Similarly, in states of guilt and shame, people should face the feeling rather than pull away from it. In depression and sadness, the skill is to be active rather than passive, and in anger, the skill is to be sympathetic or do something nice rather than attack. Other regulation skills involve helping people build more positive experiences in their lives by focusing on positive events and behaviorally increasing positive events. Linehan distinguished

distress-tolerance skills from regulation skills by indicating that the former are designed to help one survive a situation when changes cannot be made and the latter attempt to cure one's problems. Distress-tolerance skills help a person get by. They involve distracting oneself by keeping busy doing things, focusing attention away from the self and onto others, and self-soothing by doing good things for oneself that will provide comfort. In addition, Linehan suggested that people can improve the moment by means of positive imagery, prayer, relaxation, or taking a vacation from responsibilities.

Helping people create a working distance from intense emotions is a helpful method for working with distressing emotion. Here, rather than simply coping with the emotion by regulating its intensity, the emphasis is on getting the appropriate distance from the emotion to facilitate access to it in a manner that will assist in its processing. The client should be neither too close nor too distant from the emotion, neither so overwhelmed by it that it is impossible to symbolize it in words and see it as an experience of a larger whole nor so distant from it that it is a purely conceptual experience. Coaches can ask their clients to move closer to or further away from an experience and can spend time doing just this. Thus, a coach might say, "Breathe, and try to move a bit further away from the feeling so that you can get a sense of it as just a part of you" or "Let's put that feeling here, in this chair. Can you describe it?" To get closer to the feeling, a coach might say, "Try to go into the feeling a bit more. What's it like?" or "Speak from the feeling. Can you enter the feeling, become it, and describe what you are like, something like, 'I am my sadness and I am a pain in my chest; I hurt?'"

Another method to improve coping with dysregulated emotion is to invite the client to go to a safe place. This often is installed earlier as a method of coping when the client feels overwhelmed. Have clients find a place where they feel safe and take themselves there in imagination and feel what they feel there. This helps soothe the self and helps them to change bad feelings.

FACILITATING THE TRANSFORMATION OF MALADAPTIVE EMOTIONS AND DESTRUCTIVE THOUGHTS

Using Healthy Feelings to Transform Unhealthy Ones

Change comes about by having new, corrective experiences that challenge the unhealthy feelings and beliefs with a newfound sense of worth and strength. Unhealthy emotions cannot be changed through reason alone, or by avoidance. This means that emotion coaches have to help people feel their unhealthy feelings so they can change them. Once coaches help a

client access and regulate his or her distress and identify a healthier internal voice, it is much easier for the client to combat the dominant negative voice within. A coach's job is to help clients find their alternate healthy feelings and to use these to transform their unhealthy feelings. This can occur by experientially integrating the opposing feelings. Change comes by accessing previously unacknowledged healthy feelings and needs in the context of the affective attunement and confirmation of these inner resources by an empathic other. Sharing dreaded feelings with another breaks the isolation in which these feelings are usually felt. This helps alleviate the terrible pain and despair and strengthens the self. The person then gains access to a more resilient sense of self and to internal resources. Coaches then put these in contact with the maladaptive feelings and negative beliefs. This means that coaches need to help their clients set two states in opposition. A coach can, for example, say, "What do you say to that voice that says you are useless?" or a coach can ask the person to enact a dialogue between the healthy feelings and the maladaptive ones.

For example, a client in therapy was able to express for the first time her feeling of worthlessness about the failure of her marriage. Her marriage had ended in a rather sudden and unexpected divorce. She said, "I feel so worthless," and sobbed with the full realization of the feeling. She realized that this feeling came from her mother having made her feel "you don't deserve to be loved." The coach helped this client focus on her emotional reaction to this harsh criticism. The client became angry at having been so unfairly treated and sad at the loss of support that she so had so badly needed. With the help of her coach's supportive confirmation of her newly emerging experience, she realized that her new survival-based goal was to get the support she needed. She now contacted an inner wellspring of self-worth, and a new voice arose. She said, "I am worthwhile; I do deserve to be valued," and "I have love to give, and I deserve to be loved." At this point the critical voice softened into compassion for her (cf. Greenberg, Rice, & Elliott, 1993).

If people have been severely rejected or abandoned and are able to acknowledge that they feel shattered, they can begin once again to take charge of their feelings. First, they need to soothe themselves. This is an important skill that people must be able to exercise if they are to be able to take care of themselves. Second, when people acknowledge their own pain rather than being a victim of it, they begin to change how they view themselves. This stance emphasizes their active "I" self—"I feel broken"—rather than their shattered "me" self—"It happened to me." Once they adopt this more agentic view, they are more in charge of their reactions and are more able to commit to new goals. As I have discussed, coaches can help this process along by, at the right time, focusing clients on their capacities for self-soothing and their emerging needs and goals. By asking questions such

as “What do you need?” or “What has been missing?” coaches help clients pay attention to their capacities for self-supportive actions, and their access to unmet needs sets in process the generation of a new emotional response to the situation. Anger, sadness, and self-compassion are generated by the brain’s automate appraisal that the need was not met. These new emotions undo the old emotions. The emerging goals generally are no longer ones of, for example, passively needing a rejecting person’s approval or love to prevent the person from feeling shattered; rather, once a person has grieved and accepted a loss, self-compassion is generated, and the goal becomes one of actively supporting oneself and mastering the situation to relieve one’s suffering. This often is accompanied by a life-sustaining desire to be close to, to be loved by, or to feel safe with others.

In working to change emotion with emotion in relation to trauma, coaches need to (a) acknowledge and validate the client’s initial experience of hopelessness; (b) activate the emotional memories and associated dysfunctional beliefs by arousing, for example, fear and shame in reaction to an imagined scene, in the safety of therapeutic situation; (c) activate the need that was not met; and (d) support the new emotions that emerge from automatic appraisals of unmet needs—emotions such as anger at violation and sadness at loss, or self-soothing, as alternate responses to replace or help transform the person’s maladaptive responses. This allows for the formation of new, more complex responses through a synthesis of the adaptive and maladaptive emotional responses and by transforming negative beliefs with newly accessed needs. Thus, fear responses become fused with anger responses, and action tendencies to flee are replaced or transformed by the assertive action tendencies of anger. With the aid of high attentional allocation to the new, healthier response tendencies, and with the support of the emotion coach, a person will construct a new emotional response by integrating elements of the previously evoked responses. Now, for example, a physically abused client feels anger and disgust in place of her original fear at her cruel father’s violence. From this empowered state, she combats her previous negative view of herself as worthless. In addition, she feels sadness at the loss of protection from her mother, and this transforms her shame at her humiliation and her view that nothing can help into a desire for comfort and a belief in her lovableness. This allows her to access her capacity to self-soothe and to more effectively regulate her painful states. As these new experiences are repeatedly processed over time, new emerging tendencies are translated into action, and the traumatic memory fades. Memory also can be transformed by new emotional experience being integrated into the memory as the memory is being reconsolidated. In addition, old emotion memories are often affectively deactivated, allowing other memories to emerge.

Maladaptive emotion schematic memories of past childhood losses and traumas need to be activated in the coaching session to change these by memory reconsolidation. Introducing new present experience into currently activated memories of past events has been shown to lead to memory transformation by the assimilation of new material into past memories (Nadel & Moscovitch, 1997). By being activated in the present, the old memories are restructured by both the new experience of being in the context of a safe relationship and the coactivation of more adaptive emotional responses and new adult resources and understanding to cope with the old situation. The memories are reconsolidated in a new way by incorporating these new elements. The past, in fact, can be changed—at least the memories of it can be!

Throughout this process, the coach validates and empathizes with the client's feelings, provides acceptance and comfort, and establishes the idiosyncratic meaning of the experience. These coaching actions provide a model that is internalized as self-empathy and self-soothing to help calm feelings of alarm. In working with peoples' core maladaptive emotions, I promote change by supporting the possibility of alternate healthy ones. It is here that my prizing of the growth-related core of the person, of his or her possibilities, comes in to play. Uppermost in my mind is Buber's (1958) view that it is the seeing of the possibility in others in an I–thou relationship that helps possibilities come into being. I also try to position myself at this point in such a way that I can present problems to clients of how they can access their resources. I allude to and express faith that there are other possibilities but try to engage clients in the task of how they can find them. We work together on trying to figure out how they can find their strengths and resources when they are feeling so overwhelmed by their core maladaptive feeling states. Throughout such interactions, it is my valuing of the inner cores of possibility in the clients that is important. I take it for granted that there is strength. The problem is not whether there is strength, but rather how to access it. I do not try to prove to clients, or have them prove to themselves, that there is another reality. The pertinent issue is how to access another, healthier reality rather than evaluating the truth or falsity of clients' beliefs. I take it somewhat for granted that a particular belief is not true because it is based on a maladaptive emotional state, so it is a case of "You believe this now because you are feeling this way." This therapeutic work is done while the person is feeling the maladaptive feeling, so it is more of an existential confrontation than a conceptual discussion. At these points, using imagery to contact a more powerful sense of self, and actually evoking a feeling of competence in the person's bodily experience, can be helpful. If clients can access a sense of themselves as walking tall and having a backbone, then they can begin to get a taste of alternate self-organizations that can then be developed as a resource.

We (A. Pascual-Leone & Greenberg, 2007) have developed a model of the steps involved in transforming global distress into acceptance and letting go. A model of transforming “bad feelings,” based on both clinical theory and practice, has been proposed (Greenberg, 2002; Greenberg & Paivio, 1997). This model, which involves moving from secondary emotions through primary maladaptive emotions to need to primary emotions to adaptive emotions, was subsequently validated (A. Pascual-Leone & Greenberg, 2007). The analyses of multiple cases of resolving global distress led to a more complex empirically based model (Herrmann, Greenberg, & Ausra, in press; A. Pascual-Leone & Greenberg, 2007). The first step involves attending to the aroused bad feelings (“I feel bad”), followed by exploring the cognitive–affective sequences that generate the bad feelings (“I feel hopeless, what’s the use of trying”). Eventually this leads to the activation of some core maladaptive emotion schematic self-organizations that are based most often on core painful feelings of fear of abandonment accompanied by sadness or feelings of shame of worthlessness (“I’m alone and can’t survive on my own” or “I’m worthless”). At this point in the transformation process, something new, an adaptive experience, needs to be accessed.

When clients in states of global distress begin to elaborate on and differentiate their thoughts and feelings, they tend to move in one of two directions: into a core maladaptive self-organization or into some form of secondary expression often of hopelessness or a type of rejecting anger. The maladaptive states generally are based on emotion schemes of fear and the sadness of lonely abandonment or on the shame of feeling worthless. In these core painful states, people experience themselves as feeling inadequate, empty, lonely, and unable. Transformation of these core maladaptive states occurs when these states are differentiated into adaptive needs. Experiencing that one deserves to have one’s needs met acts to refute the core negative evaluations about the self that are embedded in core maladaptive schemes. Thus, statements such as “I need and deserve or deserved to be loved, valued, or protected” undo feelings of shame-based worthlessness; statements such as “I feel worthless” are transformed into “I am worthy”; and statements such as “I feel so alone and unloved” are transformed into “I am lovable.” The path to resolution invariably leads to the expression of adaptive grieving for what wasn’t and/or to empowering anger or self-soothing. These newly emerging adaptive feelings facilitate a sense of self-acceptance and agency. Many wounded clients need to work through their core maladaptive attachment-related fear and sadness or identity-related shame (Greenberg, 2002; Greenberg & Paivio, 1997; Greenberg & Watson, 2006) to overcome their secondary distress. Clients who successfully resolved states of high emotional distress with low levels of meaning and ended in states of high meaning and low distress were found to do so by the steps outlined previously (A. Pascual-Leone & Greenberg, 2007).

The essence of this process is that core adaptive attachment and identity needs (to be connected and be validated) embedded in the maladaptive fear/shame/sadness, when mobilized and validated, act to access core needs and the generation of more adaptive emotions related to the needs not being met. Thus when one validates that one deserved to be loved or valued, the emotion system automatically appraising that one's needs were not met generates anger at having been unfairly treated or sadness at having missed the opportunity of having one's needs met, and these new adaptive feelings undo the more maladaptive feelings. The result is an implicit refutation that the person is not deserving of love, respect, and connection. The inherent opposition of the two experiences—"I am not worthy or lovable" and "I deserve to be loved or respected"—supported by adaptive anger or sadness, in response to the same evoking situation, overcomes the maladaptive state. New self-experience and the creation of new meaning thus lead to the emergence of a new, more positive evaluation of the self.

Within the context of a validating therapeutic relationship, the client then moves on to grieve, acknowledging the loss or injury suffered and recognizing that "I don't have what I need and miss what I deserved," and to assert empowering anger and/or self-soothing. Depending on whether the newly owned need involved boundary setting or comfort, clients direct their adaptive emotion expression outward to protect boundaries (i.e., in anger) or inward toward the self (as compassion or caring). This then often transforms into grieving what was lost. This grief state is characterized by either sadness over a loss or recognizing one's hurt (i.e., woundedness), or both. Now, however, the emotional tone is without the blame, self-pity, or resignation that characterized the initial states of global distress. Resolution then involves integrating the sense of loss with the sense of possibility in the new-found ability to assert and self-soothe.

The movement depicted in this process, from secondary emotions through primary maladaptive emotion through need to primary adaptive emotion represents a core change process in EFT. Throughout the process of transformation, moderate to high emotional arousal is necessary but always at a level that remains facilitative of the healing process. Therapists thus need to facilitate optimal emotional arousal, sufficient so that it is felt and can be viewed as information, but not so much that it is dysregulating or disorienting.

Emotion Sequences

Once emotions begin to be focused on in their own right as important aspects of the therapeutic process, it is important not only to assess each emotion but also to understand the significance of the sequences in which they occur. The latter is crucial. It has become clear from the study of the

process of emotional change that particular sequences of certain emotions are important in resolving specific problems. Facilitating productive sequences and changing unproductive ones then become important therapeutic goals. Certain two-step sequences and three-step sequences occur often. These are described next.

Two-Step Emotion Sequences

Implicit in the steps of emotion coaching are a number of important two-step sequences that occur when one is working to access primary emotion. The first sequence is that anger is often a reactive feeling to, or sometimes a defense against, an original or more primary feeling of sadness, hurt, or vulnerability. Another major two-step sequence is the inverse of the above sequence. This is where sadness obscures the original anger. When clients have learned that it is unsafe to experience and share their original sadness-hurt-vulnerability and cover it with anger, emotion coaches need first to acknowledge the client's secondary anger and then promote the client's experience of the sadness beneath the anger. After acknowledging the anger, the coach must first help locate its source and target and help the client find an appropriate way to express it. If, however, the process stops at this point, clients often remain stuck in their angry blaming, and no lasting change results. This occurs because the original hurt has not been acknowledged and processed or responded to.

One way to reach the original hurt is to invite clients to examine what they are feeling immediately after they have expressed their anger. After the secondary feeling is expressed, a window to the original primary feeling of hurt or sadness often opens. Another way to approach the primary feeling is to empathically inquire about the original experience that led to the client's anger; for example, "Something must have hurt very deeply to leave you feeling so angry. How did you feel when that happened?"

Three-Step Emotion Sequences

A more complex process involves three-step sequences. A major three-step sequence, for example, involves first acknowledging secondary despair, hopelessness, or rage as the first step and then, as a second step, accessing the primary maladaptive feelings of shame or fear that lie beneath the first state. The third step in the sequence then involves accessing more adaptive emotions, usually a healthy anger, sadness, and compassion that was not previously accessible. States such as a shame-filled sense of worthlessness, an anxious sense of basic insecurity, or a paralyzing state of traumatic fear often are found beneath despair, hopelessness, or rage that lie closer to the surface. These are avoided states that need to be approached and faced. This two-step sequence,

however, is not yet fully therapeutic. The third step is needed so the person can move beyond the maladaptive states to access another set of healthy emotions and motivations. Thus, the person often can access anger at violation and sadness at loss and their associated adaptive needs as healthy resources. These adaptive emotions and needs are used to help overcome or replace the maladaptive feelings of fear and shame. These three-step sequences embody the basic change process involved in changing emotion with emotion. As we have said, the third step is often facilitated by accessing a previously unmet need but may arise through other processes.

A frequent, unproductive three-step sequence, however, often occurs when there is a conflict around feeling a newly accessed primary adaptive emotion. Thus, clients may present with a sad feeling of hopelessness and, through exploration, may access anger at violation, but then they may feel guilt or anxiety about their anger. In such a case, the third emotion interrupts and prevents the second emotion, which is the healthy adaptive response.

As described earlier in the discussion of two-step sequences, when working with secondary anger, the coach's task is to help the client experience the sadness-hurt-vulnerability that is underneath the repetitive anger. Sometimes, however, as soon as the original hurt is activated, clients interrupt this feeling and return to the safer expression of anger. Then the coach needs to explore the client's interruption of the primary painful affect. Although clients interrupt their primary feelings for different reasons, it is often because the original affect of pain or sadness arouses a third, aversive feeling of shame, anxiety, or guilt.

For example, if the coach inquires about the client's interruption of the original hurt or pain, clients will often say, for example, "If I let in the pain, it's like admitting he hurt me" or "I'm weak." As soon as clients who express these types of concerns experience the hurt that underlies their anger, they usually have painful feelings of shame or humiliation. Thus, if the therapist draws out the original sadness that underlies the anger, a third feeling of shame or humiliation that is associated with being hurt is aroused as well. Clients then interrupt both the original sadness and the shame associated with it by automatically returning to the anger, which helps them feel stronger. Therapists thus often see repetitive cycles of anger-sadness-shame-anger.

Other clients might experience anxiety in response to feeling the original hurt. For example, some clients will say that if they let themselves feel sad or hurt, then "no one will be there, and I will be empty or alone" or "my need will drive others away." These clients feel painful anxieties on experiencing their hurt or pain, and they avoid this anxiety by automatically returning to their anger. Each step of the three-step sequence needs to be recognized for what it is and worked with until the adaptive emotion is allowed and accepted.

FORMING A NEW NARRATIVE

Toward the end of the emotion-coaching process, coaches also need to facilitate the development of a new narrative that incorporates the new emotion as well as the changed beliefs (Step 9 of emotion coaching). This new narrative helps the client engage in new action in the world. The meaning of an emotion is fully understood by a client when it is organized within a sequential narrative framework that identifies what is felt, about whom, and in relation to what need or issue. Personal stories are foundational to new identity reconstruction and meaning making, and so it is important to consolidate emotional changes in a new narrative.

New emotion memories, however they are accessed, help change narratives. No important story is significant without emotion, and no emotions take place outside of the context of a story that give the emotion its significance. The stories people tell to make sense of their experiences and to construct their identities are, to a significant degree, dependent on the variety of emotion memories that are available to them. By changing their memories, or the accessibility of different memories, people change the stories of their lives and their identities. Thus, the previously discussed client's access to positive memories of her mother now supported a view in which she saw her mother as loving and caring rather than as recklessly abandoning, as she had previously seen her.

To help a client create a new narrative that integrates the new, healthy feelings and beliefs, coaches ask meaning-making questions. Clients are asked to reflect on the personal significance of new emotional understandings and disclosures. Exercises for working with emotions can be found in the appendix. Questions such as "What does that say about you?" help clients to reflect on, symbolize, and acknowledge important values and purposes that define who they are and what they stand for in life.

CONCLUSION

I have now discussed the various steps of emotion coaching in depth, along with general guiding principles such as the therapeutic relationship and task-guided interventions. In the next three chapters, I apply the emotion-coaching process to the four negative emotions most relevant to therapy (anger, sadness, fear, and shame) and to emotional injury.

III

WORKING WITH SPECIFIC EMOTIONS

10

LESSONS ABOUT ANGER AND SADNESS FROM EMOTION COACHING

Experiencing sadness and anger can make you feel more creative, and by being creative, you can get beyond your pain or negativity.

—Yoko Ono

The deeper sorrow carves into your being, the more joy you can contain.

—Kahlil Gibran

In this chapter, I offer some examples of actual treatments using emotion coaching. In studies of videotapes of more than 100 therapy sessions from individual and couples treatments, I have found that of all the emotions people work on in therapy, anger, sadness, fear, and shame are by far the most frequent sources of problems. Of course, other, more complex feelings such as jealousy, envy, guilt, inferiority, and boredom arise, but not as frequently. These other feelings often involve a blend of the previous four feelings, as does emotional pain, which appears to be very important in resolving many problems in living. Emotion coaching also attempts to remedy the lack of the more pleasant emotions of joy, excitement, interest, and love and to enhance feelings of self-compassion. In this chapter, I focus on working with anger and sadness in therapy because these are the most prevalent primary adaptive emotions that arise in emotion coaching.

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ANGER

All anger is not the same. Some anger masks another feeling, and some anger is directed at someone or something else even though it is felt at the present time. Some anger is downright manipulative or destructive. Even if a person senses that his or her current angry reaction at someone for being late (for example) is a core, healthy anger at feeling wronged, and the person decides that expressing it is wise, he or she still needs to figure out, keeping Aristotle's edict in mind, the purpose of the anger as well as when, how, with what intensity, and possibly even toward whom to express the anger. Getting one of these wrong can cause a lot of problems. It may also often be a wise option to decide not to express even core anger, especially immediately. However, a chronic inability to deal constructively with anger can become a major problem leading to feelings of ineffectiveness, hopelessness, and meaninglessness. These inability include not recognizing that one is angry; recognizing but not being able to ever express anger (this occurs for a variety of fears); expressing anger but doing so inappropriately, with too much intensity, starting off fine but getting carried away into destructive blaming or attacking; or being chronically angry and overreactive.

Anger is something people feel for a reason. People need to listen to their anger and respect it rather than trying to avoid what it is telling them. Their anger is a message that their boundaries are being invaded, they are being hurt, their rights are being violated, their wants or needs are not being adequately met, or their progress toward a goal is being frustrated. Anger may signal that the person is doing or giving more than he or she wants to. Anger helps people say, "Enough! I won't take it anymore!" Anger helps set boundaries and limits and motivates people to say, "No."

There is of course another side to this coin. As much as feeling anger is a signal of a problem, venting anger will not provide a solution. Expressing anger, especially intense anger, can be destructive and can hurt others and produce misunderstanding. Expressing anger often leads to escalating cycles of attack and counterattack, or to defense, and prevents listening and collaboration. Awareness of anger and expression of anger are thus two totally different tasks and require different skills. Awareness involves paying attention to how one's body feels and the ability to describe in words what one is feeling rather than acting it out. The goal of this is to be informed. On the other hand, expressing anger generally has a goal of informing others and influencing them in some way, and this requires great interpersonal skills to do so effectively. Even if a person is skilled in communicating anger, one can never predict the other person's reaction. The skill thus also involves knowing what to do after one has expressed anger or experiences a sense of being wronged. Emotional intelligence involves being able to handle other

people's reactions to one's expression of emotion. People should not express anger unless they are able to deal with what comes after the expression. It is usually a complex interaction. Rather than reacting impulsively, or controlling and suppressing anger, people generally do best when they steer a middle course. This involves integrating the wisdom of bodily feelings with social and cultural know-how on dealing with emotion. This is often as complex, or even more so, as solving any math problem. It just requires a different kind of intelligence: emotional intelligence.

Another major anger problem that often arises in psychotherapy is unresolved anger from the past. This is often unfinished business with a significant other in a person's life. This type of anger causes a large amount of psychological distress. All people probably remember incidents that still make them angry. There also is a sharp difference between events that merely annoy or irritate and those that produce tremendous anger. Serious experiences of anger affect people quite differently than the ones that simply come and go. As time passes, annoying incidents lose their capacity to arouse people's anger. Certain other experiences, however, do not fade. They often boil and burn inside. These are the ones that arise in therapy.

The episode or series of events that produced the anger may have occurred years—even decades—ago, but even though the experience is long past, anger remains. Anger that lingers is often directed at spouses who betrayed or abandoned one, divorced parents, a father who abandoned his family, or a neglectful mother. This anger persists into the present and prevents loving relationships from developing. Even though many of the situational details are forgotten, the emotions remain, and people feel them again and again as if the event were occurring right now. What makes this happen is that the major violation was so arousing and overwhelming that people were unable to cope with the intensity of the hurt and anger at the time. They were unable to make sense of it and assimilate it into their understanding of the world. Instead, it was stored in emotional memory as an intense feeling. Long after people have forgotten the details in their semantic memory system, the emotional memory can be evoked, and they can feel the anger in the same intense and unprocessed fashion that it was originally stored. They may have been too young, too scared, or just too overwhelmed to process and make sense of it at the time. Since then they may have covered up their anger or tried to distract themselves from feeling so powerless and frustrated, instead of resolving their angry feelings.

Unfortunately, this way of coping produces the equivalent of a deep wound that was not cleaned or exposed to the air to allow the natural healing process of scab formation and regeneration of tissue. Had the person allowed himself or herself to heal, the incident might have left only a slight scar. Failing to deal with an emotional wound leaves people with the equivalent

of an infected emotional sore from which the pus of intense hurt and resentment occasionally oozes. For example, a woman might feel helplessly angry 12 years after her husband walked out on their marriage. “He just walked out, without a word,” she says, as her anger smolders but still remains tightly controlled.

I now present some examples of people in psychotherapy resolving problems with anger.

UNRESOLVED ANGER IN THERAPY

A client in her late 40s had been divorced almost 20 years and had grown children. She sought therapy because she found herself pushing away potential relationships, although she wanted companionship and the intimacy of a relationship “before I get much older.” She was fearful of allowing anyone to get close enough to hurt her and shatter her life, as had happened many years earlier when her husband walked out on her and their small children. She described herself as being in a state of shock at the time and struggling to keep her head above water. She had coped by controlling her emotions. She had not allowed herself to feel the anger and pain of the abandonment because she feared falling apart. Being “strong” in this way was reinforced by well-meaning friends who cautioned, “Don’t shed one tear over that bastard; he’s not worth it.” The woman had postponed dealing with her feelings for 20 years.

Although she had done well in her life since then, she had never completely dealt emotionally with the loss of her marriage. She had not grieved this loss; neither had she fully allowed herself to express her intense anger at her ex-husband for the pain and hardship he had caused. She felt anger not only because he had left her but also because of his self-centeredness and lack of caring throughout the marriage. Therapy provided a safe place for her to express these things and deal with her fears of getting involved again in an intimate relationship.

The first important step in therapy was for this client to acknowledge her long-suppressed experience of anger at her ex-husband. This was not the intellectual process of saying “I’m angry at him.” This she knew and had probably said many times before. She needed to feel the anger in a full-bodied way, experiencing the burning anger in her stomach rising up in volcanic surges. Once she gave herself permission to feel, a floodgate of suppressed and overcontrolled feelings opened. The coach helped her become aware of and welcome her emotions.

During the seventh session, she began to talk about how her husband walked out on her. She exclaimed in an astonished and angry tone, “And he

just walked away. I hate him for that! I hate him for that!" I asked the client to imagine that her husband was in the room and to speak directly to him. Describing her feelings in words, she proceeded to say, "I hate what you did; I really hate you! I hate you; I really hate you." When asked how she felt, she replied, "I feel better. I feel better that I hate him." Feeling already empowered by her anger, she reflected on her marital experience, saying that she and the children "didn't deserve what he gave us . . . if I had been a bad mother and a bad wife I could understand, but I wasn't; I loved him." Imagining him in an empty chair that I had placed in front of her, she said, "I loved you, and you didn't deserve it—you didn't deserve for me to love you, and my love turned to hate, and I hate you now, I hate you! I hate you for all those years I've wasted, trying to make something that wasn't there." After absorbing what she had expressed, she began to elaborate her feelings. I responded to the sense of wasted years I was picking up from her, and validated by this, she said, "Yes, it was a big loss, and the loss is what hurts me, the loss and the wasted years, and for somebody that wasn't worth it. He wasn't even worth it; how could anyone waste that much time on somebody who's not worth it?"

She then spontaneously began to feel her pain. She began to weep deeply for the devastation and intense vulnerability she felt at the time he walked out on her. I acknowledged and validated her pain and how vulnerable she felt and said that I knew that her pain "must feel almost unbearable." She felt validated in her experience of having been so terribly wronged. Now, feeling entitled to her adaptive pain and anger, she allowed herself for the first time since that awful night when he walked out to fully feel and express her feelings of being wronged. She sobbed and said, "How can anybody hurt someone else so much? How can they, and then walk away without even feeling any emotion out of it? My conscience would tell me if I'm hurting somebody . . . it is unforgivable . . . and he is just nothing in my eyes, just nothing."

Looking at the empty chair and clenching her fists, she yelled, "I hate you. How can anybody hate anybody so much; I didn't think I had that much hate in me." I encouraged her to hit a pillow, pretending it was her ex-husband, and to allow herself to feel the full fury of her rage and express it in the safe confines of the therapy room.

The woman expressed her anger and rage and experienced the full satisfaction that her anger desired. She imagined exposing him to all their friends and family for the selfish bastard he truly was. She expressed her contempt, humiliating him for all that he had done and not done for his children. She felt proud that she had the courage now, finally, to face her rage and direct it at him in this way.

After this experience the client said, "I felt the pain; the anger again, as if it were all happening again, only more intensely." She said that it was her vulnerability that she had feared experiencing again. It was this that had

prevented her from opening up in new relationships and that she needed to feel some ability to regulate. She feared that she again might allow herself to become so dependent on someone else that she could again be so devastated. After she explored all these feelings, she articulated some of the unhealthy beliefs that were preventing her from achieving intimacy. She talked about her secondary anger at herself for having put up with so much from her ex-husband. Shame also emerged in her expression of grief. She said there must have been something wrong with her: “How could anyone put up with that and keep coming back for more?”

Having her intense anger, distress, and vulnerability validated; letting all those tears come; and acknowledging all those years of hurting led this client finally to reflect on how she must have been pretty desperate as a young woman and how much she wished now that she could have stood up for herself. She said, “I guess it bothers me how I allowed it to happen—How *did* I allow it to happen? There must have been something wrong with me.” Having articulated this unhealthy belief, she explored and confirmed her current strengths. She recognized that now she was no longer a young mother with little children, no longer so dependent and vulnerable. Empowered by the legitimacy of her anger, she was able to draw on her current resources to challenge and change the belief that she was helpless and the fear that she might repeat this desperation or lack of assertion in another relationship. At the end of treatment she felt stronger and had created a new view of herself; she believed now that she could maintain her autonomy in a new relationship. Her decision to get involved with someone would be determined more by her willingness to make compromises than by her fear.

What can be learned from this therapeutic experience? First, over-controlled anger can turn into highly problematic emotional memories. This client had difficulty in feeling the anger and hurt at the time of the event because she felt she would not be able to bear the pain, which led her to close off and cover up a part of herself. This coping style, supported by friends and family and social injunctions against showing weakness, had major negative repercussions in her life. At the time, her minister encouraged her to grieve, but she could not. In the long run, this strategy of closing up did not prove best. Control sometimes seems to work, but only when the hurt and anger are more minor. Each time people control or cut off a significant experience of anger, they not only cut themselves off from important information from within, but they also cut themselves off from others. Each unexpressed feeling of anger that remains unresolved burns within a person as resentment and becomes a barrier to intimacy. These bricks of resentment, imperceptible at first, soon combine to form a nearly impenetrable wall of anger and distance. I often see couples between whom the wall of 20 years of unresolved resentment is difficult to dismantle—possible, but extremely difficult. If only

such couples had started much earlier to deal with their feelings of being offended, accommodated less for the sake of peace, and asserted their boundaries and needs, these walls would not be quite so difficult to break down. Anger expression at violation is sometimes necessary to protect one's health and relationships, both present relationships and the possibility of future ones. This example does not mean that anger should always be expressed or that this form of therapeutic expression is called for in everyday life. It does, however, point to the damage of unexpressed, overcontrolled anger. This is the kind of suppressed anger that can cause physical health problems, ranging from headaches to digestive problems, as well as causing emotional problems. Paradoxically, people often feel that getting angry in situations of hurt, betrayal, or abandonment is a sign of weakness. It is like admitting they were hurt and that whatever occurred really did violate them. To be able to get angry, people have to both feel strong enough to be weak and feel sufficient support from another person to feel angry.

The form of expression of anger in which this client engaged was not done for the purposes of getting rid of her anger, as many people mistakenly think is the aim of this type of expression. Her anger was not just sitting in some storage tank, waiting to be drained off. It would not have helped her much, once her anger was fully experienced and expressed, to go back and repeatedly express her anger to further drain it off. Many academics, correctly critical of a cathartic view of this type, do not think it is a good idea to express anger. However, they fail to see that the true therapeutic purpose of this form of expression is to validate the feeling and produce change in the meanings things have (Greenberg & Safran, 1986).

Allowing herself to experience this degree of anger was a way for this client to acknowledge the extent of the violation and to put in motion a lot of important other change processes that would have been difficult to promote without her first feeling entitled to and expressing her anger. This type of anger awareness and expression, rather than draining off anger, informs and mobilizes. It also helps uncover unhealthy beliefs that accompany the emotion and exposes them as untrue. Often these are the same beliefs that have kept the anger under wraps. Such beliefs could include: "My anger will destroy others or my relationships with them," "I will not survive my own anger," or "I have no right to feel this anger." Expressing anger in a healthy way in therapy results in empowerment and is a path to the changing of destructive beliefs. It certainly takes time to feel empowered, and so revisiting the anger may be important, but not for the purpose of draining it off. Creating the new meanings that help resolve past angers takes continued work, but repeated expressions of rage will not help this. Rather, it is the initial acknowledgment and expression of the anger—in the intensity with which it was initially felt—that is highly strengthening. It helps give a person

permission to feel what was previously not allowed and begins the process of assimilating the experience, being able to access new emotions like the sadness of grief, and making sense of the experience in a new way. This leads to new responses and to understanding and changes in meaning.

It is important to see from this example that both core anger and sadness were present for this client. These two emotions are frequently associated with disappointments and injuries to self-esteem in adult attachment relationships and with unresolved disappointments with parents. One of the goals of therapy is to differentiate the anger and sadness in these situations and have the client fully experience, express, and work through each one. Often people are able to express sadness once their anger has been validated and expressed aloud. Tracking moment-by-moment experience is critical in working with anger and sadness because clients working on these issues in therapy frequently shift quickly between these two emotions. It is important to recognize that both anger and sadness can be core emotions and that they need to be validated and deepened so clients can access healthy components of each. Thus, people need to be coached to allow themselves to feel fully their anger and sadness. They should not be too afraid of them. They need to listen to both of them and discern what each emotion is telling them. A helpful guideline to follow is that the experience that is most alive at any moment is the one on which a person should focus. However, people generally need to work harder on, and need more help with, accessing the emotion that is more difficult for them to acknowledge and express. Some people are more comfortable with sadness than with anger. I certainly am. Others are more comfortable with anger than with sadness. People need to value them both and learn what these emotions do for them and what happens to them if they try to cover the emotions. Accessing one's most deeply inhibited core emotional experience usually enhances growth and makes accessible experiences that are associated with new and healthy information.

SADNESS

As with minor anger, minor sadness and disappointment flow through people and are soon forgotten. However, people are usually haunted by the intense sadness at a major loss that was blocked and not expressed. In the therapeutic episodes that follow, unacknowledged or suppressed core sadness and distress were the clients' most salient experiences. In these episodes the sadness was often accompanied by anger. Readers will see that it was an incredible relief for the clients to say what had been missed and to acknowledge what had been lost. This helped them accept the losses and move on to otherwise satisfy their unmet needs. Allowing themselves to experience their

sadness also helped these clients articulate unhealthy beliefs, making these available for exploration and change in therapy.

Core sadness due to deprivation is frequently covered by anger. The importance of distinguishing between sadness and anger was vividly illustrated in therapy with a 7-year-old boy. This child had been abandoned by his mother and shuffled from foster home to foster home. He had been abandoned, rejected, betrayed, and deprived of love all his life and had told his therapist that “no one loves me.” He had temper tantrums every time his foster parents said no to him in his current foster home. Part of his therapy involved emotion-awareness training. In one of the activities, he was asked what a person is feeling when he or she says, “I hate you” (something he said to his foster parents in his tantrums). This child responded that the person is feeling “sad.” There is no doubt that this child is legitimately angry about being abandoned, but his core experience is one of sadness. If he grows up to be a man who has not been able to acknowledge his core hurt and sadness and has no skills for accurately describing and communicating his emotional experience, his needs for love and connection will never be met. His anger will push others away rather than pull them in for the nurturance he desires.

UNEXPRESSED SADNESS IN THERAPY

A 37-year-old divorced woman came to therapy experiencing chronic feelings of insecurity and loneliness. Beginning in approximately the 10th session, she began to talk about her childhood experience of abandonment. She focused on her anger at her father for having abandoned her when she was a child. Her mother had died when she was 7, and her father had placed her and her younger brother in a foster home because he could not cope with them. She remained in the foster home for several years until the father remarried and reclaimed them. When he and his new wife had children of their own, the client continued to feel neglected and unimportant, like the “stepchild.” As an adult she had come to have a decent relationship with her father and believed that he loved her, but, despite “understanding” his limitations as a parent, she harbored deep resentments toward him. She felt like he had cheated her and should never have abandoned her no matter how rough things were. She believed he had never been there for her even after the foster care and that he should have been a better father.

At the time of therapy he was a sick and frail old man, and she feared his death and being abandoned by him for the second time. These painful feelings evoked episodic memories of herself as a little child holding onto her little brother’s hand as though it were a lifeline. She remembered sitting with her brother on the steps of their house, waiting to be taken to a foster home,

feeling utterly alone and forgotten. She wanted to resolve these feelings of abandonment with her father and did not want this “unfinished business” haunting her after he died. At the same time, she believed he was too old and feeble to be confronted directly.

I began the next session by acknowledging and validating the client’s feelings of abandonment and her anger at her father by saying, “How lonely and frightening that must have been—like being thrown to the lions” and acknowledging that she must have felt “so angry at him, like ‘how could he have done that to us!’” Together, the client and I collaborated to focus on her painful memories of abandonment in this session. Her emotion-filled memories of being abandoned by her father were evoked in the session in the context of the ongoing empathic relationship.

I then helped the client pay attention to and explore her bad feelings, her feelings of pain and fear at being suddenly left all alone in the world with no one to care for her. She explored many aspects of her terrible experience of abandonment and her feeling of great responsibility that it was up to her to take care of her brother and herself. As she talked about the abandonment, she began to access her grief and express her core anger at her father for not being there for her. It was an anger she had felt at the time, and often thereafter, but had been unable to express. It was important at this point to help her to not cancel out her anger again, as she had done in the past. She had done this in various ways: by being too understanding of her father’s position, by frequently dismissing her own needs and pain, and by paying attention to his needs. I helped her become aware of the ways in which she interrupted her anger, and I encouraged her to acknowledge her emerging anger rather than interrupt its expression. This involved, among other things, helping her become aware of, and reinspect, her belief that her anger would result in the loss of her father’s love and would damage him. I encouraged her to direct her anger at the strong adult man he used to be, not at the sick and feeble man he currently was. The client then experienced and expressed her anger at him for his choices and for the pain it caused her. She imagined she was the 7-year-old child who had lost her mother. She said that she needed comfort and protection from him and that he had not been there for her. In addition, she said how angry she was that he also had been blind to her pain as an adult in subsequent years.

Once the client was able to fully express her anger and receive empathic validation of her experience, she grieved more fully the loss of her mother and of her father’s support. A transformation occurs when one is able to grieve one’s losses. Grieving often involves expressing angry protest at a loss before one can access tears of sadness.

The client was able to change her unhealthy emotions of feeling worthless by acknowledging her simultaneous feelings of sadness and super

responsibility and feeling unentitled to her anger. The change occurred by her acknowledgment of her core healthy emotions and by accepting that her needs for support and comfort were legitimate. She realized that she could, and should, expect support from others in her life. She came to feel more entitled to her sadness and her anger and to having her needs met.

In this process of reworking her feelings, she also changed her views about her father's neglect. She came to believe that her father was not as abandoning as she had believed but rather that he was somewhat unable to take care of her and would have responded to her if he had been aware and known how. She also felt that if he knew how she felt, he currently would want to help her and make amends. She was able to let go of her anger toward him, grieve fully for her losses, and forgive him. She created a new account of her past. She felt a lot stronger, because in this new account she affirmed herself as being worthy of his love. She was subsequently able to feel the uncomplicated pain and sadness of loss when he died a few months later.

In this session, I was guided by what was emotionally alive and poignant for the client. Focusing on what was alive evoked her childhood memories of abandonment, which I helped her begin to change in the supportive atmosphere of therapy and by helping her access her anger and sadness, her need for support, and a sense of entitlement to these emotions. This provided her with a new experience of herself and helped her reform her view of herself and transform some of her life story.

From this therapy example, one learns first about the many ways people have of interrupting their anger. People need to be helped to identify their own ways of interrupting their anger and sadness and to bring these interruption processes into awareness and under control. They need to learn whether they deflect their experience of anger, whether they pay attention to others' needs rather than their own, and whether they believe that their anger is dangerous. It is important to be able to regulate anger and sadness—not only so that one does not express them at certain inappropriate times but also so that one can express them at other times. Otherwise people become prisoners of their own automatic ways of interrupting their feelings.

Another important point in this therapy example is that the experience of feelings does not stop with expression. It is very important to get to the needs and concerns associated with the feelings. Thus, this client's experience and expression of anger helped her acknowledge her need for support, to claim this as her right, and to have this right affirmed by her therapist. As I have pointed out, emotion coaches must help people get to the need, goal, or concern that their emotion is telling them is relevant to their well-being in the situation. Once people acknowledge the importance of their concerns, they reorganize themselves in light of them.

WORKING WITH THE TWO PRIMARY EMOTIONS OF ANGER AND SADNESS

Anger is often best symbolized with “tell him what you resent”—the word *resent* carries a flavor of the past in a way that anger does not. When working with unexpressed anger, start with anger outward (e.g., “you’re a jerk”) but shift to assertive anger (e.g., “I’m angry at you for violating me”; “I resent you for that”). Moving to the need helps clients move from destructive anger to empowered anger. It is important to note that anger is the “separating” and “boundary setting” emotion, and its goal is to empower and feel legitimate. Sadness, on the other hand, is the “connecting” emotion. Its goal is to receive comfort or withdraw to recuperate. With sadness it is best to say “tell him what you missed/how you were hurt.” You are looking for primary emotion to mobilize the need. Validate the hurt, even when the anger is there. To get through the anger it first must be accepted. You can’t leave a place till you arrive at it. Recognize that resignation often is the inability to be angry. Shame and fear may also arise. Anger is a major antidote for both of these emotions. In sadness, attention often is directed inward, whereas in anger, expression is often directed outward. Expression to other often is best promoted through graded experiments (building up to the expression of intense feelings using gradual steps). You can also pump up the expression by saying say it again, louder; sometimes you can override a block to expression by intensification (i.e., “tell her I’m furious” . . . “tell her again”). Asking what do you need also can be used to heighten the feeling.

It is important to note, however, that expressing feelings especially very dramatically sometimes can interfere with the experience of the feeling. So after a client expresses sadness, focus the client inward (e.g., “How does that feel to weep?”). After the client expresses anger, ask, “What do you feel?” Encouraging intense expression often serves an interpersonal validation function rather than catharsis. You don’t get rid of the anger or pain. You legitimize it and its intensity.

Meaning making is important at the end of an intervention. Get the client’s perspective on the meaning he or she is making of the experience they had in the empty-chair dialogue. This really helps to consolidate session gains. However, it is important not to start with meaning making too early; instead, do this after client has experienced emotional arousal. This emphasis on making meaning from aroused emotional experience is what distinguishes emotion-focused therapy (EFT) from more purely interpretive and cognitive approaches.

It may also be important to talk about the therapeutic relationship (e.g., “How are you feeling with me (the therapist)? I’m not sure if when I said that it felt diminishing?”). A balance of following and leading also is important.

It is best to follow the client's experience and to lead only when necessary. However, you should see yourself as a coach who offers guidance, not only as purely following. You can be half or one step ahead of your client, but never too far ahead. Stay in the client's proximal zone of development. Always see if a client can use what is offered, and use your client's response as feedback to recalibrate your next response. Be coexplorative—it is important not to be interpretive or project one's own feelings onto the client. It is important to be accepting and nonjudgmental.

CONCLUSION

The therapy examples described in this chapter demonstrate the following lessons:

- Unexpressed emotion and its overcontrol can cause problems.
- Feelings of blame, complaint, and hurt need to be differentiated into core anger and sadness.
- Appropriate expression of emotions about past violations promotes changes in their meaning.
- Emotional expression in therapy can lead to changes in one's view of others, letting go, or forgiveness.
- People need to become aware of the many ways they interrupt their expression and experience of feelings.
- Expressing emotion helps one access one's unhealthy beliefs about oneself and the world and about the dangers of emotional expression.
- Awareness of the needs, goals, and concerns that are embedded in the emotions are important in helping reorganization.
- Anger legitimizes that one feels wronged.
- Sadness and grieving help one let go and move on.

The next chapter examines two other key emotions in coaching: fear and shame.

11

TRANSFORMING FEAR AND SHAME IN EMOTION COACHING

Shame is the most powerful, master emotion. It's the fear that we're not good enough.

—Brene Brown

One of the things which danger does to you after a time is, well, to kill emotion. I don't think I shall ever feel anything again except fear.

—Graham Greene

The following clinical example illustrates a variety of the aspects of emotion coaching discussed so far: promoting emotion awareness, regulating emotion, and changing emotion with emotion. It also illustrates how the therapist empathizes, validates, and promotes exploration and the restructuring of emotional experience. This case example demonstrates how to work with fear and shame and how to change these with anger and sadness. In this treatment, the client's maladaptive fear and her shame related to her childhood maltreatment were accessed in therapy and restructured by accessing her anger at violation and acknowledging her sadness at loss and her pain at having been trapped in an abusive family.

The client was a woman in her early 50s who sought therapy because of chronic loneliness and feelings of alienation. She had been married and divorced several times. She presented herself as highly attractive and well dressed, with a dramatic interpersonal style. She seemed independent and

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aloof. She reported an inability to connect with others and had difficulty in forming relationships, apart from those with her four children from different marriages. At intake, she described her primary experience as one of excruciating loneliness and described herself as sometimes “climbing the walls” because she felt so cut off. As a child, she had felt like she was separated from the world and often like she was “living in a glass bubble,” feeling untouched by life, with only brief moments of feeling that she was “participating.” She had been physically and emotionally abused as a child. Her experience had been constantly invalidated. She had been continually told that she was “crazy” and “stupid” and that she was “exaggerating” when she was upset. All of this childhood maltreatment resulted in predominant feelings of fear, anxiety, and shame while growing up. She feared her parents, who had completely dominated her life, and she was often confused about her own perceptions and emotional experience. She had learned to be afraid of close interpersonal contact and feared her own experience of weakness and neediness. She learned to cope by withdrawing into self-sufficiency and by avoiding painful memories, emotions, and vulnerability. This left her alienated and alone as well as disoriented and out of touch with her feelings and needs. She stated that fear and anxiety—particularly an ongoing fear of her parents—had dominated her life. A major goal of therapy for her was to be free of the influence of these maladaptive emotions. Additional stated goals of therapy were a desire to connect with others and to learn to know and trust what she was experiencing.

DEALING WITH THE CLIENT’S FEAR OF HER PARENTS

This therapy focused on overcoming the client’s core maladaptive fear by accessing her sadness at loss and anger at violation and mobilizing her current abilities to protect herself. I spent the first three sessions establishing an empathic bond and then focused on her primary fear of her abusive parents. This fear had been originally adaptive in that it had helped somewhat in keeping her out of harm’s way. It was now maladaptive in that it continued to dominate her current relationship with her parents and with others. I aimed my interventions at accessing this fear structure by talking about her childhood and experiencing and reprocessing her fear to help strengthen her sense of self. Approximately midway in this 20-session treatment, I also addressed her fear of her dependence, weakness, and vulnerability. She had learned, through parental invalidation and ridicule, to distrust her internal experience and in particular to avoid painful experiences associated with unmet attachment needs. In therapy, these painful experiences needed to be acknowledged and accepted as part of her core self-structure.

Thus, a major focus of therapy was the client's ongoing fear of her parents, particularly of her father. She described a recent incident in which she had returned to her country of origin and visited her parents and found that she was still frightened as an adult. Her father now used a walking stick, and she had felt terrified that he would hit her with the stick. I validated how deeply ingrained her fear was and that it was an automatic response, and I acknowledged her struggle to be free of it. We collaboratively agreed to focus on overcoming her fear and on self-empowerment as goals of therapy.

The evocation of the emotional memories that were critical in the development of this client's anxious-avoidant self-organization was important in intervention. One of her earliest memories was of her father forcing her to watch him drown a litter of puppies. This was to "teach her a lesson about life," and the client believed that he enjoyed it. The client accessed a core self-organization, which included her "suppressed scream of horror" from this experience, while reliving this scene in therapy. Having clearly identified that her primary fear was maladaptive to her current life, I helped the client leave it by identifying the negative voice associated with her fear, accessing the heartfelt need in the core painful emotion, and accessing alternate healthy emotional responses. I guided her attention toward the expression of disgust in her mouth while she was feeling afraid. Doing so mobilized this subdominant adaptive emotion to be a resource to help her begin to build a stronger sense of self. I helped her evoke and explore other memories of her father's violence and threatening sexuality. Imaging herself back in her family home brought the traumatic scenes alive for her, thus accessing her core emotion schemes and some of her coping responses, like that of "slinking away like a dog." The client reexperienced how she had learned to keep quiet and disappear. She articulated her sense that there was no escape or sense of protection and how fear had overwhelmed and overpowered all her other experiences. She talked about beatings; of being left alone with no support, with no one to turn to, with no protection or safety; and of being "unable to speak" about her plight. The client recalled that as a child, she would frequently dream about being left alone, abandoned, and utterly unable to protect herself. My empathic responses, such as, "So life was just full of fear, just trying not to be seen so you wouldn't provoke an attack" or "You never knew when it would come, you were just so afraid and alone in your fear," highlighted primary fear as a core part of her construction of herself and the world.

Like many abused clients, this woman expressed a desire to distance herself from her parents, to sever ties to gain control of her life. She simultaneously wanted to have the courage to face them unafraid, that is, to overcome her fear. I responded to this desire with, "So, the best thing would be that they not have so much power over you." The client responded that although her parents had real power when she was a child, now that she was

an adult their power was in her mind. I responded by asking, “Something up here (point to head) keeps you tied, victimized?” This led to a focus on how her internal processes gave the power to her parents and resulted in her current experience of fear and disempowerment. This was a first step in feeling some control.

The client also felt that she should directly confront her parents. It was her desire to do this, rather than an actual behavioral confrontation, that I acknowledged and supported at this point. Although clients are not explicitly discouraged from such confrontations, they are more likely to be successful in doing this after they have explored and clarified their issues and developed a stronger sense of self. The desire to confront the parents is a healthy, adaptive response, and I supported it by encouraging the client to “speak your truth” in the session. She found it helpful to write a letter to her parents, but she did not send it. In the fifth session, I helped the client confront her father in her imagination. Imagining her father sitting in front of her evoked disgust and fear. As when she was a child, her fear initially overpowered all other emotions and made engaging in an enacted dialogue with him very difficult. I helped her stay with the process and gain control, maintaining a safe distance by putting her imagined father across the room and directing only crucial, self-empowering statements (anger) at him. Expression and exploration of her vulnerability (fear and sadness) took place, not in response to the imagined father, but in the affirming and safe dialogue with me.

These imaginary confrontations with her father evoked the client’s fear and her painful memories of childhood beatings, of being told she was bad, and of being aware of nothing but her desperate need to escape. I responded supportively to her overwhelming fear and powerlessness at the time and asked how she felt, now, as she thought about herself as a little kid going through those experiences and what she had needed. This directed attention to her internal experience and helped her access her right to having deserved to be safe and not violated, and this recognition of her need led to her primary anger at being treated so cruelly. Access to her primary adaptive emotion mobilized her self-protective responses, and she began to stand up for herself, saying such things to him as “I don’t really think I was bad; you are bad.” I was attuned to and supported the emergence of such self-empowering challenges to her old views. I encouraged her to direct these statements to her imagined father in the empty chair: “Let’s say that to him.” Interventions to intensify anger expression and experience (“Say it again”), attend to internal experience (“Tune inside and see how it feels to say that”), and access the need for safety and protection (“What did you need?”) helped restructure her fear scheme. Anger replaced her fear, and I supported her newfound sense of power, heightening her awareness of her strengths. This motivated further assertion and self-validation.

DEALING WITH SHAME

The client's frequent expressions of shame and embarrassment in therapy were often mixed with fear. Her parents had disciplined her with harsh criticism and ridicule, as well as physical abuse, and she stated that her greatest pain was that "they never believed in me." She was called stupid, crazy, a whore, and a slut, and she grew up utterly paralyzed in interpersonal relationships. She had internalized these beliefs about herself as inferior or weird and that she would amount to nothing. In therapy, there were indicators that shame was a core part of her sense of self. For example, she cringed at the thought of being the center of attention or having the spotlight on her. These were excruciatingly embarrassing experiences. At times, her shame interfered with her ability to attend to her internal experience. She experienced a kind of performance anxiety in which she feared being scrutinized and judged. Attending to and acknowledging her feelings of shame, plus the provision of safety and empathic affirmation in therapy, especially when she felt vulnerable (e.g., when she felt anxiety about exposing her experience for fear of being judged as ridiculous or a phony), helped her attend to and express sensitive material.

There were other times when shame mixed with fear in therapy. For example, in one session when the client's feeling of shame was evoked, she felt small and insignificant in front of her imagined parents. At first she was completely unable to imagine facing them or looking them in the eye, and she shrank away from being the object of their scorn. The shame associated with her father was mixed with fear and disgust at recalling his sexual innuendoes. One of her objectives in cutting off ties with her parents, physically distancing herself, was to free herself of their influence and the negative voice that "you will amount to nothing" to see "what I could be, or accomplish" if she were free of the constant name calling, ridicule, and negative expectations.

In such an invalidating early environment the client learned to be ashamed of, and to distrust, her feelings. She had internalized parental injunctions against "sniveling," being weak, and seeking attention, which made it difficult to admit to neediness or pain or to expose herself, cry, or ask for help. She viewed her feelings as "stupid" or "foolish." All this was evoked in therapy. It was embarrassing for her to imagine herself showing any signs of affection or emotional tenderness toward her mother. The thought of doing so literally made her shudder—"Yuck," a response of disgust or distaste often closely related to shame. She found experiences of emotional weakness, admitting to pain in therapy, embarrassing: "It is embarrassing to be so hurting." Having evoked the shame, I helped her access it and validated her need for safety and comfort: "It's as if you have learned that there is something distasteful or shameful about your own experience, who you are. But you

were a child, what did you need?" Empathic affirmation provided safety so she could access and allow her painful experience to access the maladaptive sense of herself as worthless, formed at the time of these experiences, which generalized to current lack of confidence and social avoidance. Finally, she accessed a sense of having deserved protection and comfort as opposed to the abuse she received.

Evocation of the memory of her mother's rejection when the client was first pregnant evoked painful memories and a longing for her mother's love and support. It was not only painful but also embarrassing to admit that she still needed her mother. At first she was unwilling to even use the word *need*. This unwillingness came in part from distrusting that her mother would respond and in part from the pain of rejection, as well as from the shame of feeling like an abandoned child. I responded to how hard it was to admit to be needy with statements such as "You're kind of reduced to feeling like a needy little waif, so desperate for affection and love," and "It's hard to feel so needy as a grown woman; somehow you feel you should be more put together." *Damaged* or *broken* were terms used to further evoke and explore the pain of rejection. This helped the client access and allow herself to experience her legitimate childhood needs and to articulate how deprived and unloved she felt. She symbolized clearly that her core emotion scheme was one of feeling fundamentally flawed, defective, unlovable, and that there must be something wrong with her. Seeing that this was her view of herself and understanding how this affected her gave her a new vantage point. She realized that she was both fearful and ashamed of the intensity of her desire to be close to others; that her intense neediness felt somehow inappropriate, unacceptable, immature, and desperate; and that her neediness needed to be controlled or hidden. I reflected that having experienced such deprivation, of course she felt like a starved child. Accessing this emotion scheme of shame made it accessible to new information and restructuring. Alternate feelings of anger at violations and other internal resources, such as her capacity for self-empathy and self-soothing, were accessed to help overcome the shame. I had her imagine a child in an empty chair in front of her, a child whose mother had treated her in ways similar to the client's mother, and asked the client what she would say to the child. She looked at me and said, "I would just put my arms around her and tell her she was safe with me."

In terms of overcoming her shame of internal experience, the client distinguished between "admitting" in a kind of objective, matter-of-fact way that she had been hurt and "admitting" the pain into herself. The word *admit* suggests shame, as in admitting to some wrongdoing, flaw, or mistake. In one session, the client talked about seeing children's phone-in lines for abuse on television and how hard and humiliating it was for her to see herself as one of them. I responded, "Yes, so abused and unloved," and tears welled up in her

eyes as well as anger at the unfairness of the children's situations. I used her ability to identify with other helpless children to help her acknowledge her anger about her own maltreatment and to restore her past. I validated that experiencing these painful feelings was understandably very difficult for her, remarked on her courage in having done it even a little in therapy, and expressed appreciation for both her weakness and her strength. I again used her anger to help her challenge her maladaptive beliefs about her worthlessness and restructure her core emotion schemes. Therapist validation and safety were also important in helping this client overcome her core sense of shame and years of parental invalidation. The therapy experience also left her less isolated. At the end of therapy she reported that she felt less small and that her parents were "down to life size" and more human. This indicated that she was becoming self-validating and felt more empowered. She had overcome her sense of inferiority and fear and had begun constructing a new view of herself and her parents, as well as a new life story in which she was now more of a heroic figure rather than a hopeless victim.

ACCESSING HEALTHY ANGER, SADNESS, AND PAIN

Evoking memories of parental criticism, ridicule, and beatings also helped this client access her primary sadness and the pain of her unmet childhood needs. I was attuned to the emergence of these, and I affirmed her needs for security and empathized with her terrible sense of loneliness. To strengthen her sense of control over her emotional experience, an appropriate distance from the intensity of experience was established. Whenever she felt overwhelmed or too tense, I would tell her to breathe, reestablish contact with the present, feel her feet on the ground, and see me. When she was calmer, I would invite her to return to the pain and face it. Helping her symbolize and explore the emotional experience associated with her father rather than simply being overwhelmed by it also helped make order of her inner chaos. In one session, the client first said she was in touch with her sense of dread as a child coming home, then, and how much she hated him: "Wishing him dead many times, wishing on him all the punishment he gave me." I reflected her desire to destroy him and asked her to check inside as she said these things. She reported feeling uptight and tense, holding back. She needed help in overcoming her fear of her anger. She articulated that there were grave consequences for wishing one's father dead and that as a child this thought had increased her anxiety. This exploration slowly enabled her to overcome her fear of confronting him, in her imagination, and of expressing her anger directly to his image in the session. She accessed the adaptive action tendency

associated with her anger and disgust and was able to tell him to get away and that she thought he was “gross.” Again, this strengthened her sense of self and helped restructure her weak and bad sense of self and her fear-based schemes.

Early in treatment the client had been surprised by my use of the word *pain* to symbolize her experience; she had never thought of it that way. At first she found this difficult to admit and to experience how truly victimized she had been. Her confident and dramatic style distanced her from others; she needed to contact and communicate her neediness for companionship to overcome her fear of doing so. Heightening her awareness of her internal experience was a means of achieving these objectives.

There were also frequent moments of feeling embarrassed about being needy and hurt—“I don’t want to be teary,” “It’s embarrassing to be hurt.” One form of expression of sadness occurred when her eyes welled up in tears in response to my empathic, caring responses. Attuned to her process, I reflected that “something touched you just now,” and the client responded, in a little-girl tone of voice while sitting on her hands, that she could not “tolerate kindness from others.” Subsequent interventions helped her attend to and symbolize that experience: “intolerable . . . like it hurts,” “like it touches a sore spot inside,” “kindness is somehow painful . . . you end up feeling like a desperately needy little girl.” This last response illustrates how focusing on her expression of her little-girl, powerless tone of voice and sitting on her hands, suppressing her expression, led to increased awareness and experience. When I asked about memories of kindness as a child, there were none, only earlier deprivation and lack of love and invalidation. I again directed her attention to her unmet primary need, how she must have longed for some kindness as a child and how painful it was not to get it, and how kindness touched a deep longing and emptiness inside.

This triggered episodic memories of events with her mother. The client was particularly distressed by what she perceived as her mother’s lack of love and her indifference to the client’s suffering as a child (e.g., her mother had watched while her father beat her, asked her to leave home when she became pregnant as a teenager, and constantly invalidated her experience). Memories of beatings and of her mother’s rejection evoked her confusion and fear at the time, and she experienced how these feelings dominated her perceptions; overshadowed everything; and caused her to withdraw into herself, unable to communicate. She realized how she came to believe that her own feelings and perceptions were not to be trusted and that there must be something wrong with her. This left her unable to communicate, isolated, cut off, and painfully alone. Underneath this fear and confusion were deep pain and sadness.

I helped the client acknowledge and symbolize her sadness and grieve the loss of what might have been a friendship and mutually supportive relationship with her mother and to acknowledge how, in her adult life, she longed for this and yet knew it was impossible. It was a big loss for her that she and her mother were not friends. Also, she acknowledged how painful it was that it had taken her so long to actually be in charge of her life. She said it was as if she had been living in a kind of fog, automatically, and had wasted years. These realizations also helped motivate her not to waste any more of her life and to heal. She could express these vulnerable feelings to me but still could not imagine expressing them to her parents. She felt she could not trust them to hear her pain, could not let down her guard, and had not forgiven them. She felt a lot of blame toward them and at first could not experience any sadness that was free of blame. The client had been dominated in her childhood by fear and had not had an opportunity to let down her guard, to grieve, or weep for herself. Also, she had been stopped by internalized messages such as “You’re exaggerating” and “You’re making it up” and by derision and mocking from her mother that she had internalized. At moments of vulnerability I empathically responded to her sadness at being so uncared for. I reflected into her tears how much she had needed a mother and how feeling this need was normal and acceptable. I helped her become aware of her reluctance to express her sadness and longing and her refusal to acknowledge that she had needed her mother. I did this by empathically understanding how painful it was for her to know that her mother would not respond to her need and by symbolizing how she had almost vowed never to need again, because it hurt so much. In this empathic environment, the client attended to her internal experience of suppressing her pain and needs, of fighting against them and trying to make them go away. Therapy was a process of validating her experience, and this led to her accessing and accepting her hurt.

Accessing and accepting her hurt helped her mobilize her deep longing for connection with others and helped her articulate how her fear and confusion had interfered with her awareness and ability to express this. The accessing of her adaptive sadness and of the action tendency to connect motivated her to persist in therapy; to face her painful memories; and to seek out, with my help, an ongoing social skills peer group. She was determined to change her life. Throughout, I validated her strengths at surviving despite her suffering and supported her capacity for self-care. I helped her draw on her experience as a parent to help her identify her own unmet childhood needs and their validity. She needed a lot of guidance and support, and I balanced support with more active exploration. The therapeutic relationship was an important source of new interpersonal learning—learning that the client could trust and be understood and comforted.

The following transcript from a session illustrates moment-by-moment emotion coaching to help deal with the client's difficulty in acknowledging her pain:

Client: I used to think if I even thought about my pain I would die about it.

Therapist: Can you say more about that? (encourage elaboration)

Client: I remember one time thinking that if I ever talked about, if I ever tried to do anything about the sadness I feel, I would die from it.

Therapist: Just so unbearable. (empathic understanding)

Client: I mean I know I wouldn't, but that's how it feels.

Therapist: So afraid, like you would be completely overwhelmed by your sadness. (empathic attunement and focus on a leading edge)

Client: Yes, overwhelmed, absolutely oozing it, I thought it would just wipe me out somehow. The thought of me weeping and wailing and howling and bawling and stuff like that . . . was so embarrassing.

Therapist: Something about weeping and wailing. To really weep about this would be very, very hard, embarrassing. (promote exploration)

Client: Yes, embarrassing to lose, such loss of control.

Therapist: So total a loss of control.

Client: And the ability to protect myself.

Therapist: Yes, so it is very important to feel like you can protect yourself, to feel your feelings and also have some control. One way you can do that is by dipping in a little at a time. (coaching on dealing with pain)

Another session yielded the following dialogue:

Therapist: So you felt like she didn't really care about you.

Client: I was too busy at the time to pay much attention, but I would have liked it, some humane treatment.

Therapist: What were some of the things you would have liked, it seems important to put those things in words, what you missed. (coaching to symbolize)

Client: I don't know what I missed, anything would have done [weeps]; anything at all would have done.

Therapist: Yes, stay with that, I really needed her to care.

Client: That was the second time that happened, first time was when I was pregnant and I wasn't married and I didn't know what to do.

Therapist: You needed her then, too.

Client: When I phoned and told her she said I wasn't to dare to come into the country.

Therapist: You must have felt so rejected, what would you have liked her to do, as your mother?

Client: She could have at least not stood in my way, some kind of human care and attention. This sounds so—I don't know. [sits up in her seat and frowns evaluatively]

Therapist: What happens as you say that something stopped you? (focus on interruptions)

Client: I'm thinking to myself, it sounds so juvenile, and so self-pitying and stuff like that, it sounds like I'm whining.

I continued to coach the client, saying such things as

- “In an ideal world, and if you could say what was in your heart to your mother, what would you say?” (accessing feeling or need)
- “What's happening? You feel . . . How could I be so hurt still?” (inquiring into experience and conjecturing)
- “So sort of like you desperately needed her, and the fact that she wasn't there has just cut you to the quick. [Client sniffles.] It's unbearable, almost. You desperately needed a mother.” (reflecting feeling and need)
- “Sounds like you needed that more than anything.” (reflection)
- “It makes sense what you're saying. It makes perfect, perfect sense.” (validating)

OVERCOMING INTERRUPTIONS

I also was attuned to signs of anxiety and deflections in the session—laughing, rapid talk, diversions—and after an alliance and safety had been established, I began to address the client's experience of interpersonal anxiety and interruption of emotion in the therapy session. I directed her attention to her current internal experience, and the client described herself as “a rabbit in a field, kind of twitching all over.” I responded “kind of all jumpy inside” and encouraged her to stay with her experience if she could: “There's

something threatening in here, too.” This invited the client to attend to, explore, and speak from her current experiential state of nervousness. The client observed that when she was nervous in the sessions, she talked a lot and wondered whether she was avoiding something. I asked what she thought she was avoiding. The client responded that she did not feel unsafe in the session, but rather that she felt weepy. She recalled her difficulty writing the word *pain* in her journal and believed that her nervousness was about the difficulty of facing the emotional pain associated with her parents. She said she was always afraid of doing that, afraid that somehow she would be left unprotected. As well, she expressed fear that I would find her expressions stupid or think that she was a fraud. Thus, the intervention of focusing on what she might be avoiding, when she had identified that she might be avoiding something, helped her articulate her anxiety about her emotional experience. She began to explore how she avoided experiencing the pain of unmet needs and began to deal directly with her shame and anxiety about her internal experience.

This client’s pain of unmet needs for love and support were consistently accessed as part of her memories but also generally were quickly interrupted. She would deflect, squeeze her jaw, or become frozen. Intervention consisted of validating how painful her memories were, how difficult it was to feel needy and to fear that she might be rejected or belittled, and then exploring and articulating her self-interruptive processes. At first, the client found it foreign to attach words such as *gain* and *abuse* to her own experience, distanced herself from the experience by minimizing it, and interrupted emerging experience with internalized messages that she was stupid or exaggerating. I commented that she often seemed to not take her pain seriously and raised her awareness of the ridiculing voice in her head that prevented her experience. Eventually the client was able to express her childhood unmet needs to me. She was never willing to express to her imagined parents that she “needed” anything from them. She explained how she always got nothing back from them, and I validated her by saying, “Why express yourself if you have no faith the other will hear or respond; why risk opening up?” She was, however, able to say to me what she had needed and missed and to express anger to her imagined parents. I supported the emergence of this healthy, self-validating stance.

Toward the end of therapy, the client acknowledged that she was worthy and had deserved more than she got from her parents. She began to create a new identity narrative, one in which she was worthy and had unfairly suffered abuse at the hands of cruel parents. She also began to feel that it would be possible to need love and that she was now open to learning to love. At the end of therapy, she decided to cut off contact with her parents for the present time. This was something she had always wanted to do but had been unable

to. I supported her in this decision and helped her accept that the decision was part of a process and did not have to be permanent if she changed her mind. In response to my statement “There’s something important about it” the client said, “Yes, it’s a way of exercising control over my life.”

CONCLUSION

Part of this client’s treatment focused on helping her deal with her pain and sadness related to the childhood abuse and lack of love. She worked on resolving her unmet dependency needs as a child plus her chronic difficulty in forming lasting attachments in her adult life. Many sessions focused on exploring her internalized messages of worthlessness and her fears about being weak and needy. She succeeded in getting past her maladaptive fears to contact how deeply she had been hurt, and she began to heal these wounds. In the beginning she found it difficult to acknowledge that she had been hurt. She said she would never let her parents know she needed anything from them or that they had hurt her and also that it was difficult to be open and weak. I helped her acknowledge her vulnerability through repeated validation, directing attention to her internal experience of pain and sadness and symbolizing that experience in awareness.

An important focus of the treatment was the provision of interpersonal safety and a positive emotional experience with the therapist. This positive relational experience helped the client disconfirm her dysfunctional beliefs about close relationships. Another important change process involved first the allowing and accepting of her previously painful emotional experience and memories regarding her unmet attachment needs, and second accessing a sense of having deserved to have had safety and protection. This led to healthy grief and empowering anger, which helps change the emotion schematic memory. By means of this process, adaptive information from her primary emotions and needs was integrated into her current constructions of reality. The emotion coaching also aimed at accessing, often through memory evocation, core maladaptive fear and shame structures related to childhood maltreatment so that those originally self-protective emotional responses—the associated beliefs and avoidant behaviors, which now were no longer adaptive to current contexts—were transformed.

12

WORKING WITH EMOTIONAL INJURIES: LETTING GO AND FORGIVENESS

The weak can never forgive. Forgiveness is the attribute of the strong.
—Mahatma Gandhi

In this chapter, we will look at helping people resolve emotional injuries. Physical injury threatens life or causes damage to the integrity of one's body. Interpersonal emotional injuries threaten or cause damage to the integrity of one's sense of healthy self-identity or threaten or cause damage to the secure attachment with the injurer. Processing and letting go of unresolved emotions over time is crucial in resolving emotional injuries and often leads to forgiveness.

WHAT ARE FORGIVENESS AND LETTING GO?

Forgiveness can sometimes seem highly mystifying, as we all know what it is until we are asked to give an account of it. *Forgiveness* has been described as an unjustly hurt person's act of deliberately giving up resentment toward

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an offender while fostering the undeserved qualities of beneficence and compassion toward the offender. In this definition, “fostering beneficence and compassion” are added onto a central aspect of forgiveness, which is “giving up resentment.” There is a common element in different definitions of forgiveness—that of “letting go,” giving up, or cessation of emotion connected with memories of a hurtful act. The victim feels anger and resentment; the offender feels guilt and possibly fear of consequences. Forgiveness, in the sense used here, means to cease feeling any of these emotions. Thus, both offended people and offenders can experience forgiveness similarly as a cessation of their respective emotion.

Important characteristics of interpersonal forgiveness are

- an internal process that does not require anyone else;
- the renunciation of hostility against the offender;
- giving up the wish or hope that the past will change;
- giving up resentment, negative evaluations, and the desire for revenge or punishment, as well the wish that the other person suffer; and
- charitable or compassionate concern for the offender and truly wanting what is best for them.

In addition to this it is important to note that forgiveness is *not*

- acquiescing (allowing harmful actions to continue),
- condoning (not recognizing any harm or unfairness),
- forgetting (people rarely forget); reframing memories,
- denying (excusing what happened),
- reconciling (possible but not essential),
- overlooking consequences or giving up on justice,
- granting amnesty or pardon, or
- resigning oneself to what can't be changed.

Forgiveness-oriented coaching involves helping people let go of many emotions, central of which may be hurt, sadness, and pain of loss; anger, revenge, and resentment at violation; and shame at humiliation. Positive affects of compassion, love, and caring also result from arriving at forgiveness, which in itself is a core feeling. Once one feels forgiving, one acts differently. On the basis of findings from our research, we have concluded that forgiveness involves two important distinct emotion processes: the first is the letting go process, and the second involves the development of positive feelings like compassionate understanding, loving kindness, and empathic concern toward the injurer. People forgive emotional injuries by reducing their bad feelings and by increasing positive feelings.

FORGIVENESS VERSUS LETTING GO

Letting go of or reducing unforgiveness is not the same as promoting forgiveness (Greenberg, Warwar, & Malcolm, 2008). Although there are times when it is a wholly adequate response to reduce unforgiveness until a person arrives at an emotionally neutral stance toward an offender, I differentiate this process of letting go from forgiveness. Worthington and Wade (1999) defined *unforgiveness* as the combination of a set of negative feelings toward an injurer, and they showed that people can decrease unforgiveness *without* increasing forgiveness. *Letting go* involves the release of, and sustained relief from, distressing negative feelings and thoughts that have been felt in relation to the injurer and injuring event. There is a sense of letting go of, or putting down, a burden. Letting go also involves the end of expectation and longing for the offender to meet the hurt person's need for acknowledgement, acceptance of responsibility, and/or repentance in regard to what happened. Letting go thus involves *getting rid* of the hurt, anger, and troublesome memories. When the other is encountered or thought about, the hurt person feels resolved, calm, or neutral rather than hurt or angry, and the memory is no longer troublesome. Letting go does not involve a change in perception of the other, and the person's feelings toward the other are neutral.

Forgiveness goes beyond letting go by the *transformation* of feelings from hurt and anger to compassion and loving kindness. Not only is there a putting down of a burden, but also a giving out of loving kindness. Positive relationship memories are retrieved, and the hurt person's perceptions change from seeing the hurtful other as simply "all bad" to a more complex, compassionate understanding and acceptance of the other.

When a person is successful in letting go, he or she can, in effect, walk away from the experience, and it no longer has the power to intrude or distress. There are times when this is a wholly adequate response to a hurtful event. This is often the case when working with clients who are survivors of childhood abuse or adult victims of partner abuse or domestic violence, particularly when the offender remains unrepentant. It can even be unwise to urge forgiveness when therapy is taking place without the offender being present to take part in the further process of repairing relationship. This caution is particularly important when the hurtfulness is ongoing or egregious and the offender is unrepentant.

EMPTY-CHAIR DIALOGUE FOR EMOTIONAL INJURIES

Gestalt therapy empty-chair dialogue, in which the client expresses unresolved feelings to an imagined other in an empty chair, has been found to be very helpful in resolving unfinished business and emotional injuries

(Greenberg, Warwar, & Malcolm, 2008; Paivio & Greenberg, 1995). This type of imaginal confrontation with the other in an empty chair forms the centerpiece of the emotion injury treatment. Empty-chair work is designed to assist clients in processing their unresolved emotions and in finding new ways to come to terms with past hurts instead of dwelling on them in unproductive ways that only serve to entrench the clients in chronic, maladaptive unforgiveness. It is important to remember that empty-chair work is a way of helping clients come to terms with hurtfulness that happened *in the past* and is not recommended when current hurtfulness is taking place in the present in the context of an important ongoing relationship. In the latter case, clients, if asked to engage in an empty-chair dialogue, may mistakenly see the intervention as a way of figuring out how to respond to the other in the present to make the other person stop being hurtful or use it as an opportunity to rehearse the elements of a confrontation and, in so doing, may unwittingly escalate the risk of the other's continued hurtfulness. Empty-chair work should be reserved for its intended use in resolving unfinished business from the past.

One of the premises of the emotion-focused therapy (EFT) approach to emotional injury is that the interruption or blocking of primary biologically adaptive emotions subverts healthy boundary setting, self-respectful anger, and grieving necessary in overcoming emotional injuries. Therefore, this chapter emphasizes the importance of helping clients overcome blocks to these emotions and to accessing and expressing the emotional pain and distress and the primary feelings of pain, anger, and sadness associated with an emotional injury. In all phases of the emotion-coaching process, there is an emphasis on heightening the intensity of primary emotional experience to access previously unacknowledged core emotion schemes related to the injury to make them amenable to change.

For example, instead of discouraging clients from expressing their revenge fantasies, the desire to retaliate is normalized as a sign of how damaged the injured person feels. Such expressions of anger also teach clients to accept and tolerate their anger and to work with it, rather than against it. The potential forgiver's feelings of resentment and desire for revenge or restitution are of considerable importance. This generates a sense of self as a person of worth who has been treated unfairly and deserves to be treated differently, and it helps form new adaptive emotion schemes that contribute to the transformation of the client's ability to respond. Although initial resentment and self-protecting anger in the face of personal injury are appropriate, and are even positive responses that convey self-respect and self-worth, a transformation of these feelings is required if forgiveness is to take place. Such transformation leads to revisions in self-concept and the self-identity narrative. What needs to be transformed in therapy is not the initial animosity, but excessive, misplaced, or vindictive resentment that may become "brooding" resentment.

Research has demonstrated that there are two distinct forms of resolution of unfinished business and emotional injury (Greenberg & Malcolm, 2002). The first form involves boundary setting rather than empathy for the offender. This involves a process of client self-validation and self-assertion that permits the client to step back from the attachment bond to find the strength to hold the other accountable for harm done. It is commonly the form of resolution sought by individuals who have been victims of traumatic abuse or violence at some time in the past when they were too vulnerable or too dependent on the hurtful other to successfully prevent the hurtfulness. It is also likely to be a safer, more appropriate form of resolution for clients who are dealing with the pain of being in a current ongoing relationship with someone (like a parent or spouse) who was hurtful in the past and either denies his or her hurtfulness or acknowledges what happened but insists that he or she was not responsible for the client's suffering (often by blaming the client or some feature of the situation as having caused the hurtful behavior). This results in letting go and not forgiveness.

The second form of resolution involves working toward a new view of the hurtful other, such that the client comes to understand what may have motivated the other person's behavior and, without minimizing or dismissing the hurtfulness, also possibly comes to see the other as forgivable. This becomes possible because in the process of enacting self and other in the empty-chair dialogue, the client can imagine and believe that if the hurtful other fully grasped and understood the pain and suffering the client had experienced, he or she would take responsibility for the harm done, would be remorseful, and would be willing to participate in the process of repairing the attachment bond and making changes that would make the relationship safe and trustworthy (for more information about empty-chair work, see Chapter 5). Wanting to find a way to understand and forgive the hurtful other is usually motivated by the desire to come to terms with hurtfulness that is no longer being inflicted within a current ongoing relationship or by the desire to retrieve a sense of psychological attachment with someone the client cares about but has been separated from (by here-and-now distance or by the death of the hurtful other).

Working with unresolved emotional injuries in empty-chair work generally begins with the client's expression of a lot of secondary, reactive emotions, especially protest, blame, or complaint. For example, one client in the first session expressed both blame and resignation about her father, saying, "He was a terrible father. He still is, just never there. I've given up on trying to have a relationship with him. He always told me I would amount to nothing. I have nothing to say to him now. I'll never forgive him for what he has done." At the therapist's suggestion, in the third session, she imagined him in the empty chair, and this dialogue began with her expressing

her blame and resignation. After two sessions of this type of dialogue, she contacted her rage and said, "I hate you. They should have castrated you in the concentration camp. You shouldn't have been allowed to have children." After this acknowledgement and expression of her rage, and after grieving the loss of the father she never had, she began in the dialogue to soften toward him acknowledging his difficulties in life and his inabilities, and she went on to forgive him and have a closer relationship with him in the world.

Regardless of the type of resolution attained—holding the other accountable, or understanding and forgiving the other—assisting clients to imagine the hurtful other in the empty chair and facilitating a dialogue with the imagined other serves to bring alive the clients' representation of the other in ways that create opportunities for clients to make changes in how they experience themselves and the other. Changes in how clients experience themselves could include a shift from weak and vulnerable to strong enough to take care of themselves and cope with the suffering that derived from the hurtfulness or a shift from enraged impotence to a grounded and self-respecting assertion of boundaries. With shifts like these, clients are helped to experience themselves as free to choose how best to respond to the other and as capable of taking responsibility for those choices, independent of what the other does. Or clients may shift from feeling lonely and unloved to feeling cared for and comforted.

Before we move into a description of the therapist and client tasks involved in successful empty-chair work, it is important to note that empty-chair work could be unwise and possibly harmful when the unresolved experience was severely traumatizing and there is a risk of retraumatization, or when the client has a recent history of behaviors that are self-harming (e.g., self-mutilation, suicide attempts) and/or other harming (e.g., aggressive and violent acting out behaviors, impulsive risk-taking that puts others in danger). When such behaviors have become part of the way the client responds to intense distress or arousal, it is recommended that the therapist use less evocative interventions, initially at the very least delaying introduction of interventions such as an empty-chair dialogue until after a particularly strong therapeutic relationship is well established and a safe place that the client can go to internally has been established as a resource. Establishing sufficient internal and external support to face an imagined hurtful other is essential before introducing empty-chair dialogue.

Trauma-based empty-chair work is typically more intense than the emotional injuries related to parental neglect or abandonment or to poor parenting. In trauma-based injury, the person is fragile and suffers from unwanted memories and debilitating emotional pain. To promote enduring change, it

is important to deal with the dysregulated emotion. People with this type of problem are often ambivalent about whether they want to return to face the source of the trauma or to engage in an empty-chair dialogue. On the one hand, they present the issue in an attempt to rid themselves of the intrusive memories, but on the other hand, there is significant pain that threatens to retraumatize them. As a result, the empty-chair work should be suggested only when safety has been established and the clients feel ready to face their abusers (Paivio & Pascual-Leone, 2010).

Also note that the process of resolving the injury can be done without actually having the person speak to an empty chair. You can follow the resolution process by empathically following and guiding without enactment by saying such things as: “What would you say to him if he were?” and “What kind of things did he say?” Imagery also can be used in a variety of other ways to evoke the unresolved emotion. The visual system is highly related to emotion so imagination can be used to evoke an unresolved emotion, to enact dialogues in imagination to experience a new emotion, or to imagine adding people or resources to situations or scenes to help one experience the scene in a new way. Thus, one can ask the client to imaginally restructure an originally damaging scene by imagining the child expressing what was needed or by bringing one’s adult self into a childhood scene. The adult protector can offer the protection that was missing or bring in aids that will empower or protect them, like a lock and key to secure their room or a cage in which to put the feared person (Greenberg, 2002).

TREATMENT

What follows can be thought of as a road map for the steps of forgiveness-oriented, emotion-focused process. The first phase of treatment always involves creating a safe relationship and developing a working alliance. In this stage, while getting acquainted with the client, the therapist hears the narrative of the injury that brought the client to therapy and empathically understands why he or she is coming to therapy at this point in time.

In all likelihood, clients may not have told the story of their emotional injury to any one, or if they have, they may have become used to family and friends doing one of two things: either withdrawing from them and signaling that they don’t want to hear the story again, or energetically moving in and offering advice about how to get over the hurt and how they should get on with their lives. Clients come to therapy hoping that things will be different when they recount their story to someone trained to listen and help. Therapists thus need first to help clients unfold their stories.

BEGINNING THE DIALOGUE

When clients show that they are ready to work on their unresolved past hurts (by producing or reproducing verbal and expressive markers of the hurt), validate these feelings and begin to move the process toward setting up a dialogue. Ask the client to imagine the key other in the empty chair. At the beginning of this dialogue, ensure that the client is making contact with the imagined other. Evoking the sensed presence of the other, making sure the person is currently experiencing the imagined presence of someone or something in a direct and immediate way, is important in evoking the emotion schematic memory.

You might introduce a dialogue with “Let’s bring her in here and tell her this,” or “I hear that you have a lot of lingering feelings toward her. Let’s try something . . . can you put her in the chair and tell her what you feel?” If clients initially have a positive or nonaroused initial response to the other in the empty chair, ask them first to express this current feeling and then focus on the unresolved feelings by saying, “So now tell her how she wronged you.” If clients are having difficulty sensing the other, you might say, “Can you see the person here or sense the person in some way?” Or you might suggest, “You may want to close your eyes during imagery work.” If the client can’t imagine the other in an emotionally provoking way, then you might say, “Can you think of a time when he or she hurt you most?”

Enacting the other person performing the hurtful behavior also is important in evoking the emotional reaction to the person. The goal of playing the other is to heighten the stimulus value of the other’s behavior to in turn evoke the client’s affective reaction to it. Differentiate what the other did that was injurious by guiding the client to enact in the empty chair what the other did (e.g., ask what the other said or did specifically, and ask the client to do this). Get the details of their “insults,” “neglects,” or “hurtful behaviors” toward the client. Enacting the significant other is not to promote a debate between self and other in the chairs, but to arouse emotions. Play the other a number of times to evoke more feeling. Guide the person to enact what the other did and flesh it out. Slowly the memory begins to unpack. This sets the stage for the arriving phase of emotion coaching. Now the coach, according to the early steps of coaching laid out in Chapter 4, will help the person become aware of his or her emotions, welcome and accept them, and regulate them when necessary. The client will be encouraged to describe his or her feelings in words and discover what his or her primary feelings are.

Once the other has portrayed its negative actions and attitudes, the client’s affective reaction to this becomes the focus. Ask the client to move to the self chair and inquire, “What happens inside in response to the other chair?” With your careful and attuned tracking and reflection, relevant feelings toward

the other will emerge. Generally the client starts with attacking anger, such as “you’re a jerk,” but then shifts to owned anger, such as “I’m angry at you for violating me. You said you would protect me and you betrayed that promise. I resent you for that. It was the betrayal that hurt most.”

It is important to help clients both make contact with their feelings and put these feelings in contact with the object (the other) of the feeling. There thus needs to be (a) an awareness of the feeling and (b) expression of the feeling. If the client is too reluctant to face the other, don’t force the client to do this; rather, explore the reasons for not wanting to face the other. You can turn the chair away or put it far away at first (progressive approximation to contact with the other), or you can identify and explore the blocks to contact.

Help the client define the injury specifically and identify what the wrong was. It’s important early on to identify what exactly the wrong/injury was. The more clearly the wrong is defined, the better (e.g., “Tell him what he did that hurt the most”). We call this *identifying the idiosyncratic impact of the injury*. An important general issue, especially in early sessions in working with the empty chair, is the balance of following and leading. The goal is for the balance of initiative to be weighted in favor of the client leading and you following—that is, for you not to take too much initiative too early, by leading too much; rather, you want the person to become engaged in a self-motivated experiential process. If the client sits back expectantly with an attitude of “Ok now ‘treat’ me or tell me what to do,” you want the client to understand that the task is to coexplore the issues. The initial task is to get the client engaged in an experiential process. You, however, also do not want the client taking too much initiative, often in the form of external storytelling, which prevents access to inner experience. If the client takes all the initiative to stay away from his or her emotions and you are left in a passive role, you have to work to regain a balance of initiative for your presence to be felt. If clients are fully directing the process, they probably will get stuck as they have in the past. Therapy needs to involve a true co-construction, and both partners need to contribute to achieve a resolution.

EVOCATION AND EXPLORATION

When clients talk about an unresolved past emotional injury, they typically first express a “fused” combination of hurt and resentment of sadness and anger. The outrage or protest against the unfairness of what happened comes out as complaint. A sense of defeated resignation and hopelessness is possible as well. Client’s feelings are currently felt, but they are expressed in the form of suppressed primary emotions or constricted secondary, reactive emotions such as hopelessness, rather than as full, uninterrupted expressions

of primary adaptive emotion. For example, a client may express resentment through protest (“Why did you beat my mother?”) instead of a grounded, self-respecting anger (“I resent/am furious at you for beating my mother”), or they may talk about what happened with a hopeless longing that the past be undone instead of fully expressing the grief they feel about the innocent trust and unquestioned sense of safety that is now irreparably gone from the relationship as a consequence of the injury.

Once the client’s experience of the other has been sufficiently evoked, the goal of the dialogue is to move beyond these initial reactions into differentiating underlying feelings and meanings and encouraging the expression of primary emotional states. Primary emotions are often first experienced and expressed in a jumbled manner and all mixed together. For example, the fused anger and sadness of complaint often comes out in question form: “Why couldn’t you be more . . . ? Why did you . . . ? I just want to know why?” Complaint must always be differentiated into its more fundamental components of anger and sadness, which need to be experienced, symbolized, and expressed separately. The typical secondary emotions expressed in empty-chair work of hopelessness, resignation, depression, and anxiety are often expressed in an outer-directed manner and in a blaming tone. The therapist acknowledges these and helps clients work through these secondary emotions to encourage the direct expression of primary emotion, such as “I resent you” or “I missed having you around” rather than “You were a bastard” or “Why did you neglect me?”

You have to coach people to tolerate their painful emotions. It is important to help clients to accept and stay with their emotions rather than rushing too quickly into change. It is important not to set the expectation of positive feelings toward the other too early in therapy (if at all), as you could mistakenly foster the idea that negative emotion has no place in the experience of the forgiving person. An EFT principle is “You can’t leave a place until you have arrived at it.” Staying with an emotion involves approaching the emotion, being able to focus attention on it, experiencing the emotion rather than avoiding it, and having the ability to tolerate it. Tolerance also may occur through the process of getting an observer’s perspective on an emotion one is currently feeling, somewhat like standing a little distance outside the emotion to have what may be likened to a metarelationship with the emotion (an attentional allocation shift is required). The person needs to have the emotion rather than the emotion having the person. This helps create a working distance from the emotion and enables the person to symbolize the emotion rather than be overwhelmed by it. It is useful to note that worrying often is a way of avoiding emotion and is helped by accepting the underlying emotion.

Homework may involve highlighting any discoveries already made in the session (e.g., “Become aware of this feeling of anger whenever you see

him or during the week,” or “Become aware of how your anger collapses into sadness”). More generally, you might ask people to note how they experienced their emotions during the week and what they did to stop themselves from feeling emotion. Ask clients to keep a diary of what they are feeling toward the other and of what happened in the session to affect this; if a client is very cut off from feelings, ask the person to keep an emotion diary during the week or to write down once a day at least three emotions they felt that day or use the emotion awareness training sheet in Exercise 7 in the appendix.

At the beginning of further sessions, check where the person is now and how the week was. Then ask them about how they felt after the empty-chair dialogue in the last session. It now is a matter of clinical judgment as to whether to use another dialogue. If you don't introduce a dialogue in one session, then use a chair dialogue in the next session. Sessions without chair dialogues will deepen the exploration of the injury and the context and also look for possible past links to the present injury. If the injury is with a recent relationship, like a spouse, does this mirror any earlier relationships? Does the injury relate to relationships with parents, an earlier marriage, or a past loss? This exploration of links to the past is part of a general gathering of information about the narrative context that will take place in the first half of the treatment. Dialogue with an injuring spouse or boss often reverts to dialogue with parents or other attachment figure. Listen carefully, and if a past scene comes up, guide the client into the scene and go for what is most salient. During guided visualization, when you ask a client to go back to the original scene (imaginal reentry), the client can either go back, with the current feeling and meaning (I'm angry), or contact what it was like then (I'm afraid) or lonely. You can ask the client, “What do you want to say?” or “What was it like for you, be the little boy, what do you feel as the little boy?” and ultimately, “What do you need?”

When a client is enacting the other in the empty chair, to get a sense of the impact of the other on the self, ask, “What was the message she gave you? What did her face or voice say?” Too much concern with the content of the client's narrative takes the therapist away from the affective tone. Stay attuned to the emotional tone that is evident in the discourse. Listen to music. Check in with the client to determine whether he client is “feeling” what he or she is saying. Ask the client, “As you say this, what do you feel?”

If the intensity of affect/experiencing wanes in the self chair, the client should take the part of the other briefly to restimulate the affect. Spend time enacting the negative other, highlighting what's negative so it becomes clearer what the insult/injury/offense is. Get to the nature or the quality in which “you betrayed me”—the particular manner. It may not be what was said that hurt so much, but how it was said. Thus, if the client depicts the other as being disdainful or not caring, ask the client, “What's the core meaning of

what the other did to you that so upset you? Get at the metamessage delivered by the other. Use the other as a stimulator of affect, not as a debater! It may also be sufficient merely to ask the client in the self chair what the other looks like right now (i.e., facial expression, body posture) to reevoke the emotion. Ask, "What does his face look like now? What would he say to that?" Pay attention to what appears most alive to the client at the present moment and follow and heighten that.

Generally, "why" questions don't deepen experience. "How" and "what" questions are better. Analyze how this person is expressing, then turn the process into content. The manner of expression is what is important, not the content. Thus ask, "As you're doing this, how are you saying it?" or "What are you expressing, what's your manner?" Pay attention to body language. How the person delivers the message shifts toward being the message—for example, if the style and manner of the client is contempt, then direct the client to tell the other, "I feel contempt for you." Change the process into content. An advantage of using chair dialogue is that it adds the expressive dimensions, and it brings out "the how": timid or hostile. Track the emotional process, not the content. Notice present nonverbal expressions and feed them into the dialogue (i.e., if the client's hand goes up as a shield; this may be a bodily sign that perhaps there's a need for protection from the other).

Interventions should elicit a present-tense stance. Don't ask questions in the past; bring the client into the present to evoke feeling now. Link the content/story with the feeling in the moment, focusing on the latter (e.g., "How are you feeling now as you tell this story?" "What's happening in your body?"), then direct the client to express this to the other. It is true that all emotions are embedded in an important story, and all-important stories are based on significant emotions. People are more used to telling and listening to the story; we want to privilege the emotion over the story.

In working with the injury, validate the legitimacy of the feeling of being wronged with interventions such as "Tell her, I was wronged . . . you violated my boundaries." Validate anger and intensify emotions by saying, "It's okay to feel anger." At the crescendo of the anger, ask "What did you need?" or "Is there something you want from the other to finish this?" It is important to get a sense of whether clients' statements such as "I need" or "I deserve" are grounded enough in heartfelt loss or empowered anger or in feelings of legitimacy. If not, promote empowered anger or heartfelt grief.

Ask clients to be where they are, not where they are not. If the client does not want to tell the other about his or her experience of the affect associated with the injury, he or she should be encouraged to express the unwillingness to tell: "I don't want to tell you." However, when working on letting go of an unmet need, you need to heighten the loss. For example, with a client who has had difficulty accepting that the other was "not there" for him or her

and is unable to give up hoping for what will never be, say, “Tell the other what died that night for you . . . tell her about the pain of facing up to the fact that she won’t ever be available . . . tell her how hard it is to give up the wish.”

Help clients distinguish differences between emotions: “What’s the most important feeling right now? What’s the most alive for you? What’s the strongest?” Feed clients a sentence to help identify and express what is felt: “Can you say ‘I despise you’ or ‘I miss you?’” Treat this as an experiment—that is, say, “Try this and see what happens . . . does it fit? . . . what does it feel like?” Try to catch where the client is at with a word of correct intensity, that is, *resent*, *angry*, *furious*, *hate*. Say to the client, “Tell him ‘I’m angry that you.’ Tell him what you hate. Tell him what you resent.” Say to the client, “puts words to the tears,” “it really hurts,” “I missed having a father who cared.” To promote the making of distinctions in experience, you can use a contrasting sentence. For example, tell the client to try “I love you” and then “I hate you” or to say “I won’t” rather than “I can’t” and then ask the client, “What do they each feel like?” To address guilt feelings over an expression of anger or hate toward a parent, it is sometimes helpful to split the parent into the “good parent” and the “bad parent” and express the negative to the bad parent with the knowledge that that is not all there is. You also can combine feeling sentences to promote integration (e.g., “Say one thing you resent and one thing you appreciate about what you resent”).

DIFFERENTIATING FORMS OF ANGER AND SADNESS

In helping people become aware of and welcome their emotions, describe their feelings in words, and discover their primary feelings, it is important to access primary anger and sadness. Therefore, it is important to distinguish between secondary and primary emotions.

Primary anger, or anger in response to violation, is essential; it must be validated and its expression encouraged. This anger may have been disavowed because it was unsafe to express it in the original relationship. In not being able to access primary anger, people lose access to healthy resources that can promote adaptive behavior. Thus, the expression of anger and standing up to the other by saying, for example, “I am angry at you for hurting me like that, you were sick and I did not deserve to be treated like that,” is empowering and healing. In contrast, secondary anger has a more blustery, destructive quality to it and serves to push the other away or obscures the expression of more vulnerable emotion. It is not empowering, and its expression does not bring relief or promote working through of experience. Often anger can be *secondary rage*. This rage masks core powerlessness, or hopelessness, or helplessness: “What’s the point of talking?” Powerless anger is a difficult experience: It is

anger that has nowhere to go. There often is a lot of frustration at anger that has no impact. Therapists can reflect how bad it feels to have all this anger and to feel it can have no impact. When the question of how to overcome the anger arises for someone who is stuck in anger that has no impact (e.g., “I don’t want to feel this anger. How do I stop?”), an important new place has been reached: The client realizes this anger is useless and potentially destructive to the self. Keep this question alive and ponder it together. Letting go of the desire for retribution and grieving the loss of the hope for justice is important. Sometimes the anger a client expresses is *instrumental* in quality: for example, “I deserve it since I’ve always been a good girl. So give it to me!” This often is tied to low self-esteem. Instrumental anger is like that of a spoiled child, as opposed to primary adaptive anger, which is part of the deeper grieving process involving both sadness of losing something important and anger at one’s needs or goals being thwarted (i.e., “I’m angry that you are not the father I wanted you to be”).

Primary sadness or grief at loss is essential and must be validated and its expression encouraged. This sadness may have been disavowed because in the past there was no one there to comfort the person or he or she was afraid of being weak. In not being able to access primary sadness, people lose the ability to let go and move on. For example, the expression of sadness and grieving the loss by saying, “I missed having your love, just spending time together and feeling wanted” helps one grieve and feel legitimate in the need for connection. In contrast, secondary sadness has a hopeless, helpless quality and serves to obscure or protect from the experience of the more vulnerable emotions of lonely abandonment and ultimately grief and longing. It is not healing, and its expression does not bring relief or promote working through of experience. Sadness that is instrumental in quality is a sadness of “poor me” or an expression of tears to evoke support. The instrumental quality of sadness in, for example, “Why does this always happen to me” or “I just can’t take this anymore” often is tied to low self-esteem. Instrumental sadness is like that of a dependent child as opposed to primary adaptive sadness, which is part of the deeper grieving process involving the sadness of losing something important.

If anger and sadness are both present, be sure that once they are differentiated, to keep them separate and distinct as much as possible. They often occur together because “I’m angry at not getting what I wanted and I’m sad at what I’m not getting.” As we have seen, fused anger and sadness leave people stuck in disempowered hurt that is expressed as complaint. In working through emotional injuries in abusive relationships, anger needs to be expressed to the abusive other. Often, however, it is better not to express sadness to the abusive other. Each emotion needs to find its appropriate object, and so sadness may need to be expressed to the therapist or to someone else in the person’s life like a protective other, as opposed to expressing it to the abusive other.

In cases of abuse, combinations of maladaptive fear and shame need to be accessed, validated, and reprocessed to the point at which the client is later able to access primary adaptive anger and sadness (Greenberg, 2011). In experiences of severe abandonment, the crucial painful emotions generally are maladaptive fear and sadness that come from the injury to attachment. It is at this point that the coach helps the client evaluate if the primary emotion underlying the injury is a healthy or unhealthy response (Step 5 of coaching). Is the fear of closeness or the shame of inadequacy an adaptive response to real current threats or a residue of past unresolved experiences that is now maladaptive? Is one's anger maladaptive rage or healthy empowering anger? Is the sadness healthy grief or an old feeling of lonely abandonment that is no longer a response to the present? If the emotion is found to be maladaptive, then the negative voice associated with the unhealthy emotion is identified (Step 6). Beliefs such as "I am worthless" or "the world is a dangerous place" developed from past learning are identified.

Once emotions have been differentiated and interruptions dissolved, the emotional arousal that is a necessary precondition for resolution of the injury emerges. Emotional arousal has been found to be an important precursor of the next step toward resolution, a change in view of the other. Without arousal, this step is far less probable (Greenberg & Malcolm, 2002). In working with emotions at this stage, therapists need to know that once primary emotions are fully and freely expressed, they move quickly. Anger and sadness tend to follow each other in sequence and are circularly related in diminishing spirals. Finally, when primary sadness is fully expressed, primary adaptive anger emerges rapidly and the creation of boundaries occurs. Conversely, the full expression of adaptive anger allows clients to acknowledge the pain of losses and betrayal and fully grieve for what they missed.

SELF-INTERRUPTIVE WORK

This aspect of therapy involves interventions at client markers of interruption such as emotional constriction, resignation, or hopelessness. These interventions are aimed at turning the passive, automatic process of interruption into an active one. This phase, which clearly is not independent of the evocative work and often precedes it, aims to heighten clients' awareness of how they interrupt themselves and then to undo these interruptive processes. Self-interruption is essentially giving oneself the instruction: "Don't feel. Don't need." Interruption involves complex physiological, muscular, emotional, and cognitive processes that inhibit experience and expression.

In a two-chair enactment, clients are encouraged to enact how they stop themselves from feeling, to verbalize the particular injunctions used,

or to exaggerate the muscular constrictions involved in the interruption (Greenberg, Rice, & Elliott, 1993; Greenberg & Watson, 2006). Eventually this provokes a response from the suppressed aspect, often a rebellion against the suppression; the experiencing self challenges the injunctions, restraining thoughts, or muscular blocks, and the suppressed emotion bursts through the constrictions. This undoes the block.

Blocks range from dissociation to stifling tears to deflecting. Helping people first become aware *that* they are blocking and then *how* they are blocking aids them in becoming aware of their agency in the process of blocking their emotions. This in the long run helps them allow the emotional experience that is avoided. In working with interruption, the therapist cannot know *what* is being suppressed but only that something is indeed being suppressed. Thus working with self-interruption needs to be approached “from the outside in.” This task requires three essential steps:

1. Bring the client’s attention to the fact that he or she is interrupting/suppressing (i.e., by noting that the client looks away whenever he or she mentions certain things, changes the topic, or smiles).
2. Turn the passive to active and the automatic to deliberate by inquiring and ascribing personal agency to the client (i.e., “How do you stop yourself or interrupt yourself?”). This is an awareness task and can be used to elaborate conscious experience and specify what the interrupters are (i.e., “What do you say to yourself?” or “What do you do muscularly?” or “How would you do it to me?”).
3. Eventually, what is being suppressed becomes evident to both client and therapist.

Examples of standard interventions to access blocks are: “How do you make yourself feel helpless?” or “How do you prevent yourself from feeling angry or sad?” If a client is interrupting anger or tears, ask the client to change chairs: “Stop her now. How do you do this? Stop her from being angry” or “How do you squeeze back her tears. Do it now.” Resignation and deadness often are the result of squashing and suppression of emotional arousal. “What’s the use” often captures this feeling. “I don’t care” often is an expression of cynical resignation in the face of unfinished business. A client may say, “He never gave me what I wanted so what’s the use of feeling or needing it.” Work using two-chair enactment for interruption is shown next:

Client: I’m so angry at him (directed at father in the empty chair).

Therapist: Tell him.

Client: I couldn’t do that. I just hold it all in.

Therapist: Come over here and stop him from being angry.

Client: Who am I here?

Therapist: Be a part of yourself that stops him.

Client: Well my father just seems so superior, so powerful I just retreat.

Therapist: As yourself, make yourself retreat. How do you do that, what does this voice inside you say?

Client: Well, you have no legitimacy. Don't get angry. I get scared. It's not okay, it's dangerous.

Therapist: Make him scared. What do you say?

Client: Watch out. You won't be able to speak.

Therapist: Make him not able to speak.

Client: Well you're stupid. You don't have what it takes. Also you'll get too emotional and you'll cry or you'll damage the relationship. So just retreat.

Therapist: Yeah tell him this again.

Client: Retreat, just shrink away, disappear.

Therapist: Change. What do you say to that?

Client: But I do feel like I have a valid point of view. And I just feel so angry.

Therapist: (redirecting to the father) Put your father there, tell him, "I'm angry at you . . ."

As shown in this example, after working on a self-interruption, once a client gets to a point of feeling more deserving and says, "I do deserve it. I didn't do anything wrong," the therapist now directs the newly accessed feelings and needs back toward the other.

EMPOWERMENT AND LETTING GO

Coaches now work to help the client to access the heartfelt need in the core painful emotion plus alternate healthy emotional responses and to construct a new narrative to challenge. (Steps 7, 8, and 9). This final process entails accessing previously unexpressed maladaptive and adaptive primary emotions, mobilizing and promoting the entitlement of unmet needs, and supporting changes in the way the client views the injurer. The shift in view of the other is facilitated by emotional arousal in the self and mobilization and a sense of entitlement to previously unmet needs. Elaborating the worldview of

the other by enacting the other aids empathy toward the injurer, and the therapist helps the client to better understand or to hold the other accountable.

Expressing emotions, at least at a moderate level of arousal, and mobilizing unmet needs have been found to facilitate a softening in the other toward the self (Greenberg & Malcolm, 2002). The shift in the other can occur on one of two major dimensions: a shift from a neglectful other toward a more affiliative loving other or a shift from the other being a powerful figure to the other being weak and pathetic. The latter is often the case in an abusive context where the client says, "Now I'm an adult and I see what kind of a sick person you really were." Here, sensing the other as less powerful is empowering to the client. Once a person does shift, you facilitate elaboration and consolidation by asking him or her as the other to "tell yourself more about what life was like for you." This helps the client to get more into the shoes of the other.

Evoking emotion involves not only expressing emotion but also expressing and validating the basic unmet interpersonal needs for attachment or separation or validation. These are needs that were never expressed in the original relationship because people felt they were not entitled to do so or that their needs would not be met. For therapy to be productive, needs must be expressed as belonging to and coming from the self and with a sense of entitlement, rather than as protest about deprivations or as accusations of the other. Thus, the person is asserting that he or she deserved to have the need met rather than expressing desperate neediness. This step is crucial in helping people establish their sense of the self as agents, separate from the other, and as existing in their own right. Self-affirmation and self-assertion are an important part of resolution.

At this stage, the therapist encourages the expression of both emotions and needs. In addition, the therapist helps clients to symbolize and assert boundaries—to say no to intrusion, for example, or to reassert their rights. Therapists are aware that in early experience, people often found it necessary to disavow their basic needs, and as a result, they do not automatically attend to or express those needs. Therapists therefore listen for needs to arise and, when they do, quickly validate them and encourage clients to express them; a thorough exploration of feelings is typically followed by a statement of related needs.

In situations in which the need cannot or will not be met by the other, clients must still come to recognize their right to have had their needs met by the other in the past. This often allows the important process of letting go of the unmet need. At this point in the dialogue, the therapist supports and promotes the letting go of the unfulfilled hopes and expectations. Therapists help clients explore whether the unfulfilled expectations can be met by the other, and if not, therapists can help clients explore the effects of hanging

on to the expectations. Therapists can consider asking clients to express to the significant other, “I won’t let you go” or “I won’t let go of the hope you’ll change.” Letting go often produces another round of grief work in which the client works through mourning the loss of the possibility of getting the need met from the attachment figure. This is often the most poignant and painful experience of the process. Once people, for example, can grieve the parent they never had, then they are able to let go and move on.

If clients can’t let go of unmet needs and, for example, still need a parent’s love, you can ask, noncritically and empathically, “Will you still need this when you are 65 years old?” This confronts the hanging-on tendencies. Putting the person in the other chair helps empathy and letting go, and it is in this chair that often the shift takes place. When you move the person to take the role of the parent, you can test for a softening in view of the other by saying, “Come over here. What do you say to her need?” But don’t overlead by saying, “Come over here. Can you feel compassion for her?” as you may get compliance. Empathy for the other can be facilitated by enacting the other as conveying sympathy or empathy or by enacting the self as empathizing with the other.

If the other does not soften and the client says something like “I’d want her to feel sorry but she never would. She’d never get it,” you could say, “How sad it must have been for you that she is so unable to respond, that you got so little.” This helps to get to more feeling to reprocess and provides soothing through therapist empathy. I have found that when people have difficulty letting go of trying to get the other to meet the unmet need, deeper grieving often is needed to promote the letting go. Here, the person has to grieve the loss of the primary attachment figure to let go. Hanging on to the negative other provides security because it is all one had and it is what one understands love to be. To let go of it feels like the self will shatter. This desperate fear of annihilation must be recognized as such, and all the things the client does to avoid that anxiety must also be brought to light. Articulating and considering such a yearning (e.g., “If mommy is not there, then I’ll die!”) might make more meaning out of the experience than just feeling desperate as he or she may have in the past. At this point, you can encourage the client to do some cognitive reorganizing and to work on affective regulation, especially self-soothing. This can be done by having the client consider “What do I need in order to survive?” Finally, concretizing the loss may make the grieving less overwhelming: “Say goodbye to the things you are going to miss,” or “What do these things do for you?” This is complemented with “How can you integrate the positive and take it with you” or “How can you do it for yourself?” In letting go of unmet interpersonal needs, what was missed or lost thus has to be acknowledged, grieved, and relinquished. Letting go is giving up the hope that you are going to get what it is that you want. It also is giving up on trying to change the past. A sense of relief may ensue.

FORGIVENESS

As many theorists of emotion have observed, key to forgiving is developing some form of empathy toward the other (McCullough, Pargament, & Thoresen, 2000). This involves seeing the world from the other's point of view and having some compassion or understanding of this view. A shift in view of the other or a new experience of the other is a very important part of the change process. To feel empathy for the other, there must be a more complex view of the other (a shift); for example, seeing the perpetrator as being motivated by something other than the pure intent to hurt helps see the other in a new way. Therapists can attempt to stimulate understanding rather than forgiveness *per se*, and this may lead to forgiveness. Forgiveness also is promoted by a realization that the self could also do wrong (there but for the grace of God go I) and also of the benefits of forgiveness to self. Maybe the person will shift his or her view of the benefits of holding a grudge or the perception of the other as "all bad" and develop a more complex view. You can promote the client's existential awareness by considering, "What is it like to have done wrong in my life, and have I been forgiven for it?"

In our study of forgiveness (Greenberg, Warwar, & Malcolm, 2008), we found that a key process in forgiveness, rather than being empathic to the other, is the client's ability to imagine the other as being empathic and compassionate to his or her pain and to imagine the other as having the capacity to feel concern for him or her and thereby feel remorse and be apologetic. This process can be facilitated by asking the person in the role of the other, "Do you hear the pain?" of the self and "What do you feel or want to say to that?" If the injurer shows empathy or remorse, then promote its expression to the self. Then ask the self to respond to the injurer's empathy by asking, "How does that feel to hear that?" and then, "What do you feel toward the injurer?" Resolution of the injury then occurs either by holding the other accountable or by means of empathy or understanding and feeling more affiliative toward the other. Forgiveness will occur with imagined empathy from the other for the pain caused and with empathy for the other by putting oneself in the other's shoes emotionally.

When an unfinished business situation is resolved, there is no more negative feeling as one goes back to or thinks about the situation—no bad body feeling. This feeling of acceptance may also affect other relationships, or the resolution can generalize to other relationships. An experiment (in session or out of session) would be to try to see if any feeling is left when the client imagines seeing the person/target in a future situation. In forgiving and letting go of previously unmet interpersonal needs, the forgiver then is released from the traps of (a) trying to make the offender understand the magnitude of harm done and (b) of trying to get the offender to take responsibility.

The ideal state of forgiveness would be characterized by the absence of animosity and a foreswearing of the desire for revenge and restitution. In therapy, however, it is conceivable that the resentment, which the therapist and client may both perceive to have been expressed and relinquished, might resurface at a later time. We would expect this more often in situations in which the individual is working through the unresolved issues of a long-standing relationship rather than in situations where a single trauma has precipitated a crisis of forgiveness. The surfacing and resurfacing of resentment and animosity may not be symptomatic of a failure to forgive so much as it may indicate that other transgressions need to be forgiven as well.

Self-soothing can also be used when forgiveness does not occur. In this type of imaginal transformation process (Greenberg, 2011), the therapist might say, "Close your eyes and remember the experience of yourself in a situation. Get a concrete image if you can. Go into it. Be your child in this scene. Please tell me what is happening. What do you see, smell, and hear in the situation? What is going through your mind?" After a while, the therapist asks the client to shift perspectives and says, "Now I would like you to view the scene as an adult now. What do you see, feel, and think? Do you see the look on the child's face? What do you want to do? Do it. How can you intervene? Try it now in imagination." Changing perspectives again, the therapist asks the client to become the child. "What as the child do you feel and think? What do you need from the adult?" Ask for what you need or wish for. What does the adult do? Is it sufficient? What else do you need? Ask for it. Is there someone else you would like to come in to help? Receive the care and protection offered." This intervention concludes with the therapist saying, "Check how you feel now. What does all this mean to you about you and about what you needed? Come back to the present, to yourself as an adult now. How do you feel? Will you say goodbye to the child for now?"

CONCLUSION

Resolving emotional injuries, in whatever way it is done, ultimately is about changing emotion schematic memory. Emotions are often embedded in relational contexts. They connect self to other in the memory. Thus, for example, people have memories of feeling shame in the face of a contemptuous parent, anger at an intrusive other, fear of an abusive other. Therefore, accessing views of others helps evoke emotion, and accessing alternate views of others and mobilizing new responses to others helps change emotion memories.

Personally relevant events are stored in memory at their emotion addresses. Hence a current disappointment links to other disappointments, a

feeling of shame to other losses of face. Present emotional experiences thus are always multilayered, evoking with them prior instances of the same or similar emotional experiences. We need to help people have new lived experience in the session and to restructure their emotion memories. Accessing a new emotion is one of the best ways to change an old emotion memory. Once a previously inaccessible emotion memory is evoked, the new emotional experience is integrated into it, and when the memory reconsolidates, the new emotion fuses with the old memory and transforms it.

New emotion memories, however formed, help change narratives. No important story is significant without emotion, and no emotions take place outside of the context of a story. The stories people tell to make sense of their experience and to construct their identities are, to a significant degree, dependent on the variety of emotion memories that are available to them. By changing their memories, or the accessibility of different memories, people change the stories of their lives and their identities.

IV

EMOTIONAL INTELLIGENCE IN SPECIFIC CONTEXTS

13

COACHING FOR EMOTIONAL INTELLIGENCE IN COUPLES

Those have most power to hurt us that we love.

—Francis Beaumont

Immature love says: “I love you because I need you.” Mature love says:
“I need you because I love you.”

—Erich Fromm

This chapter is written from a psychoeducational perspective for couples. The perspective provided can be used by coaches to psychoeducate couples and can be viewed as an introduction for coaches on how to work with couples. A theoretical perspective of the role of emotion in function and dysfunction in couples is provided, as well as brief guidelines for coaches on how to work with couple’s conflict. A more detailed discussion of how to work with couples can be found in Greenberg and Goldman (2008).

Bob and Marie are a young married couple. When they see each other at the end of the day, they feel good. When Marie laughs at Bob’s jokes, a pleasant feeling courses through his body, and if she doesn’t laugh, he is a bit deflated and feels like sinking, just a little, into the ground. When they cuddle they both feel warm and safe, like babies in their mothers’ arms. When Bob and Marie are angry, they both feel threatened and experience all kinds of unpleasant sensations in their bodies.

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Emotion-Focused Therapy: Coaching Clients to Work Through Their Feelings, Second Edition,
by L. S. Greenberg

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People's relationships with each other are a wellspring of emotional experience. When two people connect, it is like the meeting of two chemicals: All kinds of reactions occur. Although they are unaware of this, intimate partners produce little squirts of neurotransmitters in each other that send messages pouring through each other's body. Affection is associated with pleasure, and the look or touch of a loved one launches endorphins on a complex journey through one's body. This is an especially pleasurable journey because endorphins are natural opiates that kill pain and produce pleasure. Other chemicals activated by different cues course through partners' bodies to make them feel and act differently. A relationship is a marriage of chemicals and receptor sites. It is a highly physiological process. One's partner affects one's heart rate, breathing, perspiration, and physical well-being. Affect at its base is neurochemical and physiological in nature. Conscious feelings and thoughts come later. The affective dance is continually in progress both in and out of our awareness.

Emotions are fundamentally relational. They link people to each other. Once they are in awareness, emotions give people information about the states of their intimate bonds, telling them whether their bonds are in good condition, have been disrupted, or are in need maintenance. People are calm and feel good when all is going well between them and their intimate partners. They are disturbed and upset when all is not well. Emotions are of great importance in the everyday life of relationships. Emotion coaches can help people improve their relationships by guiding them to become aware of their attachment- and intimacy-related feelings and needs and to communicate these in nondemanding ways (Greenberg & Johnson, 1988).

In relationships, partners seek to have certain feelings that feel good and to not have those that feel bad. Different feelings also give different kinds of positive experience; for example, the feeling good of touch differs from the feeling good of interest or of play, just as the fear of failure differs from the anxiety of separation. Emotional life is built from these building blocks, and we seek to have certain emotions because the goals in these emotions—to approach, withdraw, push away, run away, cuddle, or seek out—have helped us to survive (Greenberg & Goldman, 2008).

The three motivational systems of attachment, identity, and attraction/liking, reflective of people's core concerns in relationships, are briefly outlined and elaborated next. As I have said, needs are constructed during a lifetime from emotion and the drive to regulate affect and create meaning. It does, however, seem possible to discern some general systems of motivation that operate in intimate relationships. Human variation, however, is infinite, and so ultimately therapy always involves listening to people and to what they uniquely feel and need.

ATTACHMENT- AND IDENTITY-RELATED EMOTIONS ARE THE BASIS OF RELATIONSHIPS

People have been primed by evolution to feel pleasant feelings when they are close to caregivers and unpleasant feelings when they are unwillingly separated from them. People basically feel joy when they are with loved ones and fear and anxiety when the bond is ruptured. Human beings need others to feel secure and happy. Healthy adult attachment and intimacy involve emotional availability and responsiveness, security, and warmth and lead to the generation of neurochemical such as oxytocin. Partners feel secure when they have the closeness they need. The need for one's partner becomes unhealthy only when a person cannot tolerate separation and flies into a rage or becomes depressed at loss, separation, or distance.

Core attachment sentences that capture the type of responsiveness needed in this domain are as follows:

- Are you there when I need you?
- Can you give me what I need?
- Do you understand what I feel and need? Are you accessible to me?

The primary *vulnerable* emotions underlying threats to attachments are fear of being unable to survive on one's own and sadness at the loss of the loved one's comfort. The primary *connecting* emotions underlying separation are sadness and possibly assertive anger. The interactional pattern that emerges when attachment needs are not met is as follows: Partner A feels sad and abandoned and pursues for more contact often in the form of blame, and Partner B feels inadequate or afraid and withdraws or stonewalls. The pursuer often begins to try to change the withdrawer, and this can become coercive. Another fundamental motivation is to have one's identity validated. People have also been primed by evolution to have pleasant feelings when recognized and valued by caregivers. How one is seen by one's partner thus also plays an important part in couple relationships. Identity, feelings of shame and self-esteem, is a central ingredient in how couples feel. Partners feel worthy (pride) when recognized and validated by their partners. Partners feel unpleasant feelings of shame or powerlessness when ignored or controlled. Challenges to identity are a key concern in couples, and this can lead to power and control struggles.

Healthy identity involves self-esteem, agency, and strengthening of the self and leads to the generation of neurochemicals such as serotonin and testosterone. This need becomes unhealthy if threats to identity lead to coercive dominance, and anger/contempt arise to protect position in the eyes of self and other.

Core identity sentences that capture the type of responsiveness needed in this domain are as follows:

- Do you see, recognize, and validate me?
- Can you accept me as I am?
- Do you support my aspirations?
- Do you respect and value me and my role?

The primary *vulnerable* emotions underlying threats to identity are shame at diminishment or invalidation, fear from threat to one's standing or control, and anxiety about powerlessness/loss of control. The primary *assertive* emotion underlying submission of identity is empowered anger at boundary violations. Assertions of power or control can be aggressive responses to challenge (i.e., anger or contempt to protect one's position in the eyes of self and other), and so an interactional pattern of dominate and submit often ensues. However, humans can compete for resources/recognition in a host of ways that do not involve aggression. They can assert power by trying to be attractive to others and can compete for status, recognition, and social position by being seen as desirable partners. They can stimulate positive affect in the mind of others, not fear and/or submission (as with aggression).

There is a third ingredient important in love relationships that we can give the broad name of attraction/liking/romantic passion. Warmth, liking, and appreciation of the other seems to be another important but distinct aspect of the bonding system. We seek and desire our partners for excitement, interest, and joy in who they are. Pheromones even seem to guide attraction. The human affection/liking system can be seen as a reward system that involves dopamine, which is involved in desire and addictions. Intimate relationships are thus pleasurable to the participants and are actively sought after. People, however, can become addicted to love. They can experience rage at abandonment. Passion is expressed in such phrases as, "I could die for you." Lust, which seems to be associated with a biological urge/need and testosterone, also operates in some forms of desire

A final note on needs: In our view, problems emerge from unmet adult attachment, identity, and affectional needs rather than the expression of neurotic infantile needs. To resolve conflict, partners thus need to be able to reveal their essential selves and be accepted as they are—to be seen and known. In couple conflict, it is not the need that is the problem, it is either the fear of its expression or how one copes with its frustration that is the issue. Coercively trying to get one's partner to change to meet one's needs is one of the major problems, whereas forgiving the other for being different and having compassion for the other is the solution, aided by revealing of the self to each other.

EMOTIONS IN COUPLES

Couples generally know that their emotions govern their relationships. They know their emotions affect what they do with, and to, one another. However, even though couples know intuitively how important their emotions are, generally they do not know much about how to deal with their emotional experiences in their relationships. They simply have not been taught how to deal with their emotions. All they have ever been taught is that their negative, angry, or painful emotions are troublesome and ought to be avoided at all costs and that loving feelings are generally good. They have also learned from life experience that they sometimes can express their feelings and be responded to but that generally their feelings are ignored, discounted, or even ridiculed by others. People therefore often conclude that their feelings are best held in, controlled, or ignored until they disappear or change with time.

Bob and Marie have had their first child. Bob feels abandoned and lonely now that Marie is so busy trying to fulfill her new roles as a mother and income earner. He is having difficulty accepting that he is feeling unloved, and rather than discussing his feeling of being neglected, he begins to become critical of the way Marie does things and becomes more bossy. The criticisms and struggles begin.

It is often difficult for couples like Bob and Marie to cope with their more negative feelings because they do not know how to handle their emotions well. They don't know what to do when they feel lonely, angry, and hurt. They don't know what to do when they feel inadequate or when they feel unloved and unlovable. They don't know what they can hope for from their partners or whether what they are feeling is mature or childish and unacceptable. Coaches need to help couples learn that intimacy involves sharing hurt feelings, that problematic and conflicting emotions are usual in loving relationships, and that hating the one you love is inevitable at times. Couples also need to learn that along with feeling attracted to their partners, they may also feel at times repulsed, resentful, and appreciative, and that this range of feelings is normal. Coaches need to help couples deal with the many and varied emotions that emerge in their relationships. They need to help people learn which feelings are problematic and need further work and which feelings are healthy and should be expressed. I now apply some of what I have discussed thus far about emotion to coaching couples in the application of their emotion in intelligence.

EMOTIONS TELL PEOPLE WHEN SOMETHING IS WRONG

Emotions identify problems for people to solve. Thus, when Bob begins to feel angry that Marie is not available, or Marie feels frightened that Bob will be angry or disapproving, their feelings are automatic alarms saying, "This

is important; something is wrong here. My need for attention or support is not being met.” Couples need to learn that this form of emotional feedback occurs all the time, and it tells them how they are conducting themselves and how their relationship is going. Coaches need to help them pay attention to this feedback. If a person feels afraid, sad, or angry at her spouse, she is receiving information that something is wrong. If she doesn't pay attention to what she feels and what she needs, the relationship with her spouse will deteriorate. Emotions tell people that what is happening is relevant to their well-being and that a need of theirs is not being met. Then they have to start acting to do something about it. Resolving difficult situations becomes easier if couples learn to deal effectively with their emotions, as demonstrated in the following vignette.

Bob and Marie become aware that something is going wrong because they have learned to pay attention to their emotions. They can recognize what they feel. Bob is angry about feeling ignored and left out. Marie is afraid of his disapproval and overwhelmed. They now are in a position to use their awareness of their feelings to begin a nonblaming dialogue about what they feel and what they need from each other. Rather than accusing, judging, or trying to change each other, they are able to speak with minimum blame, listen nondefensively, and respond with acceptance and caring in the best way they can. Being human, they are not necessarily perfect, but at rock bottom their intentions to resolve rather than to blame, to discuss rather than to defeat, and to argue to a draw rather than to win are apparent to each other. This helps them listen and respond to each other.

EMOTIONS COMMUNICATE

In the past few days, Marie has been very busy at work as well as with the housework. She is tired and irritable but does not have the time or energy to talk about it. In fact, Marie has paid almost no attention to Bob for a while. What she needs is for Bob to be sensitive to what she is feeling. Bob is aware that something is going on. He notices that Marie's voice is at times edgy and that she sometimes doesn't look at him directly when she speaks to him, as if she's distracted. These emotional signals tell him that she is stressed and does not want any demands from him. Reading these emotional signals can save them a lot of difficulty in their relationship.

Emotions play an important role in communication. They are the primary communicative signals in intimate relationships and in fact are primary signals from infancy onward. In infancy, emotions send messages that regulate caregivers' behavior. Yells bring caregivers running, coos make them overjoyed. Emotions continue into adulthood to be a primary form of communication,

regulating others' responses. Emotions signal to others, especially to intimate partners, how well the partner is meeting one's relational needs and expectations. They also signal to one partner the states and intentions of the other partner. Couples therefore need to read each other's emotional signals carefully.

There has been a lot of confusion in the literature about how emotions are best expressed in couples (Greenberg & Johnson, 1988; Johnson & Greenberg, 1994). Some writers have argued that people always should express their feelings, whereas others caution that feelings are disruptive and should not be expressed. Some professionals promote radical responsibility, in which each person needs to own that he or she is the author of his or her own feelings, and no statements such as "You made me feel . . ." are tolerated. It is the person's own responsibility. Others promote great empathy for and acceptance of the other and have been criticized as recommending that people treat their partners like babies. What is really needed in dealing with emotions in couple communication is an integration of both head and heart, of acceptance and responsibility.

Emotionally guided, reasoned expression and action seem best. Partners do not need to blurt out their anger at all times; rather, they need to use it to inform themselves that they feel violated, and then they need to use reason to analyze the situation. On the basis of the integration of reason and emotion, they express their concern in a reasoned manner, such as saying, "I don't like being criticized." This can occur only if people are aware of their emotions and feelings. Partners need to have some knowledge about how their own emotions work, what impact their expressions have on their partners, and what they can do with their maladaptive feelings. They need to take responsibility for how they handle their own feelings, and they need to practice acceptance of their partners' feelings.

Marie, for example, knows that she sometimes feels overwhelmed because of her work situation. She is aware that she also feels that Bob is angry and unsupportive at these times. This has happened before, and Marie has learned something about her reactions. She used to feel a lot and say nothing. This led to a chain of internal dialogue that made her feel more and more depressed and angry, and then she would eventually explode. After she saw that this didn't work, she learned it was better to express her feelings much sooner and that she needed to express only particular kinds of feelings, not everything. She learned that what helped resolve things was first speaking about her own experience and not about Bob's behaviors or motivations. Second, she needed to speak about her most core and deep feelings, usually feeling hurt or lonely, instead of relying on her more defensive feelings, usually anger. Third, she learned that to resolve the issue, she needed to hear what Bob was feeling. Fourth, while listening to him, she needed to not forget

about her own feelings and her desire to have them heard. She and Bob both learned that to resolve differences, they both needed to speak and listen in a very intimate kind of manner to who they each were and to what their needs were. They needed to value their differences.

EMOTIONAL EXPRESSION AND THE CREATION OF INTIMACY

Creating and maintaining a satisfying, intimate relationship is a key life task. Intimacy involves people bringing their inner worlds of feelings, needs, desires, fears, perceptions, and fantasies into contact with the outer worlds of other experiencing people, their partners, and having their inner worlds accepted and confirmed by these intimate others. Intimacy results when people tell their partners their main feelings and concerns and experience that these are understood. This needs to be a reciprocal process. Everyone wants a partner who listens, understands, accepts, sympathizes, confides, forgives, and admits his or her part. Emotion coaches need to help couples become aware of and express their first, primary feelings to each other rather than their secondary, defensive, or self-protective reactions. It is the disclosing of heartfelt experience between partners that breathes new life into relationships, especially when the relationship has grown cold and stale. Helping people express attachment-related feelings of fear and anxiety—even shame, sadness, and anger—brings or keeps them close.

Intimacy often involves expressing hurt feelings, because hurt often signals that which people most urgently need but for which they feel too ashamed to ask. People often cannot ask, because previously they did not have enough support to help them feel that their need was legitimate. People also might not trust that they can survive not being responded to, or because of past hurts, they might have vowed that they would not allow themselves ever to need again or be hurt again. Often, then, it is people's relationships with their own feelings, rather than with their partners, that prevent them from being intimate with others. Because a husband thinks his wife will reject him if he tells her what he is really feeling, he closes up. He tells himself to be strong. He often despises his neediness. He doesn't even give his wife the opportunity to respond. Many times in situations such as this, the imagined rejection is more fantasy than reality. People really do not know how other people will respond to their feelings, but they are afraid to risk finding out. To be intimate, people have to be able to express whatever is going on within themselves and have trust in themselves that they can cope if another person does not respond as they hope.

After a particularly difficult interchange, Marie accuses Bob of being controlling, of never saying what he wants but always expecting her to guess.

She tells him that this is a role she now refuses to play. Bob admits that he has this irrational need to be in control, and as he says this, he looks appealingly at her in a childlike way. This is a critical moment. Marie can either miss this moment because she is so involved in her own process, her resentment and hurt, or she can see the softening in Bob's face, the appeal, and the steel rod inside her can melt. She can feel tender and can return his look with one of concern. Supported by her look, Bob can begin to open up. He can say how often he watches her reactions, searching for signs of rejection, and how much he wants to reach her but how afraid he is of being rebuffed. So he ends up trying to control things. He acknowledges that he doesn't reveal himself because he is afraid of being hurt. This softening of Bob can help Marie feel more open to talk about how she has given up trying to respond to him for fear that she will be criticized for getting it wrong. She has chosen instead to turn away and stay out of his way. She may now be able to talk about her sensitivity to criticism and to ask for his recognition and respect as a precondition of her support of him. The two may now look at each other. Something in the air is alive; something new has happened. Life has been breathed back into the relationship. Much more work is still needed, but a new possibility has emerged: the intimacy of sharing vulnerabilities.

FEAR OF INTIMACY

Once hurt, many people vow never again to let themselves be vulnerable or need others. They move into a self-protective stance that is driven by a fear of intimacy. People fear emotional intimacy mainly because they fear being hurt again. They fear rejection, they fear abandonment, and they fear invalidation and loss of control. The fear of separation is built in biologically to infants to protect them from dangerous separations, and adults still carry the same programming. To ward off all these fears, people often avoid becoming dependent on anyone; they fear closeness. Shame also prevents intimacy. When people feel unlovable, they are afraid of getting close to others and of ruining things, so they protect themselves by staying distant. They fear that if they show themselves, they will be found to be defective or deficient. The two maladaptive emotions of fear and shame interfere with people getting the love they need.

Accompanying the maladaptive feelings that prevent intimacy are the negative voices that can influence one's view of other people, especially people of the opposite gender. For example, running through women's heads often are statements they learned from their parents, culture, and experience, voices that say, "You can't trust men; they don't have feelings, they are too dominant, you have to build a man's ego," and at the same time, "If you don't

have a man, you are a failure.” Running through men’s heads are voices that say, “Women are too emotional, too demanding, and too controlling,” and at the same time, “If you don’t make your woman happy, you are a failure.” This creates great conflict in people who want but fear intimacy. Closeness can occur only when people overcome their fear and shame and change the negative beliefs that appear to protect them but in reality prevent them from achieving intimacy.

HOW PROBLEMS START IN COUPLES

The main problems experienced by couples emerge from conflicts related to needs for connectedness or intimacy and needs for separateness or autonomy and the struggle to change one’s partner to meet these needs. Unresolved struggles of this nature lead to the development of certain escalating interactional cycles. Coaches need to work to identify these cycles and to access the underlying attachment-related emotions and needs to help change these cycles.

The Problem of Trying to Change One’s Partner

Problems often initially arise in relationships because people don’t say what they feel or need, or when they do try to explain to their partners what they need, their partners do not understand. This is a communication problem. However, often over time, people might succeed in communicating their needs to their partners, but still there is a problem. Now it is no longer lack of communication or misunderstandings that lead to problems. As relationships develop, spouses often understand only too well what their partners need, but they are simply unable or unwilling to give their partners the response that they are looking for. Because partners differ, as each is a unique person who has his or her own needs, they are unable to always respond to each other in the right way at the right time. Often, one partner just doesn’t feel the way the other wants him or her to feel. Partners do not always feel giving or concerned just when one needs this; neither do they do what one wants in just the right way. Then people often begin to feel that their partner is cold or uncaring. This is when the conflict starts. People begin to try to change their partners, and they begin to blame or to withdraw in service of these efforts. One of them may end up screaming, “Give me, give me. You’re so closed, you are afraid of intimacy,” while the other may be screaming, “Leave me alone—you’re so demanding (or needy).” This is when the real problems begin. Cycles like this often emerge because of people’s inability to express their most intimate feelings. How can couples resolve these conflicts? They

need to be able to step out of the vicious cycle of attack and defend, or pursue and withdraw, and truly accept themselves and their partners. Partners need to change their interactions by expressing their primary attachment-related feeling and their needs for closeness and comfort. To do this, they often need to change themselves rather than their partners. Emotion coaches need to be alert to a number of problems that interfere with couples' open disclosure.

The Emergence of Destructive Cycles

Destructive cycles result from unexpressed primary emotions and needs. They are maintained by the expression of secondary emotions such as blame and resentment, that mask primary feelings, or by instrumental emotional responses such as hurt—pouting or crying when one is angry as a means of getting what one wants from the other person. The cycles form around partner's most sensitive concerns with regard to what each one feels most vulnerable about and needs most. One partner might want more closeness, be more anxious about connection, and need more reassurance; the other partner might be more inclined to feel inadequate, be overly concerned about being competent, need more compliments, or need space and be sensitive to intrusion. One partner might function more rapidly, be more decisive and more active, and become impatient if restrained. Partners' rhythms might be different: One might be quicker and the other slower; one might need more rest and relaxation than the other. One might be bold and the other fearful. Two partners are never exactly the same. People sometimes do play different roles in different relationships: leader in one, follower in another, seeking out the other in one, and distancing in another. However, in their primary relationships people eventually become sensitive about the issue that evokes their deepest anxieties and unmet needs. Partners' buttons usually don't get pushed by the same concern, or at least not to the same degree. One might be concerned with closeness, the other with control. This leads to mismatched needs and conflict. Different types of cycles emerge between couples.

The Pursue–Distance Cycle

People are never perfectly matched with their partners in terms of needs for closeness. One usually wants a bit more closeness, more contact, more talk, more touch, or more time. The most common cycle that emerges is thus a pursue–distance cycle in which one partner is essentially pursuing the other partner for greater closeness or intimacy. Often the amount of blaming and complaining this partner may have resorted to, as a way to get the closeness, doesn't make this need easily apparent. Even though the other partner may want to be connected, he or she feels overwhelmed. His or her autonomy and

identity become threatened, and this might lead him or her to feel inadequate to the demands that the pursuing partner is making.

The Dominant–Submissive Cycle

Given that identity is another major issue, power is another key concern. Who calls the shots more often and defines things more often might be an imperceptible issue at first but later can become a big issue. One of the partners is quicker to state needs, pick the movie, or choose the restaurant. The other goes along at first, maybe even enjoys not having to think about what he or she wants. Eventually this can become a second type of cycle—a dominant–submissive cycle—that can cause a lot of problems. One person takes over and overfunctions, and the other one gives up and underfunctions.

In a dominant–submissive cycle, often one partner has to be right and get his or her own way. The dominant partner may feel that it is a matter of survival to prove that he or she is right. If challenged or even questioned, the dominant one becomes highly protective of his or her position. The other partner, after years of following, has forgotten how to choose or make decisions and is scared to make mistakes or speak up and produce conflict.

The Blame–Withdraw Cycle

Problems start when one's feelings are not heard and relational needs are not met. Often, however, this occurs because people feel that their own feelings and needs are not acceptable, and therefore they don't say what they feel and need. When one partner is insecure or lonely and does not feel entitled to what he or she feels and needs, then these feelings are not expressed. People hope their partners will sense their feelings and needs, and when they don't, partners end up feeling isolated. Then unexpressed sadness or loneliness and feelings of being unloved or neglected turn into anger, and people begin to criticize or blame. In the face of the criticism and contempt that one partner expresses, the other partner feels afraid or inadequate and withdraws or defends. Now the couple is locked into a cycle that takes on a life of its own. One blames, and the other withdraws. The more the withdrawer withdraws, the more the pursuing person blames, and the more the blamer blames, the more the withdrawer withdraws.

In general, the person who blames feels lonely or unheard, and the one who withdraws feels fearful or inadequate. The blamer generally feels even more abandoned in response to the partner's withdrawal. In reality the withdrawer is just trying to protect himself or herself, and the blamer interprets this withdrawal as rejection. What the complaining or criticizing partner is really trying to do is get his or her needs met, but all that the receiver of blame feels is criticized. Withdrawers feel inadequate and then protect themselves. Often

it is their initial feeling of inadequacy or anxiety that made them less available and helped evoke their partners' feelings of abandonment. So the cycle develops. In one type of cycle, the pursuer pursues for emotional closeness but does so by blaming and criticizing, and the withdrawer withdraws for emotional protection. In another type of cycle, the dominant person dominates, overfunctions, makes all the decisions, and then feels burdened. The partner who feels more insecure, unsure, or submissive underfunctions and doesn't do much but then ends up feeling invisible, as if he or she doesn't exist in the relationship.

Bob feels lonely and unloved. He started to feel lonely because Marie is paying too much attention to her career, and although he first tries to express his feelings, he then feels that maybe he is too dependent, so instead he stifles his feelings. Over time, however, he finds himself feeling angry, and he begins to criticize Marie. Eventually, after many months of his criticisms, Marie begins to distance herself from Bob. She would come home, be criticized by Bob, and feel inadequate, as if she were not a good enough person. Rather than understanding Bob's feelings of hurt and loneliness, which is very difficult to do when being blamed, she keeps trying to defend herself, and eventually they lock into the cycle of attack and defend. She then begins to withdraw. She feels that talking or relating aren't worthwhile and that the safest thing to do is to stay out of Bob's way when he is angry. Distance and alienation set in. Often the couple is unaware of the dynamics of the cycle and their feelings. They just become aware of the distance and alienation. They start saying, "We're drifting; your interests are different; we've grown apart." In actuality they have closed off.

Once the blame-withdraw cycle gets going, it really takes over. The crucial emotional issues remain unresolved. Intimacy is impossible because both partners feel they have to protect themselves from further disappointment. This prevents them from taking risks and revealing their innermost emerging feelings to their partners.

The Shame-Rage Cycle

A particularly important and difficult emotion sequence in couples is a shame-rage sequence in which one person feels primarily humiliated and then gets angry. This can be very intense and eventually can lead to violence in couples. Here the person's rage is generally a response to his or her inability to deal with the more core feelings of shame and powerlessness.

If a partner feels rage, he or she needs to learn how to calm the rage and get to what is at the bottom of it. Usually it is a feeling of shame of powerlessness; of vulnerability and helplessness; or of sadness, loneliness, or abandonment. If one often gets very angry, one needs not only to control one's anger

but also to learn to experience and express the more vulnerable feelings that lie beneath the anger. Expressing underlying fear, shame, or hurt will have a very different impact on one's partner than will expressing destructive rage. Being aware of and getting in touch with core feelings as they arise, then, is a key way to prevent the development of destructive rage. People thus need to know, for example, that when they are defensively angry, they need to express the fear that comes before the anger. Coaches need to help people develop the ability to soothe themselves and to soothe their partners. This is one of the best antidotes to negative escalation: the ability to soothe vulnerability in oneself and the other person.

The Disillusionment Phase

Eventually couples fight about how they fight, and this becomes the new argument. One of them says, "You are so blaming" or "You are so cold and unresponsive." The couple by now has entered the "change your partner" stage of the relationship. This stage often takes a number of years to develop. Partner renovation efforts, however, often do not go the way they hope. Deterioration rather than home improvement results. This is the disillusioning period. At first the couple may spend their efforts trying to communicate in the belief that once each partner knows what he or she needs and wants, then they both will get it. Then it begins to dawn on a person that his or her partner well knows what the person wants, that he or she has been a successful communicator; the partner just won't give the person what he or she wants. It is difficult for people to appreciate their partner's reasons, that they are each different from the other, and that each has their own needs and struggles that prevent them from being a reliable supplier of what the other wants. At this stage the couple begins to doubt their love for one another and start attributing reasons to explain why their partner is not giving them what is desired. Usually, as the partners feel more and more deprived, they don't say that their partners are tired or stressed. They stop attributing what's going wrong to the situation and go straight for the jugular: their partner's personality. A person might say that his or her partner is too demanding, selfish, insecure, cold, afraid of intimacy, unable to express anger, and so on. Now the person needs to either change the partner's personality or leave the relationship. Both are unhappy options. It is better to find another path.

Both partners are usually quite hurt at this point and of course have been hurting all along the way. How could their hurt have been expressed more constructively? Is it possible for people to express their hurt without anger? Some authors have said that hurt is just unexpressed resentment. Can people feel hurt by their partners without being angry at them? The problem is that anger often pushes partners away; hurt and sadness, however, ask for

comfort. When partners sense the other person's anger, they will not be able to offer soothing comfort because they are busily preparing a defense against the possible attack signaled by this anger. The hurt or angry partner, meanwhile, is waiting expectantly to have his or her hurt soothed and perceives his or her partner's nonresponsiveness as insult added to injury. In response to the insult of nonresponsiveness, they now get really mad. How do couples get off this merry-go-round or, better yet, not get on it? Exercise 25 in the appendix helps couples identify and change their cycles. They do this by expressing their softer underlying feelings.

Difficult Emotional States

If partners do not pay attention to each other's core unmet needs, they will get entrenched in their cycle and begin a special kind of dance—a dance of couple insanity. In these dances, both may shift into what later will often be seen as “crazy” states. They will later assert that what they felt and said in these states was untrue—it was “not really them.” These “not me” states seem to have a mind of their own. They are maladaptive emotional states. In such states, people might begin to yell at each other rather than speak to each other, or they might cut each other off and not listen. They probably have repeated these fights before and have resolved them or understood and forgiven each other many times, but it happens all over again. They can even see it coming, but once they enter these unhealthy emotional states of threat, violation, or humiliation, which often are based on past wounds, they are transformed into their other selves. In the man, a sense of longing might become physical, and he may yearn for something from his partner, from deep within his body. The woman might feel a desperate need to protect herself from destruction. She fears becoming overwhelmed by her partner; she sees her partner as intrusively powerful, and she closes up, becoming rigid, feeling icy, and walling out any contact. These extreme states generally reflect maladaptive emotion states. They often are not one's initial, primary responses to her or his partner. Instead, they result from both unhealthy internal and interactional sequences. An example of the unhealthy states entered during an emotional thunderstorm of this type is given next.

In a particular cycle a wife, in response to her husband's demands, begins to feel overwhelmed by his reactions to her. She hears his voice, sees that familiar angry expression on his face. She doesn't know exactly what happened, but she just feels this is dangerous. Something in her begins to close up. She becomes cold and feels attacked and powerless. He just seems to keep coming at her with angry words, questions, and accusations. She doesn't listen; she just wants him to stop and go away. But he keeps demanding, intruding, and she wants him to leave her alone. She needs to escape,

get away. She can't think. She explodes and says something awful to get him to stop. At this moment she hates him. Then she withdraws just to try to get away, to make it all stop.

A husband wants to be close to his wife, but she is distant. He reacted to something she had said and felt hurt and ignored. He had hoped to be close and make love. He feels hurt and angry and sees her as cold and rejecting. He tries to tell her what he is feeling and gets angry because she won't listen. He explains what she is doing that is so damaging to him, and he interrogates her about why she does this. He feels a desperate need for her softness and begins to feel intensely powerless and then angry. He loses all contact with her and just senses the wall she has put up. He becomes enraged at the wall, and all he can think of is destroying it because it is preventing him from getting what he so desperately needs. He sees his wife as cruelly withholding herself, and he wishes to destroy the barrier. He hardly recognizes her explosion because he is so intent on removing the barrier. He feels distant and cold.

DEALING WITH HURT AND ANGER: TWO MAJOR ELEMENTS IN THE WALL OF ISOLATION

Once cycles have been identified and brought into awareness, emotion coaches need to help couples deal with the feelings that are keeping them apart and to help them deal with their crazy states. Without doubt, one of the most important ways couples get into difficulties is related to the inability to deal with their own and their partner's anger. Although, as I have discussed, anger in response to violation is a healthy feeling that needs to be expressed, anger is often a secondary response to a more primary feeling of hurt or a fear of feeling unloved or unsupported. Many of the "harder" emotions partners express, such as anger, resentment, and contempt, might often be aggressive attempts to protect themselves from their partners or to protect themselves against their more painful, "softer" emotions of sadness, fear, and shame (Greenberg & Mateu Marques, 1998).

Hurt and anger are normal parts of relationships. How does an emotion coach help people deal with these two unwelcome feelings so that they don't become bricks in a wall of alienation and isolation? How does a coach help them handle these feelings without turning them into the single most poisonous element of relationships: blame and the contempt into which it eventually develops?

The problem with hurt and anger is that they are so difficult to express without shaming or belittling the other person or becoming demanding and controlling, yet if partners do not express these emotions, they start building a wall. It is important to recognize that sadness is generally at the base of hurt,

and hurt clearly is often at the base of anger. One of the difficulties is separating anger from sadness. As I have discussed in regard to unresolved emotional memories, the two often are fused into a hurt, angry ball that is expressed mostly as complaint, feelings of victimization, and blame. To be able to successfully express these emotions, partners first have to be able to be clearly angry and clearly sad, with each emotion uncontaminated by the other.

Each partner's anger needs to be expressed clearly, without blame, and if possible, with a show of good intention. One of the skills I have personally tried with some success is to say, "I don't want to feel angry, but I do feel angry at . . ." This communicates a desire for harmony and can be reassuring to one's partner. People have to learn to own their anger. The tone must not convey contempt or scowling, sneering hostility. Anger that wants to destroy will not work. Anger that asserts and informs one's partner of a boundary, or of a boundary violation, although not always easy to receive, is what is needed: "I'm angry; you have not done what I asked. It makes me feel like I'm not important to you." It is partners' nonverbal communication and their attitudes that truly count. If they are contemptuous, their anger will be destructive; if they are respectful, it will not be.

Anger in the form of unexpressed resentment and subsequent withdrawal or closing off is the poison of relationships. Closing off is often the withdrawer's attempted solution to resolving conflict. It does not work. Contact works. Expression of hidden resentment is helpful, first because it brings the withdrawer out of hiding, and second, much to the withdrawer's surprise, because the pursuer finds the anger much easier to deal with than distance. It feels more like emotional contact than stony silence or cold distance. Contact is what the pursuer wants, and so expression of anger by a withdrawer can enhance the intimate bond.

The problem with anger, however, is that it can escalate, or the interactions around it can escalate. Once partners get angry, unless they are met with an understanding response soon in the sequence, they will tend to get carried away. There is almost a pleasure or joy in some people's expressions of anger. All emotions are a combination of letting go and restraint. I once witnessed an older person, who was losing some of his capacities to regulate different aspects of his functioning, begin to get angry at a slight provocation. He started off appropriately requesting that the provocation stop, but then he couldn't contain his rapidly escalating irritation, which exploded into full-blown rage. Being able to regulate expression and not let it run away is important.

Runaway escalation is problematic in couples. One partner gets angry, even in an acceptable way, and the other partner, sensing a boundary violation, responds with equal anger. Now two fighters are poised in a ring. The general sequence proceeds thus: As soon as one partner ups the anger level, so

does the other, and soon they are delivering blows below the belt. The spouse's character, mother, and the kitchen sink all get thrown into the ring. These are usually painful and destructive fights. Sometimes the fight is a precursor to the sweetness of making up, often with making love. A kind of intensity, passion, and closeness can come in healing wounds created by a fight, but fighting in order to make up eventually backfires. The fighting becomes so destructive that there is no making up. Often one partner prefers to fight. For this partner, the intense contact of anger feels better than the tense, cold distance. The problem is the other partner is probably different and finds the fight too frightening or hurtful. Fights themselves are not the problem; it is the inability to resolve the fight that causes distance and eventual dissolution of the intimate bond. The worst-case scenarios are when there is a very rapid escalation, when contempt and defiance are expressed—for example, when a wife says to her husband, "Clean the dishes," and he says "Yeah, make me." These are signs of future divorce (Gottman, Katz, & Hooven, 1996).

The solution to hurt and anger involves separating the sadness and anger so that each comes out in a pure form. Anger should be an assertion of clear boundaries, and sadness should be a call for comfort, unaccompanied by demand. Anger needs to be an expression of personal boundaries, firm but in no way attacking. Hurt needs to be seen not as an inevitable response to a damaging act, but truly as people's unique response based on who they really are and their own sense of loss. Rather than the hurt being seen as caused by the other person, hurt is seen as a function of one's own emotional makeup. If, on the other hand, people see their partner as having intentionally been hurtful or damaging, then anger is the appropriate response.

SOOTHING ONESELF

To help people deal with the "crazy states" they enter in a fight, emotion coaches need to help them learn to soothe themselves. Some people may feel unable to self-soothe because they lack the internal emotional structures or processes to relax and to calm or nurture themselves. They might not have received enough of this as children and might not have built an internal, nurturing parent representation on which to draw. When relationships are momentarily disrupted, such people feel desperate and have difficulty holding onto the sense of security generated by the lived history of the relationship. Then it is difficult for them to buffer even minor disruptions, and they are unable to project a vision of a secure future to the relationship. They thus experience tremendous threat, or a sense of violation, as though the distance or slight rupture means the relationship is over. This may sound foreign or

overly extreme, but it occurs to all of us at some moments no matter how secure we feel.

Think about a difficult fight you have had with an intimate partner. At least one of you probably entered a state of anxious attachment, which is probably why the situation escalated into a fight. One of you lost perspective, and it suddenly felt like unless you resolve this and get close right now, your relationship, or you, won't survive. Your partner probably felt an identity threat, that unless he or she was heard right then, you would forever misunderstand, and he or she would be invalidated. Neither of you necessarily thinks this realistically, but an anxious part of each of you is acting this way in a do-or-die effort to protect something. Unfortunately, your attempted solutions of protecting by trying to point out, convince, or blame usually become the problem. What is needed is to be able to calm yourself with images of past security and caring and the knowledge that bad moments in the past have again turned to good. You need to work with your anxiety to soothe it by reassuring yourself that "this too will pass," as it has always passed before. Coaches thus need to help their clients self-soothe at times when their partners are not able to be responsive. The skills discussed in Chapter 8, in regard to dealing with maladaptive emotion and emotion regulation, are relevant here.

Self-soothing is seen as complementing other soothing, which is so important in breaking the escalation of bad feeling in couples. Self-soothing is an additional necessary capacity associated with overall healthy affect regulation in couples. The capacity for self-soothing becomes especially important when partners become temporarily unavailable (Greenberg & Goldman, 2008). Difficulties in couples that can be traced to core identity concerns, such as a partner's sense of worth, are often best dealt with by self-soothing rather than other soothing. For example, if a person's core emotion is one of shame and the person feels "something is wrong with me—I'm too weak, needy, not good enough" or "simply I'm fundamentally flawed," soothing or reassurance from one's partner, while helpful, will not alter the view of oneself and ultimately will not solve the problem. In other words, experiencing that one's partner will not leave if one reveals shame about the self may feel comforting and produce more couple security, but it will not lead to healing of the shame itself. On the other hand, emotional changes made within the self, such as transforming the shame by accessing a sense of pride and self-confidence that are then witnessed and supported by a partner, can lead to a sustained change in one's view of oneself. This type of change, in turn, feeds back into the relationship as one has a more positive view of self and is seen in a new way by one's partner.

Consider this example. A couple had been in therapy for some time, and the fundamental maladaptive cycle that they typically engaged in when in conflict was one in which she pursued for closeness and connection, often

felt rebuffed, and then became angry and critical. This would lead to him feeling scolded and to either withdraw and seek validation elsewhere or become angry and sullen. Historically, his mother had been demanding and critical, holding him to very high standards as a first-born son. In turn, he had responded very positively by complying and becoming a highly achieved professional. He was, however, also highly self-critical and continuously questioned his worth, particularly when he and his wife became embroiled in conflict. A great deal of couple repair work had been done prior to this session, and they had both been able to share many underlying fears and vulnerabilities. He would get stuck, however, when it came to self-validation. The client had shared a narrative in which he had talked about himself as a smaller, more vulnerable boy. He had described a specific memory from primary school, where he felt ashamed of not standing up for himself.

The therapist invokes the “little boy,” and the man focusing on the little boy feeling explores and accepts his fear but also enthusiastically recognizes the joy and affection he has for the internalized boy. He is able to accept and validate his own need for support and thereby self-soothe, providing self-validation. He now begins to experience himself in a new way and feels more self-affirming and worthwhile.

WHAT DO COACHES NEED TO DO FOR COUPLES WHO ARE IN TROUBLE?

Research on how couples change in therapy has indicated that the single most effective way of resolving couples conflict, of moderate and milder forms, is to expose the partners' vulnerable feelings and their attachment and intimacy needs (Greenberg & Johnson, 1988; Johnson & Greenberg, 1985). Intimacy can be created by sharing feelings without complaining. Sharing hurt feelings can be the antidote to acrimonious relating. I am not suggesting this method when violence is present or when rage is too strong. However, partners who are engaged in moderate conflict who revealed and expressed their previously unexpressed emotions of sadness at loss, fear at threat, and anger at offense had a magical effect on each other. When partners actually saw each other's tears, and heard each other's fear or anger, they snapped out of their trance-like state of repeating their position over and over again or defending it. Instead, they became more alive, compassionate, softer, and more interested and concerned. Couples can be coached quite quickly to realize that because emotions form the basis of relating, expressing genuine feelings has incredible power to change interactions. Authentic vulnerability disarms and evokes compassion, whereas nonmanipulative anger sets a limit and evokes respect and attention.

Many educators and therapists have talked about teaching the skills of good communication, such as making “I” statements, having a nonblaming manner, listening, and so on. All are correct. All these skills will help people break the cycle that maintains the conflict. The issue, however, is how people get organized to adopt these more conciliatory stances. They do this by means of their emotions. People’s compassion, caring, love, and interest organize them to attend and listen. Their unexpressed fear and anger organize them to be defensive and far less conciliatory.

Coaching Partners to Express Core Feelings of Hurt

How do emotion coaches help people to feel healing concern and caring? How do they help people get concern and caring from their partners? The answers are a little unexpected. I don’t know how to easily help people to feel loving, compassionate, and understanding, but as indicated earlier, I have discovered something about how to help one partner get the other partner to experience these feelings toward him or her. By sharing attachment- and intimacy-related feelings and needs, partners generally soften their stance toward each other (Greenberg, Ford, Alden, & Johnson, 1993; Greenberg, James, & Conry, 1988; Johnson & Greenberg, 1985). When people genuinely express their needs for closeness or identity in a nonblaming manner, their partners listen and relax. Once both partners are feeling heard and seen, they are much more likely be able to participate in a more conciliatory engagement, and then both will start to access more loving feelings.

The best a coach can do is help partners present their feelings and needs as honestly and openly as possible in such a way that their partners are most likely to hear and see them. This does not mean that partners plead or become self-effacingly pleasing to try and win favor; rather, with the coach’s support and validation of their primary experience, they become strong enough to risk revealing attachment needs and, if these needs are not responded to, are able to tolerate delays of gratification. The ability to tolerate nonresponsiveness involves having the capacity to remember that the partner was available in the past and will again be available in the future. This faith in their partners’ availability allows people temporarily to move away from their at-present nonresponsive partners and be able to turn to themselves graciously, even though they have not been satisfied. If people are later able to turn back to their partners without resentment but with humor, the ability to laugh at themselves, and a philosophical acceptance of the inevitability of conflict, this will help foster reconnection. Reconciliation is itself an art that requires the emotional intelligence of sensitivity to and empathy for one’s own and one’s partner’s states and the skills of good timing.

In the past few months, Bob's business has not been going well, and Marie's comments that her brother has bought a beautiful car make Bob feel inadequate. When Marie talks about her brother's car, Bob feels that she is complaining that they don't have enough money, and he feels a sense of shame, one that is difficult for him to accept. Then the rage emerges, and he begins to yell. Bob is simply unable to acknowledge and express his feelings of devaluation or shame. He needs to struggle to be more aware of and to express his core feelings. The defensive and manipulative feelings of anger and rage are not helpful. If expressed, they create distance and destroy connections. A coach would need to help Bob approach his feelings of shame and inadequacy and to help him disclose to Marie how he feels when she makes these types of comments.

People have to learn to express their hurt without blaming and without demanding to be comforted. They need to be coached to express hurt that allows their partners to feel free of attack and free to respond in accord with the dictates of their own feelings. Coaches can achieve this by helping people recognize that they are hurt because of their own vulnerability, their own need, and that the other person was under no obligation to not have done what he or she did, or to not have said what he or she said that was hurtful.

Say, for example, a husband did not listen while his wife was telling him about something important to her, or at a moment of intimacy for the husband, his wife changed the topic or showed a lack of interest in sex. These are all situations in which people could feel hurt or angry. For example, a partner felt hurt by a sexual rebuff, and this was part of a pattern in the couple. The husband was generally more interested in sex but usually waited for his wife to make the advances. Both had discussed this and agreed that it was a good system to avoid him feeling rebuffed. Still, sometimes he made advances, and each time his wife, even though she was willing to go along, was not eager, and he felt the excitement and mutuality disappear and then felt hurt or angry. In this situation he is stuck. If he proceeds in silence he will begin to split into two parts: One part will hide, and the other will engage with his wife. This is not a fulfilling solution. If he expresses hurt or anger, he may cause an even greater rupture, a tear in the couple's connection. This will not happen if he expresses his anger in a nonblaming manner and from his heart. If he says, "I'm finding this difficult because I'm feeling my hurt feeling again, like you don't love me or don't want to be close, and I'm struggling to stay in contact with you," his wife is free to respond as she sees fit. This is the key. If the wife in any way feels coerced, then the husband might get a complaint response, and he will later end up as the recipient of more resentment from his wife than it was worth. Exercise 26 in the appendix provides couples with a guide to fighting constructively.

Owning Feelings

People often go through life without really telling their partner what is in their hearts and on their minds. It seems so hard to speak from one's inner feelings. People are so afraid: afraid of appearing foolish, of being rejected, or of not getting the response they desire. In marital therapy, one of the almost universal myths that unfortunately has to be shattered, or at least put to rest, is the "fishbowl" fantasy: believing that one's spouse should be able to see into the other and therefore be aware of all the feelings and thoughts swimming around inside. People operate under the damaging assumption that their partners should know what they feel and need without them having to ask for it. They also might believe that if they have to ask, what is given is not of the same value as that which is given spontaneously. There is some truth to the notion that a spontaneous gesture gives one proof of one's partner's intentions—more specifically, of a partner's love. Constantly requiring proof of love, however, is no way to run a long-term relationship. Being able to express what one feels, and ask for what one wants and needs, is the best way of ensuring satisfaction and a more smoothly running relationship. When what is asked for is given with good grace, this is sufficient proof of caring.

When partners are in trouble as a couple, when they are locked into anger, disappointment, and distance, they need to be helped to focus on what they are most truly feeling and try to express these feelings in a nonblaming fashion. Generally they will be feeling sad or afraid at the loss of connection. Partners have to be able to listen to these feelings in a nondefensive fashion in themselves or in their partners. Not blaming and not defending are at the core of reestablishing intimacy. This means that each partner has to be able to self-focus, to talk about "I" rather than about "you." Helping each partner to focus on the self and say what it's like inside helps to undo the blaming.

Talking in this way, owning hurt by saying "I'm feeling my hurt" rather than "You hurt me, you so and so," is clearly feeling talk, and people have to be coached to be able to do this and to be comfortable with it. Consider a 220-pound football player, or a tough young woman who wants to be independent, or a high-powered executive who is used to giving orders. If they cannot accept feeling weak, hurt, and needy without getting mad, and if they cannot communicate this in their own way, then they are going to be doomed to difficult, less-satisfying intimate relationships. Everyone is needy at times, like a baby, and everyone sometimes needs to be taken care of. There is nothing wrong with this. Adult attachment needs include the need for caring as much those of a child do. This is not infantile; being able to express one's needs is a highly adult capability. It is mature as long as people can integrate their heads with their hearts and tolerate frustrations if their partners cannot respond to their dependence needs. Partners also need to learn how to alternate

caretaking and being taken care of. Being vulnerable and in need, when the other is available to truly soothe and tend to one's needs in a caring, contacting way, is wonderfully nourishing and replenishing. It becomes a problem only when both partners need to be taken care of at the same time. Just as it is very difficult having two needy babies in the house at the same time, it is difficult to deal with two adults who have dependence needs. When both are feeling depleted and in need of caring, one has to grow up rather quickly; otherwise, both end up yelling in a demanding fashion. The roles of caregiver and dependent must be flexible, with partners able to alternate roles.

An additional important element in resolving conflict is that each person be clear on the need or goal that is motivating his or her interactions. When a partner's current highest level goal is getting along, and this person has a real desire to preserve and enhance the relationship, his or her responses will be as constructive as possible. Many couples dance the endless control waltz of "I'm right; you're wrong." To make relationships work, partners have to decide that it is more important in life to be happy than to be right. Then they will begin to see that disagreement is a matter of being different rather than being right or wrong.

Coaching Appreciation of Partners

Another important element of getting along is feeling and expressing appreciation of the other. People need to be able to express both their positive and negative feelings to their partners. Although it makes sense that people need to express more positives than negatives, people in relationships soon forget this golden rule (Gottman, 1997). Some couples get into trouble because the positives are so taken for granted that they end up expressing only the negatives. On the other hand, some couples feel they are not allowed to express the negatives and avoid them altogether. Neither of these strategies is constructive. Coaches need to help people express appreciation for each other and engage in giving behaviors that make each person feel cared for. A little bit of positive goes a long way in helping people maintain good attachments.

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COACHING FOR EMOTIONAL INTELLIGENCE IN PARENTING

I grew up in a house of no love or emotion—it kind of sticks with you.

—Billy Corgan

Avi is a child who likes only chocolate ice cream and can't stand vanilla. He is 3 years old and is attending a friend's birthday party for the first time. The party is ending, and it's been an exciting time, but everyone is tired and getting cranky. Out comes the ice cream! It's vanilla. Disappointed, Avi begins to look very unhappy. He goes to his father and says, "I want chocolate ice cream." Dad says, "Sorry, Avi, they don't have anything but vanilla."

"I want chocolate," Avi whines. The other parents look at Dad. He becomes tense. How should he handle this? Dad knows he can't get Avi a substitute, but he realizes that his son is upset, and he can provide understanding and comfort.

"You wish you had chocolate ice cream." Avi looks up and nods.

"And you are angry because we can't get you what you want."

"Yeah."

"You wish you could have it right now, and it seems unfair that the other kids have ice cream and you don't."

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“Yeah,” Avi says more assertively but no longer whining.

“I’m sorry we can’t get you your favorite ice cream, and I know that it’s really frustrating.”

“Yeah,” Avi says, looking a lot less upset.

“I am really sorry.”

Avi looks relieved and when his father suggests, “We can get some chocolate ice cream when we get home.” He looks quite pleased and runs off to play. Many years later Dad learns that some people who have sensitive tastes find vanilla aversive.

This type of empathic understanding of a child’s feelings is central to emotion coaching in parenting. The father’s actions were so much more effective than coaxing Avi to have what he doesn’t want or telling him that he is ungrateful, that he should be more flexible and eat what he is given. If parents were able to enter their children’s shoes and see the world through their eyes, chances are that children would feel a lot less isolated and lonely. Ignoring children’s feelings does not make the feelings go away; rather, bad feelings tend to shift when children can talk about them, put them into words, and feel understood and soothed by parents’ comfort and concern. The children then see their parents as allies in their struggle to make sense of things in their inner and outer worlds, and they then turn more often to their parents for support.

As easy as it is to understand what empathy is, it is extremely difficult to practice with one’s own children. I speak from experience. Parents have to be able to slow themselves down and be able to rid themselves of the many anxieties that might stop them from feeling empathic. Anxieties such as wanting to protect one’s child from the rejections he or she suffers, worries that their children won’t turn out “right,” expectations of how one wants one’s children to be, and self-conscious concerns about others watching and wanting to do parenting right are all part of being a parent. If one’s daughter comes home and says her friends rejected her, it is important to stop and respond to her hurt rather than rushing in to solve it, give advice, or try to get her to be less sensitive. This style of relating is part of emotion coaching.

Emotion coaching of parents involves helping them become emotion coaches with their children. This involves guiding parents toward awareness and management of their own emotions as well as teaching them how to deal with their children’s emotions. At times, work with parents involves coaching the parents alone on how to help their children focus on and manage their emotions. At other times, work with parents together with their children is indicated. In the latter case, parents are coached on how to respond to their children’s emotions as they emerge in actual interactions. For example, parents who are having problems with their children can be coached in how to hold their infants, how to be vocally responsive, and how to be more attentive and reciprocating in their gazes.

This chapter is written for parents to help them understand the importance of emotion coaching as parents. Parenting coaches can use the perspective provided to assist in the psychoeducation of parents. A more detailed guide for parents and coaches can be found in Gottman's (1998) work on emotion coaching.

EMOTION COACHING IN PARENTING

John Gottman, a psychologist who has studied parenting emotion philosophies, found that children of parents with an emotion-coaching philosophy functioned much better in a number of domains than did children of parents with an emotion-dismissing philosophy (Gottman, 1997). In Gottman's (1997) study, parents' attitudes toward emotions and their interactions with their 5-year-old children were measured at Time 1. Three years later, at Time 2, the children, who were then 8 years old, were again studied on a number of indexes. These included teacher-rated peer relations, academic achievement, parent reports of the children's need for emotion regulation, and the children's physical health. The children with emotion coaching parents at Time 1 had better academic performance at Time 2. Controlling for IQ, their math and reading scores were higher. They were also getting along better with their peers, they had stronger social skills, and their mothers reported that they had fewer negative emotions and more positive emotions. These children had lower levels of stress in their lives, as measured by stress-related hormones in their urine, lower resting heart rates, and quicker recovery from stress. They also were reported to have had fewer infections and colds. The general conclusions of this study were that parents whose children were doing best on these indexes at Time 2 showed specific characteristics at Time 1.

The parents of the successful children showed higher levels of emotion awareness of their own and their children's emotions. They had an emotion-coaching philosophy that offered acceptance of and assistance in dealing with anger and sadness. Also, rather than being either derogatory (intrusive, critical, mocking) or simply warm (positive but not emotion focused) in their behavior, they were not only warm but also more focused on emotion and able to provide direction when needed and praise when the children's behavior was goal appropriate. This provision of structure and praise was provided in a relaxed manner, for example, stating simply the goals and procedures of a game to be played and not overwhelming the children with too much information. These parents waited for their children to act, not pushing them, and then commented primarily when the child did something right. Parents who were low on this dimension gave little structure and too much information

to children, which either excited or confused them. They commented on mistakes and were usually critical.

Emotion coaching helped these children regulate their emotions and develop the ability to soothe themselves. Emotion-focused mentoring of children's feelings had a soothing effect on children, and this led to change in their parasympathetic nervous system responses, affecting such things as heart rate and attentional abilities. Of great interest is that children who at age 5 received emotion coaching—the ability to talk about emotions while having them—were not overly emotional with their peers at age 8. In fact, just the opposite was observed. Being appropriately cool was the norm, and children with good emotion coaching seemed to be most competent with their peers because they had developed the skills to handle situations appropriately. They probably were more aware of their emotions, could regulate their upset feelings more easily both physiologically and behaviorally, and could better attend to salient aspects of the situation. They probably had also learned how to learn in emotion-evoking situations.

Parental characteristics that had such a powerful effect on their children that defined emotion coaching were

- awareness of even low-intensity emotions in themselves and their children;
- viewing their children's negative emotions as opportunities for intimacy or teaching;
- empathizing with and validating their children's emotions;
- assisting their children in verbally labeling their emotions; and
- problem solving with their children, setting behavioral limits, discussing goals, and offering strategies for dealing with negative-emotion-generating situations (Gottman, 1997).

These parents clearly possess all the elements of emotional intelligence, emotion awareness, empathy, and the ability to think about and regulate emotions. Notice that parenting with emotional intelligence involves more than either warmth or limit setting, alone or in combination. It involves an emotion-coaching style of attending and managing: being aware of, and being able to deal with, emotion. Parents need to feel comfortable with their own emotions. They do not need always to express them, but they must not ignore them. A crucial element of emotion coaching is being able to talk to children while they are experiencing their feelings and helping them put these feelings into words. This helps the children make sense of their feelings and the situations that evoke them. As with adults, putting emotions into words for children is a way of integrating reason and emotion and creating new links between different parts of the brain. This helps integrate feelings into a meaningful story that explains things. In addition, helping children

make transitions from one emotional state to another is an important aspect of coaching. Here bridges between different states are built, and flexibility in moving between states is encouraged. A crying child first is soothed and then is offered a new, exciting stimulus, such as a funny face and sound or an experience, like being swiftly raised in the air with a sound of a new wheel. This helps the child transition into a new emotional state. Repeated experiences of this type help the child develop his or her own ability to soothe and shift states.

An emotion-dismissing parental attitude, in contrast, viewed children's sadness and anger as potentially harmful to the child. These parents believed they needed to change these emotionally disruptive experiences, as quickly as possible, and that the child needed to realize that these negative emotions were not important and would soon disappear if the child just rode them out. It is not that these parents were necessarily insensitive to emotion, but their approach to sadness, for example, was to ignore or deny it as much as possible and to mollify anger or punish it. They said such things as "Seeing my child sad makes me uncomfortable" or "Sadness needs to be controlled" (Gottman, 1997). These are not the parents to whom emotion is a welcome addition to life. Rather, they believe it is "not okay" to have feelings, that feelings need to be minimized and avoided, and that negative feelings are dangerous and even from the devil. Some parents minimize sadness in themselves—"What's the good of being sad?"—and in their children—"What does a child have to be sad about?"

Parents have a tremendous opportunity to influence their children's emotional intelligence. Babies learn from their parents' responses to their emotions that emotions have a sense of direction and that needs can be satisfied. They learn that it is possible to go from one feeling to another rather than become overwhelmed by their emotions. In particular, they learn that it is possible to go from distress, anger, and fear to feelings of calmness, satisfaction, and joy. They begin thereby to build the bridges that will be so important in life to help them transition from disturbance to calm. Babies with unresponsive parents learn that when they are in distress and cry out, they experience only more distress. They have never had a guide who conducts them from one place to another, who guides them from distress to comfort, so they don't learn how to soothe themselves. Instead, a bad feeling is a black hole that swallows them up.

Coaches need to recommend to parents that they should begin very early to teach emotional intelligence skills to their children and continue this teaching all the way through childhood. The skills in which parents need to be coached include opening channels of emotional communication with their children right from infancy, so that they help their children develop an early "emotional vocabulary" on which to build. Parents need to learn to encourage

their children to talk about how they feel about the events in their lives; they also need to listen to how their children feel without passing judgment. Parents need to recognize the less intense emotions in their children, not only the intense ones. If a child seems hesitant or nervous about the choir audition tomorrow, it is better to talk to him or her about it today than for the child to freeze tomorrow. Providing activities and playthings that help children explore and express their feelings also is very helpful in developing an emotional vocabulary. To develop their children's emotional intelligence, parents should choose toys and games that help kids recognize their feelings, identify their feelings, communicate their feelings, and hear what other people are saying about their feelings.

PARENTS AND THEIR INFANTS

Emotions are central to how parents and children relate. Through emotional expression, parents and children come to learn about each other's desires, intentions, and points of view. Children's emotions signal what is working or not working for them in their relationships long before they can talk. Being aware of children's emotions from birth onward is thus one of the most central tasks of parenting. Infants are labile and easily aroused. Unable to control their own responses, they are prone to sudden frustration, boredom, and fatigue. They depend on adults to read their emotion signals.

At first, attending to children's emotions comes naturally to many parents. At birth and in the first years, parents listen and watch attentively to every nuance of expression, trying to understand this wondrous little being and all of the desires of his or her majesty. The child cries, and they run to comfort him or her. The child smiles, and they are overjoyed. Parents generally are incredibly attuned to their infants, far more so than in any other species. Human infants are born far more helpless than other mammals: They need caretakers. Children are totally dependent on parents for their survival. Parents are so attuned that they not only are fascinated by and attentive to every coo and gurgle, but they also go in the quiet of night and check to see if their children are breathing. At the other end of the parenting spectrum are those parents who not only are not attuned to their infants but also are bewildered by the little bundles of emotions. They cannot fathom why infants don't come with operating manuals. These parents need more explicit training in recognizing emotions, in understanding what they mean and what to do. In such cases, parent–infant coaching is highly indicated (Stern, 1995). Van den Boom (1994) found that a 3-month coaching intervention for irritable 6-month-olds and their mothers designed to enhance maternal sensitive responsiveness improved the quality of mother–infant interaction,

infant exploration, and infant attachment. At the end of the 3 months of training, mothers were more responsive, stimulating, visually attentive, and controlling of their infants' behavior. Infants had higher scores on sociability, self-soothing capacity, and exploration, and they cried less. At 12 months, the infants who had received the intervention were more securely attached than those who had not received it.

Human infants are far more dependent than other species, and also have far higher neural plasticity. Because they are so ready to learn, what happens to them early on, especially in their emotional experience, shapes them in profound ways. Family life provides infants with their first emotional lessons. It is in this intimate school that children will learn who they are on the basis of how they are treated. They will learn how others will react to their feelings, and from this they will begin to form attitudes about their own feelings and will learn how to handle them. It is not that infants come into the world as blank slates to be written on by experience. They have their own temperaments, capacities, and emotional tendencies. Infants definitely are active agents who promote their own development, but they need a lot of assistance from caregivers to help them find their feet. Once they do, they are truly up and running, all over the place.

Amazing as it is, the brains of these dependent little beings contain the seeds of many of their future capacities for mastery of their worlds. These seeds are just waiting for an opportunity to develop. Infants are born with lots of emotional capacities that provide all they need to survive in a close bond with a caregiver, the closest emotional bond they will ever experience. Of special significance are the capacities for connection provided by an innate emotion system. How these emotions are responded to lays a foundation for further emotional development.

A nursing baby whose needs are responded to with loving attention and cradling affection absorbs his or her mother's loving gaze and receptive arms along with the milk and drifts contentedly back to sleep. This child learns that people can be trusted to notice one's needs and can be relied on to help and that his or her own efforts at need satisfaction will meet with success. A child who encounters the tense arms of an irritable, overwhelmed mother who looks vacantly ahead, waiting for the feeding to be over, learns another lesson. Tensing in response to the mother's tension, this child learns that no one really cares, that people can't be counted on, and that his or her efforts to get needs met will not prove satisfying (Stern, 1985). Depressed mothers have been found to spend less time looking at, touching, and talking to their infants; show little or negative affect; and often fail to respond to infants' signals. Their infants in turn show abnormal activity levels and less positive affect. It appears that because of their frequent exposure to their mothers' maladaptive responses, these infants themselves develop a dysfunctional

style of interacting (Field, 1995). A parenting style that is responsive and sensitive to children's signals results in infants high in social and cognitive competence.

Legerstee and Varghese (2001) studied the role of mothers' affect mirroring or empathic responsiveness on the development of 2- to 3-month-old infants. Mothers were classified as high-affect mirroring if they exhibited the following behaviors: were more attentive, maintaining, joining, or following their infant's focus of attention by commenting, for example, "Are you looking at your socks? Those are pretty socks, aren't they?"; were warm and sensitive in their response to their infant's affective cues, including promptness and appropriateness of reactions, acceptance of the infant's interest, amount of physical affection, positive affect, and tone of voice; and were socially responsive, imitating the infant's smiles and vocalizations and modulating negative affect. Notice the similarity between these dimensions and those of empathic following recommended for empathic emotion coaching. Infants with mothers who responded in these ways were found to be more responsive, reflecting back the mother's affect and smiling, cooing, and gazing at their mothers more than did infants with mothers who were characterized as low-affect mirroring. These infants showed more social behaviors, more often shared affective states with their mothers, and discriminated between live interactions with their mothers and film replays of their mothers. They interacted more with their real mothers than with a film of them, whereas infants with low-affect mirroring mothers did not.

Infants enter the world with a highly interpersonally responsive emotion system that is raring to go. They respond positively to facial configurations soon after birth. Masks shaped like a face soon evoke a smile. Young children respond with fear to looming shadows and even avert their gaze from fast-approaching objects. The latter response was shown in an experiment by simulating a fast-approaching missile with an expanding dot on a TV screen (Sroufe, 1996). The dot grew rapidly to fill a screen on which the infant's gaze had been fixed. The babies automatically turned their heads and eyes away to protect their faces from the apparently fast-approaching missile.

Infants also begin to learn very early in their development. By the time they have reached the ripe old age of about 4 days, they can discriminate and show preference for a breast pad saturated with their own mother's milk over one saturated with a stranger's milk. Soon they distinguish between animate and inanimate objects, showing greater interest in and preference for living over nonliving objects. Novel stimulation, even novel sequences of the same flashing lights, attracts their attention more than the same old thing over and over. The first weeks and months are very busy, not only for caregivers but also for infants as their brains grow and develop and more differentiated, neuronal connections lay down a set of pathways of great consequence. The

roads less traveled will wither and simply fade away, whereas those most practiced will become well-constructed highways to the future.

Learning helps the brain grow. Children who regularly practice violin or piano early on, say between ages 4 and 10, show many more developed neuronal connections in the music-related areas of their brains. This includes much more highly differentiated areas related to finger and eye coordination. Maestros' brains, therefore, are being developed by early practice, in a way and at a rate that never occur again. Future musical geniuses are being formed by childhood practice that occurs soon after leaving the cradle, and areas of the youthful brains of soccer and baseball players are being developed on childhood playgrounds. As they kick and hit balls, or anything that resembles them, the brain grows new connecting links that govern motor coordination.

Children are therefore active; they are forming beings from Day 1. How parents respond to their primary communications—emotions—is of great significance to children's well-being. Awareness of children's emotions is virtually a natural ability, especially if one has experienced good parenting as a child or has had other good relationships. Children also appear to be highly talented emotional beings. However, this talent tragically often erodes as they develop. As infants grow to maturity and develop language, parents often attend less and less to their feelings, and in the busyness and stresses of life, parents often expect their children to speak up for themselves. By the time kids are teenagers, they don't want parents to know what they are feeling, and parents have often lost interest. It is in the small, everyday emotional exchanges, as well as in the big ones, that templates are laid down. Parents too often send messages such as "I'm busy with something important—don't bother me." Why is it that parents stop attending to their children's feelings as they grow?

One important reason is the parents' own philosophy of emotion management (Gottman, 1997). To the degree that parents feel that their own and others' emotions need to be suppressed, controlled, and avoided, they stop attending to their children's emotions. Parents believe that their children need to learn the lessons of emotional control and the merits of no longer being babies. Adulthood, in this view, involves reining in one's emotions, at worst through physical punishment and at best by promoting rational control over one's emotions. The view of the benefits of emotional control is rewarded by its apparent validity. Parents generally don't want their children to be crybabies or wimps. Popularity does not go with emotional ability in childhood or adulthood. Being strong is a much-admired and much-desired quality. However, as I have argued, strength and emotional intelligence in the long run come from the integration of reason and emotion rather than from control over emotion.

It is parents' own feelings and thoughts about their emotions that are the major influence on how they handle their children's feelings. Parents raise children in their own images. Research has shown that gender-stereotyped ways of dealing with emotion, for example, have been influenced by parents' ways of telling stories to their children (Chance & Fiese, 1999). Mothers tend to tell stories with themes of disappointment and sadness. Fathers overall are less likely to use any emotion themes in their stories. Mothers are more likely to tell stories of sadness to their daughters than to their sons and have also been shown to demonstrate greater expressivity toward daughters than toward sons, which may explain girls' greater sociability and stronger tendency to smile in social interchanges (Magai & McFadden, 1995). The way parents tell stories to their children and express emotions to their children appears to be an important avenue of imparting gender-related information about emotion and its expression. Mothers have also been found to influence the expressions of their infants over time. Magai and McFadden (1995) summarized their longitudinal study of expressive development of infants and mothers over a 5-year period. They found that mothers engaged in behaviors that could be understood as an attempt to moderate the emotional expressions of their infants. Mothers restricted their modeling to the more socially positive signals of interest and joy, and over the years they increased their matching responses to these emotions in their infants and decreased their matching responses to infants' expressions of pain. Infants who received higher rates of maternal modeling of joy and interest showed higher gains in these emotions between 2.5 and 7.5 months of age.

Parents thus must learn to see their children's emotions as intimate opportunities for connecting with their children, for getting close to and validating their children's experiences. This is the first step in helping children learn about intelligent management of emotions. Parents should not invalidate and dismiss their children's emotions, ignore them, or treat them as undesirable intrusions or disruptions to be eliminated or controlled.

I now look at coaching parents in how to deal with the emotions in their children that later trouble the parents so much.

DEALING WITH CHILDREN'S SADNESS

The cry to be loved breaks all people's hearts. Babies' needs for love and tender care move virtually all people to provide these things. Infants who do not receive love and tender care fail to thrive and become sad and depressed. Loneliness and powerlessness are the instigators of sadness for old and young people, and when prolonged, they produce depression. Loss of friends and esteem, disappointment, failure to attain a goal, and loss of first

and later loves all produce sadness in children. Not feeling loved, and insufficient autonomy or a sense of helplessness, brings on adolescent despair.

How can parents mentor their children about the sadness of life, without the experience of which no one can mature? Parents shape their children's emotions by how they respond to these emotions, by the language they use to describe the emotions, by the specific emotions they themselves display, and by responding to some emotions rather than to others. Feeling talk is very important in children's development. In one study (Sroufe, 1996), the more mothers talked to their 3-year-olds about their feeling states, the more skilled the children were at age 6 at making judgments about the emotions displayed by unfamiliar adults. Witness the following feeling talk interaction between a mother and her 2-year-old son, Dennis.

Dennis: Eat my Cheerios. Eat my Cheerios. (crying)

Mother: Crying? We're having a real struggle, aren't we, Dennis? One more mouthful now. And oh, my, what do you do, you spit it out.

Dennis: Crying! (pretends to cry)

Mother: Dennis is crying. Doesn't want Cheerios. Mommy wanted him to have one more. Dennis is sad. Crying.

Dennis: Dennis sad. Crying.

Here mother and child are beginning to develop a shared experience in which they are learning to better understand each other. No one truly knows why Dennis was originally crying, but his mother is trying to understand, and Dennis is learning what his mother thinks about why he is crying. Together they are constructing a shared view of what is occurring. The mother is a mentor, a type of emotion coach, who here is simply helping Dennis put words to feelings and connect them to the situation. Later, as Dennis develops, his mother will do more coaching, helping him with appropriate forms of expression and action. By age 3, when children see another child crying or hurt, they respond with concern and might run to get the child's mother. Even earlier than this they understand causes of feelings and common antecedents of sadness, saying such things such as "Mommy sad; what Daddy do?" or "I cry. Lady pick me up and hold me." Parents need to be coached to engage in feeling talk.

Parents can deal successfully with their children's sadness by following these proposed steps. They can be taught in a psychoeducational group and be given to parents as a guide:

1. Be aware of even low-intensity sadness in yourself and your child. You need to pay attention to nonverbal signs or mild verbal ones of disappointment, loneliness and powerlessness, or giving up, and not only to crying and noisier forms of distress.

2. View your child's sadness as an opportunity for intimacy or teaching. Intimacy often involves sharing hurt feelings. There can be nothing as precious as sharing your child's hurt feeling; this is a real opportunity to be close. Being able to help alleviate sadness as a bonus will bring relief and will send you soaring to heights of satisfaction and gratitude. Don't be scared of your child's sadness; you will then only teach your child a fear of sadness. Don't avoid sadness; if you do, your child will learn to do this, too. However, as children get older and reach adolescence, they begin to separate from parents and form their own identities. Being autonomous becomes the important goal. Now you have to change your style to suit your child's mood. Your adolescent's sadness now can be discussed or shared only by invitation. Don't miss the opportunity. If your child shows you that he or she is sad, this is a sufficient invitation. You can say you would be sad if that had happened to you. Your mentoring should continue as your child grows, but when your child is older, don't say your child is sad until he or she does. Approaching too close to a feeling that has to do with weakness, such as sadness, when the adolescent is struggling with issues of competence and strength and is not yet ready to deal with these feelings, is potentially disastrous. Approach will result in your adolescent shrinking away and may hurt his or her pride rather than promote the openness you seek.
3. Validate your child's sadness. This is crucial. It is painful enough to be sad; to have this invalidated with "Don't be a crybaby" or "There is nothing to be sad about" is shame producing. Validation involves saying something like "It is sad or disappointing when X doesn't work out." Find some ways of truly understanding the validity of your child's sadness.
4. Assist your child in verbally labeling his or her emotions. As in the earlier example of Dennis and his mother's feeling talk, starting from an early age, talking about feelings is an important way of helping your child develop awareness about his or her own emotions as well as empathy with others' feelings. Both are crucial aspects of emotional intelligence. It is important to notice sadness and disappointment early, put them into words, and open them up. This prevents the sadness from escalating into withdrawal. It is important, however, with children to distinguish early on among primary, secondary, and instrumental sadness. Most children learn pretty quickly that sadness sometimes gets them their way. Thus they try using it to achieve

their aims. To validate sadness that is expressed deliberately on a child's face, so that he or she can get his or her way, is to validate the wrong thing. Rather than responding to an instrumental expression of sadness with "Mikey is sad," it would be best to say "Mikey wants a candy," and some coaching might be helpful, for example, by saying "You don't have to be sad to get a candy."

5. Finally, problem solve with your child. Set behavioral limits where necessary, and discuss needs and goals involved in the sadness and strategies for dealing with sadness-generating situations. After the sadness has been validated, proposing solutions in a nonimposing fashion can be helpful. When Amanda is sad that the blocks she was so carefully erecting into her own leaning tower collapsed, she cries. Mommy says, "It's so disappointing when the blocks fall that you just want to cry. Mommy's sad too when it doesn't work." (Amanda is still crying.) "You don't want the blocks to fall down. When we're sad because the blocks fall down we cry a little, and then we wipe our tears. There we are." (Amanda stops crying and starts looking around at the blocks.) "Now, let's see where those silly blocks are that fell down. Let's see if this time we can put the big one on the bottom." Rather than ignoring Amanda's sadness and starting to build blocks straight away, the mother recognizes her crying as an opportunity for closeness and teaching, and she coaches Amanda on dealing with sadness. Note the conducting from one state to another that is occurring.

DEALING WITH CHILDREN'S ANGER

Toddlers are among the angriest people in the world. They are small and helpless—their skills for mastering the world are just beginning to develop. Much that they do, they do poorly. This produces loads of frustration. If adults become exasperated with them, their sense of hopeless failure only increases. Children's anger is explosive—a brief burst of it and they return to normalcy with bewildering speed. Children between the ages of 1 and 2 years can be pretty ferocious together in a playpen. They might bite, scratch, hit, pull hair, and steal each other's toys.

Even at these young ages children express different kinds of anger: helpless anger, just standing and screaming when a toy is stuck behind the couch; more goal-directed anger, by pulling angrily on the toy to free it; and retaliatory anger at the child who stole the toy. As children grow, so does their

retaliatory anger. Most parents are shocked to see their child destroy a toy in a fit of anger. A severe lecture or punishment often follows this unacceptable behavior. The child's hostility must be subdued. What happens instead is it becomes hidden. It is remarkable that in a culture in which people stress the importance of learning how to spell, starting with the ABCs and building up to an adult vocabulary, people don't see how important it is to learn one's emotional lessons step by step until one is emotionally eloquent. Learning math requires first differentiating between 1 and 2, then learning to count to 10, and so on. Learning emotion regulation similarly is a complex learning process; one cannot learn it all at once. In learning to regulate emotional expression, a global emotional response such as anger needs to become differentiated by experience into a variety of subtle and appropriate responses. First, one needs to be aware of one's anger; then name it; and then in small steps, learn what to do to achieve its aim. Only then will children be able to differentiate their anger so as to satisfy Aristotle's requirement of being angry with the right person, to the right degree, at the right time, for the right purpose, and in the right way. Anger and aggression in adolescents has become a problem in North America that has no easy solution. Prevention is what I propose here. Emotion coaching from early on will provide the connection and the integration of emotion tolerance and regulation skills that will help prevent adolescent explosions. Parents need to connect with their children to address the emptiness, pain, isolation, and lack of hope felt by so many of them.

Angry children who receive no emotional guidance, no coaching or mentoring, become angry adults. Unless parents can sit patiently with their children's anger, assimilate it, tolerate it, empathize with it, and validate it, and then—at a pace appropriate to the child—begin to put words to it and guide it in constructive ways, it has no opportunity to develop and grow. Only with this kind of attention will anger grow into more differentiated, socially appropriate forms of expression. Children's retaliatory anger peaks in their early school years and then diminishes until it almost disappears in most teenagers. Teens tend to sulk and be oppositional, and they get angry with those who impose on them. They get especially angry with siblings, and they get angry when they feel too confined, are lied to, or are shamed.

Many parents deal with their children's anger by driving it underground rather than helping their children make sense of their anger and use it in problem solving. Children come into the world with different temperaments and differ in their degrees of irritability and anger. Crabby babies can become happy adults, but infants who begin life with bad moods will not be as easily soothed and may grow into angry children, especially if they happen to have parents who are too harshly controlling or anxiously unsure.

The following guidelines can be given to parents to help them deal with their children's anger:

1. Be aware of anger in yourself and in your child. You need to pay attention not only to your child's tantrums but also to his or her irritability and resentment.
2. View your child's anger as an opportunity for getting closer to what is happening in him or her and for teaching. Recognize this anger episode as one in which you can help your child learn something about how best to deal with this anger. Don't drive the anger underground—it is not a toxic product to be buried. Also, don't allow yourself to be dominated by a tantrum and give in to get rid of it. View it as an opportunity for your child to learn and for you to teach, not as a disaster.
3. Validate your child's anger. To validate anger, rather than seeing it as a volcanic eruption to be capped, you are going to need to be comfortable with your own anger and its expression. Remember, anger is saying "I'm offended." Find out about the offense your child has experienced and discern her or his reasons for being angry. Seeing how your child's experience makes sense is one of the most important parts of validation. Convey this understanding even if you feel it important to set a limit, for example, "I know you are angry (or upset) that your brother took the toy. I know you want it, but I want you to let him have it now. It is his turn." It is also helpful to empathize with your child's anger against you. Saying "I can understand how you would be angry at me for limiting your TV" is helpful. This maintains a connection and validates the child's anger.
4. Assist your child in verbally labeling his or her anger. This is generally done first by offering words, but as the child grows and is able to name feelings, first ask "Are you angry?" and later ask "What are you feeling?"
5. Problem solve with your child, set behavioral limits when necessary, and discuss goals and strategies for dealing with anger-generating situations.

DEALING WITH CHILDREN'S FEARS

The fear of separation is many children's most basic fear and becomes anxiety over a lack of safety. Most babies show a fear of heights, of falling, and of sudden noise. Many fears grow with imagination. At about age 8 months,

the fear of separation begins. This is the time at which babies' cognitive capacities have developed sufficiently that they can recognize familiar people and objects. Separation from familiar caregivers produces imagined consequences too frightening to anticipate, and the appearance of strangers presents them with a sight too terrifying to behold.

Many fears are learned. Children often fear what their parents fear, or they learn the lesson of fearfulness and begin to fear other things. Studies have shown a correlation between the number of fears held by children and their mothers (Magai & McFadden, 1995). When parents themselves are anxious with other people, children will interpret this as a fear of strangers. If adults are highly anxious about their children's health or injury, the children will conjure up dire consequences. Fear of the dark, fear of water, and fear of cows or dogs are other common childhood fears. On the other hand, often fears come of their own accord and tend to disappear as the child grows.

Severe or harsh punishment produces fear, as does a parent's explosive temper. Children who have come from homes in which there has been violence or intense marital or familial dispute tend to walk through life on eggshells. This is a survival skill learned in the family so as not to precipitate the inexplicable wrath that could descend at any moment. The direct result of frightening or unpleasant family situations is an increased load of anxiety on the children. Domination, lack of respect, constant criticism, expectations that are too high, and having to take sides in parental disputes all produce a weaker sense of self and anxiety. Growing up in an environment of suppressed hostility between parents is highly confusing and anxiety provoking for many children, who sense the danger but cannot quite identify its source. They just feel anxious.

Overprotective parenting also will create fearfulness in children that they are not well equipped to survive on their own and that they require protection. Children raised in a warm environment in which their fears are noticed, in which they are helped and encouraged to put their feelings into words, and in which actions are taken to deal with their fears will have lower levels of fear. No one can be inoculated against all fear, but children who are raised in a secure emotion-coaching environment are less likely to suffer from deep anxieties later in life.

Fears of inadequacy, which none of us overcome entirely, begin in childhood as children become more autonomous and have to face the world alone. Such fears are most acute in teenagers, who have a stronger need than most to belong or fit in. They fear being criticized, mocked, or made fun of. They form ideal images that they often find hard to live up to. Overconfidence, with no doubts, does not make for ideal adaptation; a certain amount of unsureness is healthy.

A child comes running in the night, afraid of the dark in his room. The noises outside scare him, and he imagines all kinds of monsters out there, in his closet, or under his bed. Provided these are not chronic and too overwhelming, in which case underlying problems might be signaled, how do parents handle the child's fear? The following steps will help:

1. Be aware of even low-intensity fears in yourself and your children. The issue here is being realistic. If you are overattentive to fears—your own or your children's—you will produce over-anxiety, but if you ignore your children's fears they will not go away. Statements such as "Be a big boy or big girl" in response to fear will only produce shame about the fear. Notice whether your child is afraid when you put him or her to bed or whether he or she asks urgently for water or too hurriedly comes out of the room with some excuse.
2. View your child's fear as an opportunity for intimacy or teaching. Rather than simply mollifying your child or minimizing his or her fear with "There's nothing to worry about," take it seriously. Recognize that something more is needed. Attempt to give what is needed and not more.
3. Validate your child's fear. For some reason, perhaps because adults are so afraid of their own fear, adults tend to humiliate children for being afraid. Even with the best of intentions, either thinking the child is cute or remembering their own fears, adults often are amused by children's fears, laugh about them, and say things like "Don't be silly." This is very humiliating. Children's fears and anxieties are valid, not silly. Once the child has been validated, at least he or she now no longer feels alone in a fear that no one understands. Possibly a child's fear is the emotion with which adults most need to empathize, because being connected to a secure adult helps calm a child's fears. Nothing is worse than being ridiculed for one's fears. I still remember picnicking with my extended family on a family holiday and being afraid of cows that were approaching our picnic site. I struggled, trying not to show my fear. No one else seemed afraid, and I wanted to be a big boy, but my fear overcame me. Although my mother usually was protective, she was influenced by the context of relatives, particularly by one who took the "don't pamper him; he has to grow up" and mocking "don't be a sissy" approach, and so I was left to suffer on my own. I felt so alone in my obviously irrational fear. Even the other children weren't afraid, and my mother was providing no protection. I ran back to the car and in humiliation ate my hot dog in

the safety of the back seat. I still remember the awful feeling in my stomach and the suppressed tears of shame and anger at my relative. This did not help me deal with my fear. I got over my fear on other occasions, when my mother, unembarrassed and unconstrained by a family chorus, helped me approach cows, reassured me of their harmlessness in spite of their size, and showed me how to feed them grass and even touch them. The ability to do these things was exhilarating, and I felt proud of myself, as I felt my mother was.

4. Assist your child in verbally labeling his or her fear. The answer lies in naming the fear, either with questions such as “What are you afraid of?” or if you and your child don’t know, taking the opportunity to explore this together. Make helpful comments or conjectures such as “I understand you are afraid of the cows” or “Are you afraid of the dark and the sounds outside?”
5. Problem solve with your child; set behavioral limits; and discuss needs, goals, and strategies for dealing with fear-generating situations. When a child is afraid of the dark, sleeping in the parents’ room is not a good solution, even though that’s what the child wants and would solve the immediate problem. A clear “No, that is not a good idea; Mommy and Daddy need to sleep in their beds and you in yours” sets the limit. Solutions might involve nightlights, a certain amount of checking under the bed, and investigating the sources of noise to reassure the child that there realistically is no danger. Soothing is also important to help the child relax. Facing fears in small steps is the right approach, but this must always be done in a validating, understanding context.

DEALING WITH CHILDREN’S SHAME

Shame is among the most excruciating of childhood experiences. Children need to be proud of their small selves to feel big. To be belittled when one is so small is too diminishing. Children need to be the apples of their parents’ eyes. Their excitement needs to be seen and validated, otherwise they shrink, red-faced, into the floor. To them this is a fate worse than death and is avoided at all costs, especially as the child grows into adolescence. Embarrassment develops with age. By the time the child recognizes himself or herself as a separate person and can evaluate the self from the perspective of another person, the capacity for embarrassment has begun. If a parent ignores a child’s pride, the child will feel shame. Support and

validation are the antidotes to shame. If a parent shames a child, the parent must correct this immediately by reaffirming the child's importance to the parent. Prototypic of more intense shame experiences for a child is loss of bladder or bowel control and soiling oneself in public. This is the worst sort of humiliation. Reassuring the child that he or she is not defective for having made a mistake, or for his or her inability to control this time, puts the accident in a temporary context and removes it as a basic flaw of the self.

The following steps can help parents deal with shame in their children:

1. Become aware of even low-intensity shame or embarrassment in yourself and your children. Name it. Validate the child and help him or her recognize that mistakes are acceptable; do not diminish the child's self in the eyes of you or others.
2. View your child's shame as an opportunity for intimacy or teaching. Teach him or her that all people make mistakes and that this does not make your child an unacceptable person.
3. Validate your child's shame. Acknowledge and normalize the child's experience: "It feels awful to think that others will tease you," "You are not the only one to whom this has happened," and "I remember when . . ." all help.
4. Assist your child in verbally labeling his or her shame. Give a name to this feeling of wanting to shrink into nothing and hide from the eyes (and in the case of loss of bowel control, the noses) of others.
5. Problem solve with your child. Set behavioral limits and discuss goals and strategies for dealing with shame-generating situations. Discuss with your child how such a situation could have been prevented. Teach the child that telling the parent who is giving one a ride home that one needs to go to a toilet is better than trying to hold it in until one gets home. Tell the child that you understand that it might be difficult to ask but that this is the best way.

DEALING WITH ONE'S OWN EMOTIONS AS A PARENT

If anyone had told me the depth of emotion, especially difficult emotions, I would experience in parenting, I would have thought the person greatly prone to exaggeration. Sure, I expected to feel love, joy, happiness, excitement, worry, and frustration, but I did not expect to be pushed to the furthest limits of my experience. In addition to the feelings I expected, I have felt extreme helplessness, rage, pride, fear, anxiety, and worry beyond

anything I had ever felt before. I have also felt sadness, a deeper and more poignant sadness than I could have imagined: sadness at my children's hurts that I could not heal; at their disappointments and failures that I could not prevent; and at their leaving, which I could not stop, nor wished to. I needed every ounce of emotional intelligence I had to negotiate the most challenging of life's tasks: parenting.

One of the most remarkable parts of this emotional journey was the extent to which I had to confront my own feelings and grow emotionally. My children were a mirror for my own emotions, and keeping clear what they truly felt and not confusing it with what I felt was highly challenging. Parenting made me realize many things about myself. Sometimes—often, I hope—I was able to see and hear them and understand what they felt, but at other times my own feelings would become so strong that they obscured the separation between us. If they were sad, I would be sad. I would overidentify with their sadness and become overtaken with my own sadness. On other occasions I would imagine they were hurting when they were not and feel my own hurt through them. This is not some strange insanity. All parents do it. The conspiracy of silence that surrounds the emotional experience of child rearing needs to be broken. The issue is not whether all parents to some degree project their feelings onto their children and become so enmeshed that they lose their boundaries. In these states a child's hurt is the parent's hurt, the child's loss is the parent's loss, the child's victory is the parent's victory. Instead, the issue is whether parents can distinguish fantasy from reality. Can parents recognize and find out what they are feeling rather than believing what they imagine—that their feelings are really their children's? Even when parents' feelings and their children's feelings are the same, it is very different for adults to hear and respond to a child as a parent than it is to be overwhelmed by their own unresolved feelings triggered by their children's feelings or circumstances.

Another area of definite difficulty is that of parents overreacting to their children: Feeling threatened by their anger, defensive at their criticisms, hurt by their separations, and rejected by their disinterest can evoke parents' own maladaptive responses. These will impair parents' ability to be a mentor or emotion coach. Parents who often feel anger, sadness, or fear in their parenting experience these emotions too intensely, have difficulty calming down, and are out of control. Coaches need to work with these parents to help them deal with these maladaptive states. Angry feelings are usually the most difficult ones with which parents must deal. They need to acknowledge their anger but learn to regulate it so that they don't lash out and then feel guilty afterward. If they do, however, an apology is always welcomed by children, who need the love of their parents and can be very forgiving. It is important for parents to be able to express anger when they are mad at their children,

but they may need help to do so constructively. This means communicating anger with “I” statements and not condemning or criticizing the child—for example, by saying “I am mad” rather than “You are bad.” Parents need to be able to talk sensibly about their anger, to disclose it as information to be dealt with rather than to attack. Throughout their expressions of anger, they need to continue to communicate their caring and respect for their children and communicate that what their children do matters to them. Sometimes it would be a lot better if parents saw their children as they see other adults—as sensitive, feeling beings—and applied the same rules of interaction to them. For some reason, parents tend to lose sight of the fact that their children have feelings, and even though they have the best intentions toward their children, they try to teach or control them and end up nagging and arguing. It is so easy as a parent to forget that children are real people, too. This is in part because children don’t yet speak in a way parents can understand, so the parents lose sight of their children’s inner worlds. Parents need to remember that their children do feel, all the time.

Children are simultaneously the most forgiving and the most condemning of their parents. An infant bears no grudge at a parent’s neglect, and children tolerate parents’ moments of anger and impatience the way few others would. But if there is no lasting love, and especially if no understanding is developed, this precious bond becomes contaminated with anger, hurt, and recrimination. As much as children grow to seeming independence, they, as do parents, always remain interdependent beings. People always need and benefit from human connections of some kind. Family ties are the strongest of all emotional bonds. Parents need, therefore, to pay special attention to their children and learn to be good emotion coaches.

15

COACHING FOR EMOTIONAL INTELLIGENCE IN LEADERSHIP

Emotional competence is the single most important personal quality that each of us must develop and access to experience a breakthrough.

—Dave Lennick, American Express Financial Advisers

The essential difference between emotion and reason is that emotion leads to action while reason leads to conclusions.

—Donald Calne

Emotionally competent leaders get better results (Goleman, 1995). For example, two leaders, A and C, have to make layoffs. Both leaders feel dread at having to inform staff and a complex mixture of guilt and anxiety at having to injure people. Both fear employees' anger and anxiety about the future of the company. Leader A manages all this practically and rationally, believing in giving them the "cold hard facts," and delivers a speech to the group laying out the number of people who will have to be fired. He emphasizes the inevitability of this and then returns to his office.

Leader C first focuses on what she feels, then discriminates the different components of her feelings and addresses each one. She also gathers the staff together and begins by saying how sorry she is that it has come to this, and while reporting that layoffs are inevitable and providing the number of people to be let go, she says she feels awful about this (addressing her guilt)

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Emotion-Focused Therapy: Coaching Clients to Work Through Their Feelings, Second Edition,
by L. S. Greenberg

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and has tried everything possible to avoid layoffs, which understandably raise everyone's anxiety. She promises to keep everyone informed (addressing others' anxieties) as soon as she knows whom this will affect. She says she understands people will feel anger at her and that she fears their anger but that the future of the company is at stake and she fears that even more (addressing her fears). She explains that she therefore needs to do this to save the company, and she adds, "Now is a time for them all to support each other as much as possible."

In another example, Jean, a recently promoted manager who has been complaining about her team's performance, with the help of a coach is able to recognize her own concerns about failure and rejection and her team's feelings of apprehension about their current project. She now is able to appreciate how these feelings have contributed to mutual avoidance of some key business issues. She is able to attend to how intense is her critical internal voice about the team's behavior. She acknowledges that the team has previously been cohesive, cooperative, and open but predicts that if the present situation continues, she will become increasingly angry and defensive and that they are likely to become increasingly angry and defensive and distrustful of her leadership skills. With this new perspective, she turns to actively planning how she can manage both her own and the team's emotions to enhance the likelihood of a good result.

Leader C and Jean in the examples just given display skills of emotional intelligence. In this chapter, I explain how emotional intelligence can be applied in the workplace. This chapter is written for organizational leaders to help them work with their own and others' emotions. It lays out a framework that will help leaders enhance their own emotional intelligence and create emotion-friendly work environments. Executive coaches can use the perspective provided here in conjunction with the other chapters in this book to coach managers to become more emotionally intelligent as well as to provide psychoeducation groups for leaders on how to deal with their own emotions and others' emotions. Experiential work in groups and individual coaching is needed in addition to psychoeducation to embed these skills.

The summary manual outlined next was developed with the help of a grant from the Breuninger Foundation with input from Helga Breuninger and Almuth Schellshop of the foundation and Alberta Pos of York University. The program was successfully piloted on and evaluated by a group of German female leaders, who provided useful feedback on the program and on its impact. What emerged as very helpful was to analyze real work situations in groups with a coach through the lens of the model provided next and by means of the emotion vignette questionnaire shown in Exhibit 15.1.

EXHIBIT 15.1
Emotion Vignette Questions

A sheet is given to participants, and they analyze daily professional challenges and conflicts on a structured questionnaire. Following are the questions, an example answer, and the coach's written responses are given below.

1. Brief description of the situation (about 4 sentences)

We had a lot to do in the store as we had to pack away all the merchandise from the day before. My main salesperson, Dianna, who is responsible for the store and the first responder and who should be first to attend to customers, as her first act in the morning started to empty the dishwasher. Two customers came in and I was first, then another salesperson came forward, and Dianna was the last who came, because she also picked up the phone. Then she took over one customer and served him well till the end of the purchase.

2. How did I feel in the situation?

(Primary adaptive emotion, secondary emotion, primary maladaptive emotion)

What did I feel in my body/Physiological reactions?

What was my first behavioral impulse/Action tendency?

What did I think/cognitions?

After the sales, I was angry and agitated like an animal in a cage. Nervously running around, wanting to "air" my anger some, to let it out. I was asking myself, why she did not have the right priorities (to clean up the store, be in the store, not in the back office area). Was she "escaping" because she did not want to work today or because she did not feel well? Why was she not doing what I always tell her, to "please be in the store."

3. Did I pursue a goal? Which goal did I achieve? How did I achieve the goal? (Scale ranging from 0 to 10)

I wanted to tell her again, her first priority should always be the store. I wanted to make it clear, but I was not successful (1 out of 10).

4. How did I react?

I told her in a harsh voice that I didn't like the situation at all. I said that I had always told her the same (100 times) and that she should try, for one day, to stay only in the store and nowhere else. She answered that she never knows what to do, thinks that she is always doing everything wrong, that I am unfair, and she started to cry immediately. Then she walked away, took a pill to calm down (her boyfriend died 1 year ago and her stepmother just told her that she has cancer) and told me that she would not like to speak about it right now, maybe later, but she does not want to cry in front of the customers. I was even angrier and said that I was sick of always being nice.

Coach's written response: So as I hear it, your difficulty is struggling with being more angry than is helpful in being able to handle the situation professionally. So it is a difficulty with regulating your anger so that you have the right amount at the right time. I understand that this situation is frustrating and has left you feeling powerless to get her to respond or change.

5. What changed in the situation? For me? For the other people present?

I was angry at her because she says that I am not clear about what I want, but I always tell her to be in the store. I am clear! The day was ruined in terms of our relationship and we did not speak about it anymore.

6. Was I pleased with the way I acted and the outcome?

I am not happy with the result. I was overacting with my harsh voice because I am angry about her wrong priorities for a certain period already.

(continues)

EXHIBIT 15.1
Emotion Vignette Questions (Continued)

Coach's written response: Yes, so the difficulty is that it is an ongoing conflict that doesn't get resolved. Your anger in some ways is primary and telling you that you are feeling wronged and also your goals are being blocked and you want to overcome the block and attain your goal. But the intensity of it is secondary response to feeling powerless and blocked. So the emotion indicates clearly there is problem to solve, but blowing up isn't working.

7. If I had one wish granted, what would the situation have been like for me and the other people present?

I would have liked to take this event as an example of her faulty priorities. However, I have talked so many times with her about her working method that I actually don't know how to handle her. She sells very well, but the other work, she delegates to others. So they don't expect her to help; instead they expect it of me. Since she has these family problems, everyone wants to release her and she "uses" it. She can do nothing alone and needs a helping hand for everything.

8. Was I in a leadership role? If yes, what was required from me as a leader in this situation?

Yes, but very from the top. I was not calm and not reflective, not professional. But then she was the boss and told me that she did not want to talk about it anymore. I was angry about this sentence as well.

Coach's written response: Yes I can imagine how that just fueled your anger but again probably speaks to the powerless frustration you feel.

9. Was I pleased with the way I acted and the outcome?

No, I was not and I am still not happy with the situation. The situation is still "open" and not finished or solved. I would like to change her slightly, but I don't know how, since she does not follow my instructions.

Coach's written response: Do you have annual performance appraisals where you give feedback to employees? It sounds like a meeting may be helpful, away from the immediate situation, in which you are able to give her feedback without anger. The emotional issue for you, however, is dealing with these underlying feelings of powerlessness that lead you to the reactive intense anger that is somewhat secondary.

10. What did I have the opportunity to practice in this situation?

I could not practice anything in this situation. I don't see anything that was "right."

Coach's analysis based on ARRIVE AT model

WARE: Of the anger, yes, but not the underlying powerless feeling.

REGULATE: The anger is underregulated. Being able to breathe and calm yourself first is needed. Becoming aware of the underlying feelings would also help to regulate it.

REFLECT: Not at the time

INFORMED ACTION: Your anger informed you to set boundaries, but too strongly.

VALIDATE: No

EVALUATE: Yes, that it didn't work.

TRANSFORM: No. Possibly this needs some work, maybe with a coach, to help deal with when you feel powerless or blocked.

Emotional pattern

Secondary anger that covers powerlessness and is therefore somewhat under-regulated and does not lead to effective action.

EMOTION-FOCUSED LEADERSHIP

With the recognition of the importance of emotion in the workplace as a primary source of information and motivation, leaders need to become more emotion focused and to learn to work with emotion in their employees and clientele. In addition, because emotional intelligence has been shown to play an important role in work and in leadership, it is important that leaders themselves can effectively deal with their own emotions.

Unwanted unpleasant feelings often arise in the workplace. They need to be listened to for the information they provide and then transformed so that they do not remain as major blocks to collaboration and problem solving. A leader's job is not primarily to make people in the organization happy, but staff will be more motivated and creative if leaders validate their workers' most central feelings and needs. In general, people in organizations want to feel pleasant emotions (e.g., pride, joy) because these facilitate effective functioning in the workplace. They also seek to avoid negative emotions (e.g., shame, fear). At times, however, people do seek to have unpleasant emotions, such as anxiety to facilitate future performance or anger to mobilize to right wrongs against them or their organization. Emotion-focused leadership involves leaders who have the following characteristics:

1. They are aware of their own emotion and especially of their own vulnerable emotions (e.g., fear, shame) that get in their way of good decision making and development. This competence includes recognizing the impact one's emotions have on views of self, other, and the world.
2. They are able to use their own emotions to facilitate thinking, planning, and responding to others in an appropriate manner within the value framework of the organization.
3. They are aware that not all emotions are people's primary or first emotional responses. Some emotions are secondary and obscure the person's most fundamental feeling, as when anger covers over primary hurt. In addition, they are aware that some primary emotions are adaptive responses and others are maladaptive, as when fear at real threat is adaptive but fear at harmless situations or imagined danger is not.
4. They are aware that a core human motive is emotion regulation. So an emotion-focused leader works toward helping people to regulate their emotions and recognizes that a lot of what people do or do not do is motivated by trying to have the feelings they want and not have the feelings they don't want.

Next, we present the model we have developed and tested for promoting emotional literacy to help enhance leaders' emotional competence. The model is captured by the acronym ARRIVE AT PEACE. It consists of seven *self-focused, intrapersonal*, emotion skills required to arrive at being a good emotion-focused leader. These are as follows:

- Awareness,
- Regulation,
- Reflection,
- Informed action,
- Validation,
- Evaluation,
- And
- Transformation.

These *intrapersonal* skills are described next and can be remembered by means of the acronym ARRIVE AT.

In addition to these essential intrapersonal skills are *other-focused, interpersonal* skills needed to be a good communicator and relationship manager. These interpersonal skills are as follows:

- Presence,
- Empathy,
- And
- Compassion, plus
- Effective communication.

These intrapersonal skills are captured by the acronym PEACE. So we end up with a final acronym of ARRIVE AT PEACE. An example demonstrating some of these skills is given next, highlighting which skill is being used at any particular time.

Jennifer is the CEO of an advertising company. Her decision to change the organizational structure of the company is challenged in a meeting by a division director, Gary, who exasperatedly hints at resigning if the CEO's suggested direction is followed. The CEO feels her body tensing, her stomach tightening, and her breathing becoming shallower. She labels this as "I feel tense" (Awareness) and then differentiates this into "I feel angry at being challenged in front of others." She calms her anger by breathing and by paying attention to the sensations in her body rather than letting her anger fuel angry thoughts (Regulation). She then understands her feeling that "this is my reaction to feeling threatened and having to deal with unwanted conflict" (Reflection). She understands that the threat is her fear that the project could fail and feels betrayed by her division leader for challenging her in front of others. She also needs to discriminate whether this feeling of betrayal

fits the situation or is a function of any unfinished business from her past (Evaluation) that would need her to work on (Transformation). The awareness, regulation, and reflection on her feeling helps her to begin to focus on what must be going on for her division leader, and she senses his threat beneath his disagreement (Empathy). Breathing again, she responds to his threat by saying that it appears further consultation is needed, and after dealing with other items on the agenda, she ends the meeting. She then arranges to meet with Gary individually (informed by Action Tendency) and says, “I gather this direction I offered somehow is disruptive in a way I didn’t anticipate. Can you help me to understand how you see it and what is so troubling to you about it?” (Compassion and Effective Communication). What comes out is that Gary feels the new organizational structure would diminish his power and role in the company, and she is able to reassure him in this regard both verbally and structurally.

Had the CEO reacted in the meeting in an angry fashion, both parties would have hardened their positions, and a major conflict would have arisen as a result of both parties’ threat being expressed as anger. Instead, by trying to understand the division leader’s reaction, the CEO discovered that he saw this plan as sidelining him, and after he was able to address his anxieties, they worked together to come up with a plan that did not threaten his position.

The ARRIVE AT PEACE skills are described next, and a set of key questions to facilitate the development of these skills is given in Exhibit 15.2.

Awareness

Leaders need to be aware of the primary emotions of involved parties—both the leaders’ own emotions and others’ emotions. Day in and day out, leaders live life by responding to events. The way that they respond is infused with feelings that they have about themselves, others, and the world. They don’t usually attend to the intricacies of their internal world when they are responding to external events. Instead, leaders tend to react without a sense of authorship to, or even familiarity with, what they experience inside themselves that causes them to respond in certain ways. Yet, for all of us, there are points of observation from which we can gain perspective on how and why we respond the way we do. Leaders need to work to become aware of what they are feeling and to name these feelings. Without words, they cannot reflect on what has occurred or could occur. Without different labels for each mental state, it is hard for them to be able to reflect and consider how they want to react to future emotional episodes. For example, only if a young CEO pays attention to the feeling in the pit of his stomach that he gets whenever an important meeting comes up, and finds words to capture it, will he be able to know whether it is anger, excitement, or anxiety. Only when he knows what

EXHIBIT 15.2
Key Questions for ARRIVE AT PEACE

Awareness of the emotions of involved parties—your own and others.

- What was my/their emotional reaction?
- How did I/they feel?
- How am I/they feeling now?
- Is this my/their primary emotion?
- What is my need/goal/concern?
- What am I/they likely to be feeling when you/they present this tomorrow?
- How do I think the team might be feeling?

Regulate emotion. Check breathing and breathe deeply.

- Observe and describe sensations.
- Relax muscles by tightening and releasing.
- Self-soothe by experiencing compassion toward self.

Reflect to understand *causes*, *consequences*, and the likely *progression* of emotions, as well as the *influence* of emotions on thoughts, decisions, and behaviors.

- Do I have any clues on why you/they are feeling like this?
- Have I/they felt this way before?
- What pushed my button this time?
- How would I like them to be feeling during the meeting? At the beginning? middle? end?
- What might have happened to him to cause him/her to feel this way?
- How are my/their emotions influencing thoughts on this issue? Is this a helpful or unhelpful influence?
- Is my/their anxiety leading to too much caution, my/their joy leading to more creativity, my/their anger leading to blame, my/their excitement leading to greater risk tolerance, my/their shame leading to withdrawal, my/their disgust leading to the rejection of opportunities?
- How might emotions be affecting the team's attitude?

Informed action: Using emotion to be moved to action. What action is my/their emotion prompting?

- What are my/their need/goals/concerns?
- Use anger to motivate facing challenges.
- Use fear to build protective strategies.
- Use sadness to grieve and let go of losses.
- Use shame to withdraw and seek support.
- Use disgust to reject.
- Use excitement to energize engagement.
- Use joy to celebrate success.

Validate own emotions. Accepting the validity of my feelings as understandable responses.

- Accept own emotions and evaluate them as understandable.
- Understand and affirm why I am feeling what I feel.
- Identify what makes sense in my feelings.

Evaluate effectiveness of one's emotion-informed decisions, actions, and management and evaluate if one can rely on one's emotional response as adaptive or if it needs transformation.

- What was the impact of my action?
- Did I get it right?
- What am I/they feeling about this now?
- Do I trust my emotional reaction as adaptive, or is it based more on past wounds?

EXHIBIT 15.2
Key Questions for ARRIVE AT PEACE (Continued)

And

Transformation. This involves changing maladaptive emotions.

- Can I trust and rely on this emotion?
- Do I need to be changed by this emotion, or do I need to change it?
- Does this emotion relate more to another time or place in my life?

Presence, Empathy, and Compassion. Being in the moment and listening to others' feelings with concern for their welfare and interests.

Presence. Being in the moment

- Am I immersed in the moment?
- Am I open and receptive?

Empathy. Attuned to others' feelings

- What is the other feeling?
- What is implicit in what they are saying?

Compassion concern for other

- What is most painful for them?
- How can I do something to alleviate their painful feeling?

Effective communication. Planning how to communicate to achieve emotions goals.

- What is my emotions aim?
 - How do I best achieve this aim?
 - How do I want myself and others to feel?
 - What things can I do to achieve this outcome? Regulate, plan, disclose, or not?
 - How do I help to create a helpful mood in myself or others?
 - What strategies can I use to create excitement to motivate involvement, a calm mood to help create focus before a meeting, a receptive and open atmosphere?
 - If angry, how do I communicate to overcome the obstacle/at boundaries?
 - If feeling shame (disrespected), how do I communicate to regain my position?
 - If sad, how do I communicate to get comfort/connection?
 - If afraid, how do I communicate to remove the threat?
-

it is can he then work on finding effective ways of dealing with that feeling is telling him. Identifying one's primary feelings is the first step in the problem-solving process. Feelings define what the problem is, as they tell us when things are not going our way.

Regulation

Leaders need to regulate emotion. *Emotion regulation* is the ability to influence which emotions to have, when to have them, and how to experience them. Part of developing emotion-coping skills is to accept without judgment and hold in awareness our present emotion. This involves having emotions at the level of intensity that facilitates achieving the emotions' goal. Although it is extremely important that we don't avoid or ignore our emotions, because they give us important information about our well-being,

it is not necessarily good to always act on our emotions. But it is important to learn to regulate unpleasant feelings so that they can be tolerated and accepted. Whatever a person feels is already there, and a person can't simply switch off his or her emotions. It also is important here to note that feelings are not facts. Negative feelings come and go, follow a natural sequence, and don't stay forever.

Reflection

Reflecting on emotion helps one understand the *causes*, *consequences*, and likely *progression* of emotions, as well as the *influence* of emotions on thoughts and decisions. *Reflection* refers to the ability to make meaning from symbolized emotional experience. Emotion provides rapid survival-oriented responses. They are immediate responses. Reflection, however, allows for deliberation, slows down immediate responding, and helps one consider consequences of action more fully. Reflection is an important skill that helps people (a) develop narratives to explain their experience and make sense of what they are feeling and (b) enables them to reflect on the consequences of emotion-prompted action. Another important skill is (c) being aware of the impact of their own and others' emotions on their decisions. Further reflection includes (d) understanding how events have produced certain emotions and being able to integrate that awareness into evaluating how one interprets current events.

For example, a female leader has recently heard that a competitor, whom she rejected as a suitor in the past, is competing with her on a bid and that he has been bad-mouthing the reliability of her company and her product. She feels (a) angry at being wronged, even rage and a desire to eliminate him; (b) afraid of losing an important customer and of damage to her company; and (c) ashamed at having had a relationship with this kind of person. These emotions prompt her to different actions. The anger mobilizes her for action to fight back. Her fear spurs her to either worry or to engage in adaptive planning. Her shame makes her want to withdraw. She needs to understand all these emotions, understand their triggers, and understand how they are affecting her possible decisions to (a) confront him, (b) produce a follow-up document, or (c) talk with other company directors and tell them how she is being wrongly criticized. In addition, she needs to reflect on the consequence of each of these actions.

Informed Action

Emotion provides us with a readiness to act. Leaders need to be informed by emotion's action tendency and to use how emotion forms our bodies to be moved to action. The action tendency in emotion is not a full-fledged action.

Rather, it is a tendency to act in a certain way. Thus, fear organizes us for flight and anger to thrust forward to protect boundaries. But we need to then make sense of the emotion signal. The value of the emotion signals depends on how they are used. So leaders need to pay attention to what their bodily tendencies are inclining them toward and be able to use this both as information and as the energy that promotes action. As the quote at the beginning of the chapter highlights, emotion leads us to action, whereas reason leads only to conclusions. Without the action tendency in emotion, we would not act.

Validation

One must validate one's own emotions, accepting the validity of one's feelings as understandable responses. Validating means accepting the emotion as valid, not evaluating it as bad, but rather allowing it to be. Accepting emotion does not mean that one has to like the emotion, nor does one have to always accept everything about it. Accepting emotion means changing to be who one is, not who one is not. This allows one's emotion to be there (because one can't change it). Validation and acceptance of emotion also helps one to calm one's system and to effectively change the emotion. Acceptance, therefore, is the first step in changing the feeling. Acceptance, paradoxically, is change.

Evaluation

Leaders need to evaluate whether their feeling reactions to a situation are to be trusted and relied on or are not giving good information and inclinations and need to be transformed rather than followed. Leaders need to identify which of their emotional reactions are maladaptive. Maladaptive emotions are those feelings that get in the way of a person being as effective as he or she can be. They usually come from a negative learning history, that is, from past difficulties, losses, or other painful events. Probably the two most frequent maladaptive emotions in leadership are fear and shame. These seldom are talked about or focused on in courses on leadership, but they are at the heart of many of the bad decisions leaders have made, and they can disrupt team or organizational functioning. Fear of failure, or fear of loss of control, and shame at being wrong, or feeling inadequate or incompetent, make executive officers hide, freeze, close up, protect, and engage in many other less-than-ideal actions. The fear and sadness associated with being disliked or being alone and feeling insecure about risk and going it alone also influence decisions.

Leaders also need to evaluate the effectiveness of their emotion-informed decisions, actions, and management. Decisions need to be evaluated in terms of such things as the positives and negatives of action, the risks of short-run

and long-run effects of alternative ideas to what is suggested, and the significance of data in relation to the decision.

Transformation

Finally, leaders need to work on transforming their own maladaptive emotions. Transformation occurs through one's ability to access and change core maladaptive emotion. Emotional experiences are often confusing and multifaceted. Working through maladaptive emotional experiences is an important piece of realizing transformation. These often occur from two major problems: unfinished business related to attachment relationships and self-criticism. A major emotion-focused therapy (EFT) change process in transformation is changing emotion with emotion on the basis of the idea that the best way to change an emotion is with an opposing and possibly stronger emotion.

For example, a leader of a major sales company took over leadership from a dominant father who let her run it only because he had a heart attack and had to withdraw. Although he is not directly interfering, he is still in the background, and his daughter is sensitive to his possible judgments about her abilities. She worries and often defends her decisions against his criticisms in her head. This internal drama occupies a fair degree of emotional energy and doesn't help. She recognizes that although she feels confident about her decisions, she has a maladaptive fear of disapproval or criticism that she needs to work on to change. Putting her father in an empty chair, contacting her feelings of fear and weakness in relation to his powerful presence, and accessing her need to be respected and valued leads her to feel empowered anger at his hovering presence, and she begins to assert herself rather than feel afraid. This leads to a change in her experience and her view of herself as more powerful and her father as more frail and ready to let go.

Moving now to the other focused skills of the PEACE aspect of the model, we describe next the role of Presence, Empathy, and Compassion, where being present involves being in the moment, seeing the world from the other's perspective, and acting with caring to try and change people's suffering. Effective communication involves joining with people to get collaboration and cooperation to attain goals and deciding if one should risk disclosing and being open and vulnerable for the sake of being authentic.

Presence

Although much has been written on communication skills, we are suggesting that leaders need to focus less on what to *do* and more on the how to *be* with others and how to facilitate the best in their employees. Successful leadership depends as much on the leader's "way of being" in a situation as on

what the leader does. Presence, which involves the ability and experience of being fully in the moment with another, without judgment or expectation, facilitates trust and communication that allow the other to feel safe, to open up and explore issues, to express himself or herself in an unguarded manner. Being present also guides the leader in listening deeply, both verbally and nonverbally, to the other person's emotional world and in responding from an intuitive place emergent from both the leader's nonimposing understanding of the other combined with his or her experience. This leads to emergence of novel visions and the creation of new possibilities (Scharmer, 2009).

An example of Presence involves a woman who had recently taken over as CEO of a manufacturing company in which injuries occasionally occurred on the shop floor and who had to deal with a machinist suffering a major injury and loss of limb. The general attitude of the injured man's coworkers was a kind of male independence "toughing it out" attitude by means of silence and denial. The new CEO knew, however, that everyone was suffering. She changed the culture of the organization, first by reaching out to the worker and his family with empathy and compassion, second by naming the loss publicly, and third by holding a meeting with all the staff in which she disclosed how sad and bad she felt about what had happened. She empathically sensed what many felt, and she touched everyone by holding a meeting in which a moment of silence was held to contemplate the loss and the sacrifice. At the meeting, she also stressed the continued importance of safety precautions and, finally, the value of the employees' work. This was an emotion-focused process of naming feelings, expressing them, empathizing with them, and reflecting to make sense of them and create meaning.

Empathy

Empathy is without question an important leadership ability. It allows one to tune in to how someone else is feeling or what someone else might be thinking. Empathy allows one to understand the intentions of others and even predict their behavior. People who can see the world from others' points of view and sense some of their emotional responses are more likely to be able to work with others in collaborative ways. Empathy needs to be coupled with respect and positive regard or else it may be used in manipulative and self-interested ways.

To understand others' feelings, you don't need to understand the facts of the discloser's situation. You need to attend to the discloser's immediate here-and-now emotions and his or her there-and-then reported emotions. Much has been written on empathy, so we refer readers to other writings on this topic (Elliott, Watson, Goldman, & Greenberg, 2003; Greenberg & Elliott, 1997).

Compassion

Compassion can be thought of as a deeper level of participation in another's suffering than empathy. Compassion can involve empathy, but it suggests a fuller connection to the sufferer. Compassion adds to empathy in that compassion also involves being moved to respond to a person's suffering. Organizational compassion is the process in which organizational members collectively notice, feel, and respond to pain within their organization.

Compassion takes place through noticing another's pain, experiencing an emotional reaction to the pain, and acting in response to the pain. Compassionate acts can be found at all levels in an organization, from leaders who buffer and transform the pain of their employees to office workers who listen and respond empathically to their colleagues' troubles. Compassion in organizations makes people feel seen and known; it also helps them feel less alone. Compassion alters the "felt connection" between people at work and is associated with a range of positive attitudes, behaviors, and feelings in organizations.

Given the amount of time people spend at work, it should come as no surprise that work organizations are fraught with pain and suffering. People often carry pain from their personal lives with them to work. For example, a worker's family member being diagnosed with cancer, a single working mother leaving her sick child in someone else's care, or a failing personal relationship all affect how people feel at work. Equally, a vast number of work-related factors, such as hostile coworker interactions, an abusive boss, or having to deal with overly demanding clients, can lead people to experience pain. Painful feelings can also result from organizational actions such as a merger that produces severe conflict, poorly handled change, or indiscriminate restructuring and downsizing. Hostile or unethical acts from other organizations can further contribute to the pain felt by employees in an organization. For instance, bigger companies can drive smaller or less wealthy competitors out of business, causing pain and suffering for many who are on the losing end of the competition. Finally, emotional pain stems from inevitable calamities, be they environmental, political, or economic (jolts felt as the economy falters and one's livelihood is affected). Whether or not organizations themselves directly cause pain and suffering, they are sites that harbor the emotional duress and anguish that stem from all aspects of members' lives.

Effective Communication

Communication needs to be directed toward achievement of goals. As we are all aware, communicating one's emotions in conflict situations can make things worse, especially when the emotions are dysregulated, maladaptive, or

secondary. When a person engages in emotional outbursts, others are forced to deal with that person's behavior, not the issue at hand. Anger is particularly difficult to manage interpersonally. As Aristotle said, emotional intelligence involves being able to be angry in the right way at the right time to the right person for the right reason. What one feels is not always to be expressed to the other person. Rather, communicating one's emotions in leadership needs to be managed strategically.

Communication is a complex skill. It needs to be informed by emotions, but communication does not simply involve disclosing everything that one feels. Rather, emotionally competent leaders are informed by their emotions but communicate judiciously depending on the situation. Each emotion has an aim. The aim of anger is to overcome obstacles or set boundaries, fear to avoid danger, shame to maintain one's place in the group, and sadness to reconnect or regain what was lost. Emotions set the goals, but we need to think about and plan how to achieve these. So instead of immediate action, once one is aware of what one feels, one strategizes about how to act to attain one's emotionally informed goal. Tactical planning is needed to achieve good results. The best expression may be no expression. Awareness of emotions, however, is crucial, and if the value governing one's organizational philosophy is collaboration, then one's emotions are used to promote this value.

The difficulty about communicating when in a position of power (a leader) is that there is a conflict between power and openness. A leader has to lead, but at the same time he or she has to do so with the understanding that collaboration is the best way to get people to buy into the organizational goal and that people in the organization are all trying to have the feelings they want and not have the feelings they don't want. To communicate effectively, one needs to be aware of one's emotions and regulate the intensity of one's reaction. Then one needs to plan how best to achieve emotions' aim and disclose one's feeling if tactically indicated.

To summarize, the model of emotional competence in leadership involves leaders being able to ARRIVE AT PEACE. This model needs to be viewed and applied appropriately to the organizational value framework in which the leader is working. Clearly, this model of emotional intelligence is more suited to organizations in which collaboration and concern for the welfare and interests of others are an important goal. If one's organization has power and achievement as a dominant goal, this will influence the manner in which one handles the communication of emotion. The intrapersonal aspect of the model, the ARRIVE AT steps, is the same across organizations regardless of the culture because its aim is to help the leader orient himself or herself. The interpersonal aspect—how to deal with others and communicate one's emotions—needs to differ according to the context. For example, a sergeant in the army who values and demands obedience will not express her underlying

feelings of sadness at loss of her pet or shame at losing a competition to her trainee troops.

The role of values in dealing with emotions in leadership is discussed further in the next section to contextualize the model just described.

FIT WITH ORGANIZATIONAL VALUES

Values transcend specific actions and situations and are abstract goals that serve as standards or criteria by which to judge actions. In working with emotions in organizational contexts, one needs to consider the role of values particularly as they relate to the interpersonal aspects of emotionally competent leadership, such as empathy and communication. Values can be categorized along the two orthogonal dimensions of self-enhancement (improving one's own position) versus self-transcendence (being concerned about things beyond oneself such as the well-being of others and the organization). How one manages emotions in organizations is strongly influenced by the organizational culture and values. Values are tied inextricably to emotion, and they refer to the affectively charged desired goals people strive to attain.

As we have said, emotion-focused leaders thus need to understand their own and their organizations values, and they need to clarify the goals governing the organization. Emotion management will always need to be viewed within the value and goal framework of the organization. The leaders, therefore, will need to define the value landscape and its interactions with the emotional landscape and may need to use values clarification in their organizations as openers to work with emotions and to provide the motivation to work with emotions.

Schwartz (1992) empirically established 10 motivationally distinct, basic, and broad values that can be derived from three universal requirements of the human condition: needs of the biological organism, needs of coordinated social interaction, and needs of survival and welfare of the group. The 10 basic values are as follows:

1. Self-direction: Creativity, freedom, independence, curiosity, choosing one's own goals.
2. Stimulation: Desire to be involved in creative, intellectual, and physical challenge; a varied and exciting life.
3. Hedonism: Enjoyment, pleasure, and sensuous gratification for oneself.
4. Achievement: Personal success through demonstrating competence according to social standards, capability, ambition, influence, intelligence, self-respect.

5. Power: Social status and prestige, control or dominance over people and resources, authority, dominance.
6. Security: Safety, harmony, and stability of society, of relationships, and of self; family security, stability of social order, reciprocation of favors, health, sense of belonging.
7. Conformity: Restraint of actions, inclinations, and impulses likely to upset or harm others and violate social expectations or norms; obedience and respect for one's people, elders, and customs.
8. Tradition: Respect for tradition, commitment, and acceptance of the customs and ideas that traditional culture or religion provide.
9. Benevolence: Preserving and enhancing the welfare of those with whom one is in frequent personal contact, helpfulness, honesty, forgiveness, loyalty, responsibility, friendship, goodwill, kindness, charity, honesty, and truth. Having a sense of ownership of one's acts for others or on the behalf of others.
10. Universalism: Understanding, appreciation, tolerance, protection for the welfare of all people and for nature, broadmindedness, wisdom, social justice, equality, a world at peace, a world of beauty, unity with nature, protecting the environment, inner harmony, holistic outlook that promotes oneness with others. Peace and trust are valued.

Different emotions will be viewed differently in the four different contexts of core organizational or personal values of stimulation and self-direction; achievement and power; security and conformity; and benevolence and universalism. Anger, for example, will be viewed more positively in the context of the values of achievement and power than in the context of benevolence and universalism, where compassion will be valued more. The emotions of excitement and joy will be more valued in the context of stimulation and self-direction than in the context of the values of security and conformity, where calm will be more valued. Crucial to an emotion-focused approach to leadership is the recognition that in the 21st century, organizational goals of compassion for others and the valuing of interdependence and creativity will be central to the success of business. Emotion-focused leaders thus need to acknowledge that human beings are interdependent and both need and rely on each other, as well as to value a collaborative and compassionate, as opposed to a competitive and aggressive, approach to human affairs. In addition, they need to value the importance of people's need for stimulation and self-directedness as opposed to conformity or control as producing maximum involvement, creativity, and productivity.

Leaders thus need to identify from the list previously given the core values guiding themselves and their organizations because human relations and management of emotion will always be influenced by the overarching values of the organizations in which they occur. Emotion management that furthers the organizations values will be seen in a positive light.

FIT WITH THE SITUATION

In addition to fitting with organizational values, one's leadership style should fit with the specific situation. Situational context can be categorized by how much instruction and how much support is needed. Four types of leadership styles emerge by crossing these two dimensions of high and low instruction with high and low support, resulting in the following four types of leadership behavior, which are depicted in Figure 15.1:

- *Empathizing* is appropriate when the situation demands high support and low instruction.
- *Teaching* is appropriate when the situation demands high instruction and high support.
- *Control* is appropriate when the situation demands high instruction and low support.
- *Neglect* is appropriate when the situation demands low support and low instruction.

Each situation will involve different emotion-focused skills and will tend to produce different emotions. The type of leadership style will affect both the specific emotions that staff and leaders are more likely to feel and what will be expressed, avoided, or hidden. Leaders, therefore, will need to decide on what emotion-focused skills are applicable in what situation. Intrapersonal skills are applicable across different organizational value cultures. Similarly in leader-

		Support	
		LO	HI
Instruction	LO	Neglect	Empathize
	HI	Control	Teach

Figure 15.1. Leadership based on situational context. LO = low, HI = high.

ship style, the skills of ARRIVING AT are appropriate to all situations and styles, but the interpersonal PEACE skills depend on which style quadrant one is in. The use of emotion-focused interpersonal skills is most applicable when the situation demands high support and low instruction. Here compassion and encouraging self-direction will promote best results.

CONCLUSION

In general, leaders need to help their employees feel pleasant emotions indicating that their needs/goals/concerns are being met. These pleasant emotions help broaden and build employees' capacities (they are then more creative, more invested in the organization, think more, and are healthier). Leaders also need to help employees not feel too many unpleasant emotions (anger, shame, and fear, for example, lead to all kinds of defensive behaviors that are not good for the work atmosphere nor the organization's productivity and generally prevent collaboration).

Leaders need to pay attention to how employees feel, not just to what they do, and they need to be able to talk to people about how they feel, especially their negative feelings. Leaders need also to recognize that a lot of what people express or display might not be their deepest feeling, but rather a defensive reaction to their deepest feeling, and leaders must respond to people's most primary emotion, not their secondary reactions, as the latter lead to escalating negative cycles of interaction between people. Finally, leaders need to be compassionate and empathic toward people's primary emotions and needs.

The ARRIVE AT PEACE model that we have developed is designed to help leaders become effective emotion-focused leaders. The expression of emotions needs to be viewed and applied appropriately to the organizational value framework in which the leader is working. Clearly, our model of emotional competence is more suited to organizations in which collaboration and concern for the welfare and interests of others are important goals. As we have seen in the intrapersonal aspect of the model, the ARRIVE AT steps are applicable regardless of the organization's value and culture because they help the leader orient himself or herself. The interpersonal aspects of communication and emotion management strategies, however, need to differ according to the context.

EPILOGUE

Any emotion, if it is sincere, is involuntary.

—Mark Twain

People are emotional for a reason. Emotions are a part of human intelligence. The split between emotional and rational, and between our inside and outside, needs to be healed in a new cultural evolutionary step in which the integration of heads and hearts is facilitated in schools and institutions and, most important, in the home, the place where the major emotional lessons are learned. People thus need to learn to attend to their emotions. Emotions are one of people's most precious resources. People go to such great lengths to protect them; therefore, they must be very precious.

Psychological life begins for all of us with affect. All human beings experience the world through feeling and are motivated by the desire for certain feelings. As we develop, our emotions remain under the control of one part of the brain, and speaking about our emotions falls under the jurisdiction of another part. As adults we are left in a process of constantly having to make sense of our emotions. Because people are most aware of the

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verbal, more rational part of their brains, they often assume that all parts of their minds should be amenable to reason and argument. This is not so. Much of our brains do not respond to rational commands. We cannot direct our emotional lives by reason. Moods and emotions are parts of the human condition; they cannot be avoided. Yet, moods and emotions do change, provided we work with them in a harmonious fashion and have emotional intelligence.

The following list summarizes all that I have said in this book about developing emotional intelligence. People need to develop

- greater awareness of their emotions,
- greater empathy to their own and others' feelings,
- greater capacities to make sense of their emotions by symbolizing them in awareness and reflecting on them,
- the ability to tolerate painful emotions,
- improved emotion regulation, and
- the ability to link emotional states to each other and integrate them to change emotion with emotion.

People benefit from awareness of their own emotions and the ability to recognize emotions in others. Being aware of what they are feeling helps people orient themselves in their worlds and helps them function in an integrated manner within themselves. If people are not aware of what they feel, they become split. Feeling sad or threatened will move their body sense in one direction while their mind races off in another. Without awareness of their emotions, people become torn and end up feeling inexplicably ragged. Being aware of feelings while they are happening is the sine qua non of a healthy orientation toward life. When people ignore, suppress, or become frightened of their emotions, they become divided selves.

Prior to writing the first edition of this book, I experienced once again, as if for the first time, the importance of the emotion processes I have written about: the process of both having emotions and regulating them. I found myself dramatically thrown into the process of interrupting my own tears. This took place at the unveiling of my mother's tombstone. I had traveled 20,000 miles for this event, to South Africa, and standing by the graveside, I at first automatically controlled my tears. I felt them welling up in me. Against my better judgment, I tightened my throat and fixed my concentration in an attempt to deliberately control them. I struggled with crying in this public way, a struggle made especially difficult for me because I was responsible for reading a prayer and therefore was a center of attention. It was only at the end, when I received the consolation of my niece and felt her arms around me after the ceremony, that I was able to sob those tears, which I had come all that way to cry. This was good for me, as it is for all of

us. The postponed emotion, suppressed for one reason or another, expresses itself when one senses it is safe to feel the emotion. This reminded me how important others can be in providing us with the safety to experience what we feel. Just now, as I was writing this, the tears welled up, and they were good. They told me that I was still grieving, that I was alive, that I cared and felt tender. They washed over me like a soothing balm, poignant and comforting.

Well, as fate would have it, now, just before working on this second edition, I lost my wife to an accident. I wrote in my memorial speech that death is a thief and it stole her away from me crossing the street in the middle of a step, in the middle of a feeling, in the middle of a thought. I found solace and guidance in the words of Mary Oliver:

To live in this world
you must be able
to do three things:
to love what is mortal;
to hold it
against your bones knowing
your own life depends on it;
and, when the time comes to let it go.

With the help of my grief, I let her go. Now as I imagine her, my love outweighs my grief, demonstrating to me again how emotion changes emotion. I am reminded of a quote from Rilke (1934), who said of sadness that

these are the moments when something new has entered into us, something unknown: our feelings grow mute in shy perplexity, everything in us withdraws, a stillness comes, and the new, which no one knows, stands in the midst of it and is silent. (p. 17)

Sadness of this type gives meaning to life and leaves us in some unique way feeling both invigorated by and tired from the intensity of it all. Feeling no doubt takes energy and uses our resources. After experiencing emotions, we need time to recover and replenish. I notice that I feel the energy drain of my emotion more now, as I age.

Having believed deeply, in my early adulthood, in the importance of trying to live a rational life and rise above both the sentimentality and the horrors of life, I tried to develop a philosophical approach. This resulted in my adoption of a dispassionate stance espousing views such as that pain, suffering, and loss are inevitable, so there is no purpose in being distressed about them. Control, or immunity from pain, was really my aim. With the wisdom of age and life experience, I came to see the error of this view; I came to see that quality of life is improved by giving up the attempt to try to control my

reactions and to recognize my process nature. I came to understand that my emotional process needed to be allowed rather than controlled, and so I grew to accept the emotional side of my nature and to respect the mind in my heart. Rather than rejecting the importance of rationality, I gave it a different role: that of making sense of my feelings and helping me reflect on them to make meaning. The construction of personal narratives is crucial to one's sense of identity. We order our reality by forming stories that tell who we are. No story is significant without emotion, and no emotion exists without a story to provide its context. We thus integrate head and heart in authoring who we are.

Validating the existence of people's emotionality through coaching is crucial to helping them toward a more satisfying life. People need to dwell in their emotional moments as well as in the emotional moments of others and to be able to validate these emotions. People need to be coached on how to not run from difficult feelings, not to be distracted from them, or not to try to talk themselves out of them. Unfortunately, feelings do not respond well to reason. Certain effects of emotion are impenetrable to reason. Telling oneself that it is not rational to be so anxious or depressed is not very effective. In therapy, people cannot easily be cured by reason alone. Connections from the emotional centers of the brain to the rational ones are much stronger than those in the reverse direction (LeDoux, 1996). Thus, people are moved far more by their emotions than they are able to move their emotions by rational control. This is a fact of cerebral architecture. Thus, it is easier to change emotion with emotion. Mood over mood is more effective than mind over mood. People need to live in harmony with the emotions that move them rather than live by a code of rational control and self-manipulation. In the long run, even the sensible "shoulds" of life, such as "I should exercise" or "I should eat healthier food," have to be emotionally important and not be the product of willpower alone to be successful.

Although the ability to defer action is quintessentially human, to be cut off from one's spontaneity is dangerously alienating. Being purely rational denies one's access to a sophisticated source of emotional knowing that adaptively informs action and aids problem solving and decision making (Damasio, 1994). Overcontrol of emotion often leads to its opposite—the possibility of breakdown in rational control. Emotional control most often fails when stress becomes too great. In addition, the inner life of emotional experience that is not exposed to the light of human confirmation does not grow and differentiate into socially appropriate forms. Left on their own in murky darkness, emotions can become painfully tortured and twisted. This occurs when, for example, bottled up, unresolved anger turns to thoughts of revenge. Emotional coaching can help to bring feelings into the light of day, where they can be developed into socially appropriate expressions.

As I have argued throughout this book, emotion coaches can help people achieve this goal by seeing clients as trainees whom they help arrive at their emotions. This can be done by helping clients identify what they are feeling in the moment in their bodies. By helping them pay attention to their internal sense of complexity, so filled with meaning, they make sense of their feelings and emotions. Emotion coaches also help people by coaching them to use their healthy emotions as a guide to adaptive action and problem solving. Finally, coaches also need to help people recognize and interrupt non-productive patterns of emotional responding and to leave behind emotions that are not productive.

APPENDIX: PRACTICE EXERCISES

The following exercises can be given to clients to increase their emotional intelligence. Most of the exercises can be roughly divided into two categories: those that help clients become aware of their emotions (Phase 1, arriving) and those that help clients cope with and/or transform their emotions (Phase 2, leaving). One exercise deals with both arriving at and leaving an emotion, and additional exercises apply specifically to intimate partners.

EXERCISES FOR ARRIVING AT AN EMOTION

Exercise 1: Getting to Know Your Emotions

The first task to help increase your awareness of your emotions is to keep an emotion log. Three times a day write down the last emotion you experienced and describe your experience. Address the following points:

1. What is your name for the emotion?
 - If you find yourself using only a few words repeatedly, such as *frustrated* and *happy*, try and find more emotion words.
 - Words are categorized in Chapter 4 in terms of which emotion they express.
2. Was it a more sudden onset emotion or a more enduring mood?
 - How long did it last?
3. Did you have body sensations with your emotion?
 - Tensing of body, jaw, fist
 - Trembling
 - Feeling sweaty or hot
 - Feeling cold
 - Heart beating noticeably
 - Other sensations. What were they?
4. Did thoughts come into your mind?
 - What were the thoughts?
 - Were they about the past, the future, or the present?
5. Did you act or feel like doing something or expressing something?
 - Move closer or away from it.
 - Make an aggressive move toward it.
 - Make a facial expression.

6. What brought on the emotion or mood?
 - Describe the situation.
 - Was it an internal event?
7. What information is your emotion giving you?
 - Is it telling you something about yourself?
 - Is it telling you something about a relationship?
 - Is it telling you about your progress toward a goal?

Reflect on your emotional response to your situation and try and make sense of what you are feeling. In addition, identify what it is telling you to decide.

- Should you follow the feeling?
- Should you get to what's behind your feeling?
- Should you try to broaden your view to change your feeling?

Exercise 2: Emotion Log

Keep a log of your emotions at the end of the day or before bed (see Exhibit A.1). Check if you felt this feeling that day.

Exercise 3: Experiencing an Adaptive Emotion

Overcoming overcontrol to access your emotion can be accomplished by following the steps of the attending phase, discussed earlier. This is the

EXHIBIT A.1 Emotion Log

Instruction: Take a few minutes each day (either in the morning or at the end of the day) and pay attention to what you feel, even though it might be painful. Don't judge the feeling. Rather, be compassionate, caring, accepting, and interested in your emotions. They contain valuable information about your needs and goals. Bring this log back with you to therapy during your next session to discuss it with your therapist.

Day	Body sensation and where you feel it	Emotion. Find the word that is the right fit.	If you cannot find an emotion word that fits, concentrate on the description of what you feel physically
<i>Example:</i> Monday evening	Tightness in neck	Stress? Frustration? Anxiety!	A throbbing ache

most basic process in working with your own emotion. It is simple but crucial. Let's take an experience of sadness in the attending phase:

1. Stay very gently with the feeling.
2. Symbolize the feeling in words.
3. Receive the feeling fully.

Following are some pointers to help in this process using sadness as the feeling to be accessed:

- If when you enter the sad state, you interrupt the experiences or avoid approaching the sadness, you need to become aware of how you do this. Maybe you think of something else, get scared, or say, "I can't handle this." Be aware that you are interrupting and then choose the alternate route of attending to your sadness. You need to focus on your internal experience, the sensations and the bodily felt sense. When your attention moves away from your internal experience, or your concentration lags, you need to refocus your attention, directing it to stay with the sadness, to let it come, and encourage the feeling to emerge. Stay focused on your present experience, asking and describing what it's like inside. Attend to any current nonverbal aspects of your expression of sadness, especially your facial expression, quivering lip, and sagging cheeks, as well as your general posture, and invite the experience to come more fully.
- Notice sighs. A sigh is an expression of core importance that often indicates both the constriction of sadness and a sense of relief at having touched on it. Sigh again to help you regulate your breathing, letting in more air; this allows the feeling to intensify if that is what it is trying to do. Put some words to the sigh to help symbolize the feeling behind it. Evocative language and metaphor, such as "It's like wanting to cry out but being afraid that no one will hear me," help evoke the feeling. Memories of situations in which you have felt this sadness can be evoked by using imagery to make them as concrete and vivid as possible. You may imagine doing something, speaking to people. Thus in grief you may speak to a lost person and say what you miss about, or what you got from, the person. You may imagine being a child, alone again in the house, feeling afraid and abandoned and calling out for your mother, who left you alone, or you may relive the experience of being spanked by a cold, harsh father. The goal of this is both to facilitate the allowing and expressing of your feelings, to let the tears

come, and to help you experience the release and relief of full and complete expression. This will help you to symbolize the unique aspect of the sadness and its idiosyncratic meaning.

- In dealing with adaptive sadness—say, that of seeing a loved one hurt—you first need to recognize your own sad compassion and be moved to reach out and comfort the other. Be sure to breathe and let the sadness wash over you. Comfort and be comforted by the physical contact. Now the feeling lingers, because feelings always color the situation, and clearly it is sad that your loved one feels defeated, wounded, or like a failure. How do you let go of the sadness and move on? In addition to the skills of allowing the emotion, there is the skill of not holding onto it. Here is where what you think about and say to yourself also are very important. Sad thoughts and painful memories at this stage will maintain and prolong the sadness and can produce that kind of wallowing, that type of sadness that you find so aversive, when you use that word to describe it.
- An empathically attuned helper might help you symbolize the meaning of the experience and capture your essential needs and goals, but except in the very distressing moments of life, you can do it yourself. For example, in loss you may symbolize experience by saying, “You meant so much to me. It’s hard to feel any purpose without you.” Then you need to establish an intention, need, or goal. Thus, you may say, “I don’t want to ever forget you. I plan to carry on, drawing on what you gave to me.” In pain you may symbolize your experience by saying, “I feel like my heart is broken, like I’m bleeding inside,” and state that need: “I need to just live day by day until I heal.”
- Not dwelling on your sadness and reengaging with other things of importance to you help. The sadness will just come back in waves. It is important to sigh and breathe deeply, because the sigh requires you to remember for a moment what your sadness is about. Don’t tighten up and try to not feel it; instead, let it come, but don’t hang onto it—let it go, too. Making sense of it, talking to someone else about it, putting it in perspective, and receiving support and commiseration on how hard life can be all help. Moving on and engaging in life again is the crucial step. Going to bed or sleeping for a while can do wonders provided that it serves as a fueling station for getting back on the road. When it becomes a permanent stop, your sadness clearly has begun to reach depressive proportions, and you definitely

need social support to help you get back on your feet. And so your sadness comes and goes, and you are richer for it, deeper, more appreciative of good times and more reflective on life in general: sadder but wiser. When you get stuck in it you are probably experiencing maladaptive sadness.

- To enter a state of feeling, so very different from states of thinking or acting, you need to be able to slow down. To feel is a slow process. It often cannot be done when you are talking rapidly, concentrating on content, or trying to communicate with others. You can of course rant when you are angry and feel the heat in your body, or you can weep in despair and hopelessness. However, you cannot at the same time stay in contact with the complexity of what you feel and access what you are really wanting that lies behind your anger or your hopeless feeling. In this process you need to let thoughts and images go by and concentrate on the slower process of feeling until you are affected and able to receive the information involved in your feeling.

Exercise 4: Instrumental Feelings

To become more aware of your instrumental feelings, ask yourself what your most frequently expressed attitudes are in relation to others. Ask yourself: “Do I constantly feel wronged and angry and try to get apologies? Do I complain how unfair or difficult things are and try to get help?” Ask yourself: “Do I get any gains from expressing this feeling? Does it give me control, get me sympathy, or release me from responsibilities that are mine?” If so, it is likely this is more of a feeling “racket,” a style of expression that in the past has given you some gain, even though it may seem like suffering.

Exercise 5: Getting the Message

1. Imagine a difficult experience in your life.
2. Focus on what it felt like in your body. Don't fight it; just accept that this is what you felt. Breathe and welcome the message about how it was as painful or shameful as it could have been. Accept it as: this is what it felt like.
3. Receive its message. Give yourself permission to acknowledge that this is what you felt and that you do not have to do anything else right now besides register the message.
4. If it feels too overwhelming to even feel it, that is OK. You do not have to feel it or reenter the scene; just let yourself

acknowledge the message being sent to you by your emergency system about what you felt in that situation.

5. After receiving the message, soothe yourself in whatever way you can. Talk to yourself. Imagine a safe place to which you can go. Breathe. Do something good for yourself.

First, focus on yourself and on what you are feeling, rather than on what you are thinking or on what others have done to you.

1. Identify and give direct attention to a troublesome state in which you spend a lot of time, often without recognizing that you do so (e.g., angry, hurt).
2. Allow the emotion and be interested in it. Allow yourself to feel it in your body.
3. Identify how you feel toward the emotion. Do you feel accepting or rejecting?
4. Accept the emotion welcomingly.
5. Explore how this state feels.
6. Identify the voice and the thoughts that accompany this state.
7. Identify what, specifically, triggers this state.
8. Explore the relation of this state to anything in the past.
9. Identify what this state is saying now.
10. Identify the need in the state.
11. Accept and cooperate with the state instead of trying to control it.

Exercise 6: Focusing

1. Clearing a space. Take a moment, and just be with yourself, get in a comfortable position, close your eyes. Breathe deeply and relax.
2. Focus on a bodily felt sense. Now pay attention inside your body to that place where you feel your feelings, and see what you are feeling there right now, notice the physical sensations that are happening there right now.

Note: If your client reports that he or she does not feel anything, suggest the following: Think about a major issue standing between you and feeling good about yourself. As you reflect on this issue, notice the physical sensation in your body.

If there is a particular issue on which your client wants to focus, suggest that he or she notice the physical sensation inside his or her body while focusing on this issue.

The sense occurs bodily, as a physical, somatic sensation. Often it is sensed in the chest or throat, some specific place usually in the middle of the body. It is an internal sensation, and it is important to make the distinction between this and an external physical sense like tight muscles or a tickle on the nose.

3. Describe it in words. Now try and describe the feeling or the physical quality of that sensation that is happening. Where is it happening in your body? Put your hand where it is happening in your body and describe what is happening.

Describe the physical sensations, such as tightness, a knot, emptiness or heaviness, or pain. If your client describes something like “I feel fear” or “I feel rage,” ask how that fear or rage feels in his or her body: What is the quality of that physical sensation? What is the sensation in one’s body that one calls fear? Is it OK to be with this right now?

Helpful questions to ask are

- Does the felt sense have an emotional quality? If there is a tightness in the chest, is it a scared tightness or an excited or happy tightness?
- What gets the felt sense so . . . (jittery, hot)?
- What is the worst of it?

Note: Often initially, there is a lack of clarity—that’s why it is important to talk about physical sensations. The felt sense differs from an emotion.

It is good to get permission from your client to focus on the felt sense. Ask. Encourage your client to be gentle and accepting toward the felt sense. You can help clients accept and feel comfortable with their felt senses by suggesting that they be caring and interested in their senses even though it may be uncomfortable. Suggest that they accept the sensation in their bodies as an important part of themselves and that it is there because it is informing them of something.

4. Check that the words fit. See if the word that describes the felt sense fits. If the person is having a hard time describing it, it is important to help him or her articulate the felt sense by reflecting empathically what you sense is there.
5. Asking and receiving. Continue focusing inside where the sensation (tightness, aching) is happening now, receive any pictures, words, or images that come from the sensation. Whatever comes to you now, let it come, it doesn’t have to make sense, just share whatever comes up. Receive any words or pictures that come to you from the sensation, showing you what it is all about.

Helpful questions to ask are

- What does the felt sense need? What does the felt sense want? What would make it feel better?
 - How would OK in your body feel?
6. Carrying forward and closing. Is it OK to stop in a minute or two or is there something more you want to say right now?

Note: Help clients continue their experiential work in the session and discuss how they would like to carry forward their new understandings. Make sure that the client is okay where he or she has ended. If you have had to end before something is finished, you can ask clients to take note of where they are and go back there when they can.

Exercise 7: Emotion Episodes Awareness Training Sheet

Exhibit A.2 can be used to help people begin to identify different types of emotion. You can follow the instructions on the sheet to identify your primary emotions in regard to recent life events that caused you to feel something.

Exercise 8: Identifying Your Experience of Different Emotions

Describe the last time you felt each of the following: anger, sadness, fear, shame, and pain. If possible, describe this feeling to a real or imagined other person to help him or her understand the situation, what you reacted to, what happened in your body, how you felt, and what you did.

Now consider each emotion and answer the following questions about how you typically experience this emotion:

- How long does this feeling last?
- How intense is it, on a scale from 1 to 10, on which 10 represents *very intense*?
- How long does it take for this emotion to occur? Are you quick to feel anger, sadness, fear, and shame?
- How long does it take for the emotion to leave?
- How frequently do you experience this emotion?
- Is this emotion generally helpful to you or a problem for you?

Exercise 9: Dealing With Primary Sadness of Loss

It is important to stay with any emotion until you grasp what the feeling is trying to tell you. This is especially true with sadness about loss.

EXHIBIT A.2
Emotion Episodes Awareness Training Sheet

Step 1	Step 2	Step 3	Step 4	Step 5
<p>What is your emotion or action tendency? Is it best described by:</p> <ul style="list-style-type: none"> • An emotion or feeling word • An action tendency 	<p>What is the situation to which you are reacting?</p> <ul style="list-style-type: none"> • An event • An internal experience • Another person 	<p>What are the thoughts accompanying the emotion?</p>	<p>What is the need/goal/concern met/not being met in the emotion/situation?</p>	<p>Establish your primary emotion.</p> <ul style="list-style-type: none"> • Is your emotion in Step 1 primary? If not, is it secondary or instrumental? <p>Your primary emotion should fit with your unmet need. For example:</p> <ul style="list-style-type: none"> • If your need is to be close, then sadness is your primary emotion, not anger. • If your need is for nonviolation, then anger is your primary emotion, not sadness. • If your need is for security, then fear is your primary emotion, not anger.

Give yourself permission to consciously enter sadness by practicing this exercise.

1. Slow down, focus in your abdomen, and breathe deeply. Focus on your sadness. Feel the sadness. Identify your loss.
2. Feel the difficulty of the loss associated with your sadness. Feel what it means to you. Articulate for yourself what it is you miss.
3. What does this feeling want to tell you? Feel and wait. Don't analyze; just stay in your feeling.
4. Stay with the sadness until you relax or until tears come. Stay with the tears and sadness as information emerges. Allow the tears to relax you.
- 5a. Tell yourself something that makes you feel better. Be gentle and caring. Give yourself something specific to encourage yourself.

or

- 5b. Open yourself to be able to let others help you, or let yourself be affected by others.

or

- 5c. Reach out. Ask for love, a hug, or attention of some kind. Express the difficulty and consciously ask for help from a friend, professional, or someone able and wanting to give you love and attention.

or

- 5d. Engage in a routine or a ritual to help deal with the sadness. Shift to what you love to do that doesn't stress you, or engage in a personal ritual to help symbolize and express your loss.

or

- 5e. Remember a moment of love, competence, strength, or fullness from your internal store of memories. Savor it.
 - In dealing with grief, you can focus on the thought of loss and let it prolong a feeling of sadness, or you can focus on the feeling of love for the lost person or situation until it produces a warm feeling of love.
 - You can focus on the feeling and recognition of your own love for the lost person or the other person's love for you until it produces inspiration toward more life.

- You can focus on the feeling of wanting what you lost until it produces desire and the urge to struggle into action.

Exercise 10: Explore Healing Grief

1. Scan your life for a situation of great loss.
2. Focus on the loss. Allow yourself to visualize the full situation again. Feel the loss.
3. Visualize the person or any aspect of the situation where there was love. Feel that love.
4. Experience the differences between the loss and love: Go back to the feeling of loss and experience how loss feels. Then feel again the love and experience how love feels.
5. Dwell on any gifts you received from the person. Feel the loving whenever you want to. Keep on loving, and continue to be affected by the loving.
6. Within your feelings of love, remember the positive characteristics of that person, drawing from your personal experience.
7. Find some way to symbolize those admired aspects, and place those symbols in your memory.
8. Whenever you fall into loss, be aware that you can shift to love.

Exercise 11: Expressing Anger

Express your anger on your own. This can be done in a safe place, such as in your room, in your car, or anywhere you are alone. Imagine what you are angry about. Express it. You may want to kick something or hit a pillow. Do whatever is safe and feels right. The purpose of this is to

1. Find what your anger may be hiding or how it is masking what you really want; expressing your anger on your own helps you to search for what you really want.
2. Identify what triggers your anger; learn your own anger patterns and modes of expression.
3. See, hear, feel, or find anything positive that you can do. Know that anger is a struggle between “I can” and “I can’t.” You need to search carefully to find an “I can” that will help you pull out of the struggle, with a positive action in your favor. Express yourself until you want to be still and go inward or let go of your anger.

When you know what you really want, rather than just what triggered your anger, you might be ready to express your frustration to the other person. When you know something that you can do about your anger, you are

no longer a victim; you are no longer dependent on the actions of the other person. Now you are able not only to express your feelings, but also to enter a process of negotiation.

Exercise 12: Expressing Anger to the Other Person With the Intent to Negotiate

Be sure you want to express the anger. It may or may not be in your best interest. Just as you don't express all your thoughts, you don't have to express all your feelings. Be sure you wish to negotiate with the other person. If not, you might just as well express your anger to yourself privately. No one wishes to hear your dissatisfaction unless you are at least willing to look for alternatives. Begin your expression with an "I" statement, not a "you" statement. An "I" statement demonstrates that I own the anger and that the other person is not the cause. A "you" statement fuels the fire, makes the other person defensive, keeps that war going, and results in argument and disconnection. Know how you would like to start. Train yourself to begin with "I." Several possibilities are "I am sorry," or "I don't mean to burst out at you," "I'm angry . . .," "I'm having a hard time . . .," "I know it's not your fault . . .," or "I just can't stand it when . . ."

To express your feelings

- Say what you are feeling.
- Say what you saw the other doing.
- Say what you want.
- Say what the other person can do to help.

Express a desire to negotiate. Say, "I would like to work this out," "I don't want to feel angry," or "I'm willing to listen to your side." Say something that indicates your openness to listen and negotiate.

Exercise 13: Identify the Power in Your Anger

In general, anger is your emotional reaction to loss of power. It is a signal to alert you that you care about being powerful in a particular situation or with a particular person. Anger shows you exactly where the obstructions to your power are located. It will locate where you felt or believed yourself to be powerful before you were blocked.

1. Ask yourself what activity you were engaged in when you got angry.
2. Although you may feel powerless at the moment, remember that it was the interruption of a goal that left you feeling frus-

trated and angry. Identify the activity in which you were feeling powerful before you were interrupted. It may help to complete the following sentences: “What I care about that got interrupted was . . . ,” “I felt . . . ,” or “I wanted to” This is your goal, need, or concern.

3. Identify what you can do now to get closer to the goal of what you care about.

Exercise 14: Facing Pain

Make sure you feel safe. Identify a safe place within or without where you can go if you feel too much pain and need to retreat for a while. Imagine the painful event or experience. Breathe. Put words to the image and body sensations. Connect your sensation, images, and elements of the event into a coherent narrative. First, name very clearly what you felt with words, for example, “I felt terrified” or “I felt broken.” Breathe. Let your emotions rise up; experience them and express them. Go to your internal safe retreat for a while if you feel you need to. Then go back to your feeling. Notice that in spite of the beliefs you may have had about being unable to face your pain because it would destroy you, you are still there. Feel yourself against your chair. Feel your feet on the ground. Allow your pain and contact your need. Feel the relief that comes with experiencing and expressing your pain. Now make sense of what happened in a new way. What have you learned? What can you let go of? Make up a new account of what happened that is more compassionate to yourself or to others.

EXERCISES FOR LEAVING AN EMOTION

Exercise 15: Identifying Triggers and Themes of Maladaptive Emotions

Identify a feeling you often regret having. Do you sometimes get angry and then wish you hadn’t? Do you feel sad, desperate, or humiliated and regret what you say or do? Fill out the following sheet and keep it as a logbook.

1. What emotion do you feel that you would prefer not to?
2. Did you recognize the emotion yourself, or did others tell you?
3. What happened before you felt this emotion? Describe it in as much detail as possible.
4. What are the characteristics of the situation that led to this feeling? If you were to tell the story of what happened, what

would the theme be? Who were the main players? What were the situation, the plot, and the conclusion? Was the theme one of abandonment, domination, being slighted, being deprived, or being dependent? How would you describe the theme that seems to trigger this feeling for you?

5. What are the origins of this story and its themes in your life? From where are you transporting this? Of what does it remind you?
6. Label this trigger for yourself. "I have an emotional reaction that I regret when X happens." Fill in the X with one of the following feelings:
 - I feel deprived.
 - I am being teased.
 - I am feeling looked over or left out.
 - I feel criticized.
 - I feel controlled.
 - I feel unimportant.
 - I feel competitive.
 - I am alone.
 - Other.
7. Be aware that this situation is a trigger for your anger, sadness, fear, shame, or some other emotion you regret having. Next time you experience this feeling, ask yourself, "Am I reacting to a trigger?"

Exercise 16: Experiencing an Emotion That Generally Affects You and Then Shift Out of It

Give yourself at least 20 minutes to practice this exercise.

1. Select music that relaxes you. Make yourself comfortable, and begin to listen. It is better to choose music of a slow tempo to help give you time to get into your feelings.
2. Imagine the situation that affects you.
3. Permit yourself to feel the first emotional reaction that comes.
4. Say, "This first reaction (or this first feeling) makes me feel . . ." Put the feeling into words.
5. If thoughts enter your mind, focus your consciousness on how they make you feel.
6. Breathe deeply into your stomach. Continue to go deeper, allowing one feeling to lead to another until you discover the

information that feels important. You will be able to sense when you have reached a core experience and received a valuable message. You will be glad you received it because it feels deep and real. This form of knowing provides a sense of satisfaction of knowing, regardless of whether the message is agreeable or disagreeable.

7. Shift your focus back to your external world. Redirect your attention and thoughts to your ongoing activities.

To go deeper into states of your feeling, you have to be willing to refuse the interference that comes from your thinking- and action-oriented brain. If you want to stay in a feeling long enough to receive the information it brings you, you need to free yourself of any need to come to conclusions or to decide on actions on the basis of feelings.

Exercise 17: Dealing With a Difficult Emotion

Sometimes, rather than simply experiencing a feeling, it is useful to get some objective distance from the feeling. This is particularly true for overwhelming, unhealthy feelings. You can do this in the following exercise by paying attention to process rather than to content. Then you can try and access another balancing emotion.

1. Imagine a situation or personal interaction that produces this difficult emotion. This might be a conversation with a parent or partner that leaves you feeling difficult emotions of rage, worthlessness, or undesirability.
2. As the emotion emerges, shift your attention to the process of sensing. Describe the sensations. Describe their quality, intensity, and location and any changes in these. Breathe.
3. Pay attention to accompanying thoughts. Describe the mental process in which you are engaging, whether it be thinking, remembering, or criticizing. Breathe.
4. Focus on your emotional need in your painful emotion. Validate your need. "Yes I need comfort, support, validation.
5. Focus on another softer, good feeling that will soothe the need, such as love, joy, or compassion. Imagine a situation or personal interaction in which you feel this. Feel it now. Allow the feeling to fill you.
6. Talk to the old, difficult feeling from your space in your new, healthier feeling. What can you say to the bad feeling that will help transform it to a better feeling? Say this.

Exercise 18: Imaginal Transformation

This exercise applies best to areas of childhood maltreatment and abuse. The trauma should not be too severe, and it can be a more general sense of feeling neglected, invalidated, or criticized.

1. Reenter the scene.

Close your eyes and remember a childhood experience of yours in a situation that was traumatic. If no situation is clear, then remember a core feeling associated with the painful experience. Imagine a concrete memory. Describe what happened. What do you see, smell, and hear in the situation? What is going through your mind?

2. View the scene as an adult now.

What do you see, feel, and think? Do you see the look on the child's face? What do you want to do? Do it. How can you intervene? Try intervening in your imagination.

3. What does the child need?

Become the child. What, as the child, do you feel and think? What do you need from the adult? Ask for what you need or wish for. What does the adult do? Is it sufficient? What else do you need? Ask for it. Is there someone else you would like to have come in to help? Receive the care and protection offered.

4. Review.

Check how you feel now. What does all this mean to you in regard to you? What does it mean about what you needed? Come back to the present, to yourself as an adult now. How do you feel? Say goodbye to the child for now.

Exercise 19: Self-Compassion

The goal of this exercise: To help you refocus your thoughts and feelings on being accepting, supportive, and caring for yourself.

- Describe an event or situation that occurred *today* and one in the recent past that was distressing or left you feeling upset.
- Now, write a one-paragraph letter to yourself about these distressing events or situations. You should write this letter to yourself from a caring perspective, providing compassion to yourself in regards to your emotional distress. To start writing your own letter, try to feel that part of you that can be kind and understanding of others. Think about what you would say to a friend in your position, or what a friend would say to you in this situa-

tion. Try to have understanding for your distress (e.g., “I am sad you feel distressed . . .”) and realize your distress makes sense. Try and be good to yourself. Write whatever comes to you, but make sure this letter provides you with what you think you need to hear to feel nurtured and soothed with respect to your stressful situation or event.

Exercise 20: Getting to Needs and Wants

The key to empowerment is to get to the need or want that is embedded in the feeling and to feel entitled to it. You must be able to say, “I need love, comfort, space, rest,” or whatever it is that will make you feel whole again. Getting to “I can” is also very important to overcome the helpless feeling that robs you of your effectiveness.

1. Identify what you need or want that you think you cannot have now. Answer these statements:
 - What I lost, or my goal that was blocked, was _____, and what I wanted was _____.
2. See what feeling emerges about the need not having been met.
 - If it is sadness of loss, then grieve what was lost.
 - If it is anger at having been robbed, then assert.
3. Ask
 - What I can't get now is _____.
 - What I can get now or do is _____.
 - Feel the struggle between the “I can't” and the “I can.”
4. Feel what you want or need.
5. Stay in your feeling of wanting until you receive new feelings or thoughts that can help you achieve what you want. Wait until solutions appear. Your mind will try to come up with solutions if you know your goals and have a definition of the problem.
6. Feel the wanting until it moves you to action.
7. What action did you take? What happened?

Exercise 21: Emotion Restructuring

Exhibit A.3 will help people work through some of their painful emotions. For it to work, people will have to experience all the feelings, not just conceptualize them. They will have to experience the new feelings and needs, and their new voices will have to actually emerge experientially. This is a difficult process, and it will take time to experience a real change in an unhealthy feeling.

EXHIBIT A.3
Emotion Transformation Training Sheet

Step 1	Step 2	Step 3	Step 4	Step 5
<p>What is your primary maladaptive feeling in your body? Welcome it.</p> <ul style="list-style-type: none"> • How intense is it (1–10)? • Do you need to regulate or create distance? If so how? 	<p>What are the destructive voices, thoughts, beliefs in your head?</p> <ul style="list-style-type: none"> • What is the feeling tone of the voices (usually contempt or hostility)? • Where does it come from? 	<p>What is your basic need, goal, or concern in your primary adaptive emotion? What do you need either from yourself or did you need from others? Allow this and endorse that you deserve or deserved to have this need met. Let your need oppose your maladaptive belief.</p>	<p>What else are you feeling now in response to having felt entitled to your need? Identify a healthy emotional response.</p> <ul style="list-style-type: none"> • Give it a voice. • Imagine a helpful feeling or situation in which you feel that emotion. • Enter this feeling or situation. 	<p>Bring your adaptive feelings and needs into contact with your maladaptive state.</p> <ul style="list-style-type: none"> • Combat your destructive thoughts with your feelings and needs. • Integrate your strengths and resources.

Exercise 22: Healing Maladaptive Anger About a Past Event

In this exercise, you will have an imaginary dialogue with a significant person from your past work through your unresolved emotions. The goal is to affirm yourself and either hold the other person accountable, understand and possibly forgive, or move on.

1. Give yourself time, and make yourself comfortable. Although the situation you wish to heal may have occurred when you were very young, now you are an adult. You have a different body and mind and a great deal more knowledge. Visualize yourself now as a fully empowered adult, even though you are about to discuss a situation that occurred long ago.
2. Visualize the face of the other person, and imagine yourself face to face with him or her. Observe what you feel now as you make contact.
3. Begin to tell this person what you resent. Be specific.
4. Imagine the other person responding to your resentment.
5. Become yourself again, and identify what else you felt. Now let yourself go back to an earlier scene. Become yourself as a child in the scene and talk to the other person. Be sure to express both primary sadness about what you missed as well as your primary anger at what you felt was unjust. Express any core feeling you felt.
6. Tell the other person what you needed or how you wanted him or her to act differently.
7. Imagine the other person responding to you. When you pretend to be this other person, rather than defending or continuing the negative or hurtful stance, listen to what he or she is saying, and explain what it was like inside for you. What were the struggles, difficulties, or reasons that led you to be hurtful or negative?
8. Continue until you arrive at a resolution. Either hold the other person accountable for his or her actions, let go, or forgive him or her. Let each of you gain something from the other. When you succeed, you will feel more self-affirming and will understand and hold the other person accountable for what he or she did to you.
9. Go back and visualize the recent situation that caused your anger as an adult. Imagine yourself responding on the basis of the new dialogue you have just experienced.

Exercise 23: Dealing With Current Maladaptive Anger

The purpose of this exercise is to help you link a current feeling to a past one and to find self-caring and self-support.

1. Imagine the person with whom you are angry and the situation in which the angering incident occurred.
2. Make a shift from “you are the cause of my anger” to identifying what in you is leading to your anger. Identify what part of this situation is triggering something in you or your emotional history. See if it reminds you of previous situations in which you felt hurt because you could not get what you wanted.
3. Ask “when” and not “why.” For example, instead of asking “Why am I mad?” ask “When did this happen before in my life? This reminds me of . . .” Review your past. Stop at any situation that seems appropriate; often the earliest scenes with your parents are the most poignant. Because of your need for their love, early memories of not getting what you wanted often contain the most hurt or anger. Whatever situation you select, make sure it is similar to the situation in the present that makes you mad.
4. Visualize and feel the earlier situation again. See it, enter it, and be affected by it. Find a way of empathizing with yourself. Imagine yourself as a child sitting in front of you. How can you care for this hurting child? Remember that this child will continue to hurt until you feel empathy for yourself.
5. While you are feeling your pain in the situation, look for what you really needed or wanted at the time.
6. Will you give it to yourself now? Are you capable of giving it to yourself now, or do you want to continue insisting that the other person give it to you? You can either continue being angry at the other person for not giving it to you, or you can decide to give it to yourself. Either you end the vengeance by giving to yourself what the other was not able to or did not give you, or you continue feeling resentment and anger.
7. If you are willing to give yourself whatever the other person did not give to you, or did not do for you, ask yourself when, where, and how will I give myself that, or do that for myself, in the next weeks and months? Plan carefully, and honor any promises you make.
8. Visualize giving yourself what you need.

The more you realize that it was your anger with the other person that led you to discover something that was missing in your life, the better you will feel about him or her.

EXERCISE FOR BOTH ARRIVING AT AN EMOTION AND LEAVING IT

Exercise 24: The Whole Process of Emotion Coaching

1. Listen to your body.

Pay attention to the basic sensations in the trunk of your body, stomach, chest, arms, and throat, and pay attention to your face. Ask yourself, “What is it like inside? What am I feeling in my body?”

2. Let yourself feel the emotion.

Welcome the feeling. Do not negatively evaluate the feeling. Accept it.

3. Name the feeling.

Put words to your feeling. Find words that help you articulate what it is like inside. Let the words come from the feeling as much as possible.

4. Identify your most basic feeling. Ask yourself:

- Is this what I truly feel at rock bottom?
- Is this my most core feeling?

To test this, ask:

- Do I feel something else that comes even before this?
- Do I feel something in addition to what I am most aware of feeling?
- Am I trying to accomplish something with this feeling?

If you respond “yes” to any of the last three questions, the feeling is probably not a core feeling. Then listen again to your body and go through Steps 1 and 2 once more. Otherwise, continue on.

5. Establish whether your feeling is adaptive or maladaptive. Ask yourself:

- Is this feeling helpful? Will it enhance my self or my bonds with others?
- Is this feeling a response to other past experiences rather than mainly a response to what’s happening now?
- Is there a pattern of recurrent bad feeling here?
- Is this a familiar, stuck feeling?

If your answers to these questions are “yes,” then it is probably an unhealthy feeling, and you should proceed to Step 6. If your answers to the above questions suggest that this is a fresh, new, healthy feeling in response to the present situation, then proceed to Step 7.

6. Identify the negative voice and destructive thoughts.
 - First, fully acknowledge the unhealthy emotion. Feel it and name it: “I feel shattered,” “I feel enraged,” or “I feel humiliated.” Accept the feeling. Welcome it. Let it come in.
 - If the feeling is intense and scary, soothe yourself and say “It’s OK. I know you feel so ashamed, so angry. It’s all right. I’ll take care of you. You’re OK.”
 - As you pay attention to the sensations, put the thoughts associated with the bad feeling into words. Get at your core beliefs, such as “I feel unworthy or worthless”; “I feel I can’t survive on my own. I feel I will die without support”; or “I am useless, unlovable, and not good enough.” These are the negative voices and dysfunctional beliefs that help maintain this unhealthy emotional state.
 - Put the hostile, negative thoughts against the self into “you” language. Say them to yourself: “You are worthless”; “You can’t survive on your own.” Elaborate these criticisms, and make them as specific as possible. These are the destructive voices that cause so much trouble.
7. Identify the need or goal in your primary painful feeling. Identify your most basic unmet needs or your primary concerns or goals. Articulate these. For example, if you feel anxiously insecure, you need comfort or soothing; if you feel sad and lonely, you need closeness; if you feel shame, you need validation. These needs will provide you with the will to survive and the capacity to grow. Note that this is not an intellectual process; it is a feeling process. You must experience a heartfelt need and a sense of having deserved to have the need met. Identify these needs: the unmet need in the unhealthy feeling or, if you are experiencing a primary adaptive feeling, the need in this feeling. Both needs can help you remobilize yourself to change. Feel a new, healthier feeling emerge from the feeling of having deserved to have the need met. For example, you may feel the healthy sadness of grief that facilitates acceptance and moving on, or compassion for the wound of having an unmet need, or empowered anger at having been so invalidated or mistreated.

To help identify your need, ask yourself the following questions:

- What do I need? Let an answer come from your emotional state.
- What is my goal here?
- What do I want changed or different?
- What do I want to do?

Here are some guidelines as to what your needs or goals might be:

- If you are angry, is it protection against an offense?
- If you are sad, is it contact and comfort?
- If you are afraid, is it safety and escape, or soothing?
- If you are ashamed, is it privacy or validation?
- If you are feeling disgust, is it to get rid of something bad?
- If you are feeling pain, do you need nurturing and healing?

Now ask the following:

- How can I get my need met?
- What am I prepared to do to get it met?
- Are my feelings and needs prompting any action that conflicts with any of my values?
- What are the consequences, the costs, and the benefits of this course of action?
- Will this action help me express my feeling now, or should I put it on hold?

Make sense of what the feelings and needs are telling you. Clarify this by asking yourself these questions:

- What about the situation makes me feel this way?
- What is the real issue?
- Who is responsible for what?

If you get stuck in the previous process, you might have hit one of the very basic problems, named next, that cause these blocks.

8. Now search for your healthy voice that is based on adaptive primary feelings and needs that might be there, in the background. Identify your healthy core feelings in response to your unmet needs. Figure out what the healthy feelings are telling you. The following are examples of healthy emotions:

- Anger tells you that you are being violated.
- Sadness tells you that you have lost something.
- Fear tells you that you are in danger.
- Shame tells you that you are overexposed.

- Disgust tells you that what you are experiencing is bad for you.
- Pain tells you that your sense of yourself is being shattered.

Accept the feeling and use it as a guide to the action for which it has organized you:

- anger to protect a boundary
- sadness to cry or withdraw
- fear to flee
- shame to hide
- disgust to expel
- pain to not repeat the painful event.

To further help articulate what you want or need, and what you wish to do, ask yourself the following:

- “When do I feel the opposite of my unhealthy feeling? When do I feel worthwhile, safe, competent, and more integrated?” Focus on that state of being. Feel the emotion of this alternate state. This, too, is you. Then ask again, “What do I need?”
- “What can I do to help get my need met?” or simply, “What can I do to help myself?” See if you can give yourself what you need.
- “To whom else can I turn to get some of what I need?”

If your primary feeling is pain, then face it, live through it, and learn that you will survive it. If you are suffering, respond to the need in your suffering. Imagine yourself as a child experiencing the unhealthy feeling. What can you give to or do for this child?

EXERCISES FOR INTIMATE PARTNERS

Exercise 25: Identifying and Changing Cycles

1. Identify your role.

Select which role you occupy and which your partner occupies.

- Intimacy-related roles

Pursue	Distance
Cling	Push away
Demand/nag	Withdraw
Attack	Defend
Intrude	Wall off

- Identity-related roles

Dominate	Submit
Right	Wrong
Lead	Follow
Overfunction	Underfunction
Helpful	Helpless
 - Identify what secondary, “harder” emotions go with these roles.
2. Identify the core “softer,” attachment-related feeling that underlies your position.
 - If you are feeling the need to pursue your partner, search for underlying feelings of vulnerability, loneliness, and sadness.
 - If you are feeling withdrawn because of fear, search for underlying feelings of a need for connection, inadequacy, or unexpressed resentment.
 - If you are feeling dominant, search for underlying feelings of anxiety or insecurity that are possibly guiding your need to control.
 - If you are feeling submissive, search for underlying feelings of fear of anger and unsureness.
 3. Identify and express attachment needs for closeness, connectedness, and identity.
 - Say “I feel sad, lonely, or afraid.”
 - Say “I need recognition of my needs, boundaries, and preferences.”
 - Don’t complain; rather, express your core feelings and needs.
 4. Listen to and accept your partner’s feelings and needs.
 - Try to understand your partner’s experience. Put yourself in your partner’s shoes. See things from his or her perspective.
 - Communicate your understanding and appreciation of your partner’s perspective.

Exercise 26: Fighting to a Draw

Once you figure out what destructive cycles you and your partner get into, try to determine the core feelings that you and your partner are feeling. Your goal is to reveal your attachment-related feelings and needs to your partner. Once you are able to understand your partner’s core feelings, you will be able to respond differently, and this will change how you relate to each other. This new understanding needs to be maintained and supported.

1. Identify that this is a fight.
 - Often, neither of you thinks you are fighting.

2. Identify your core feeling.
 - What is the “softer” feeling under your “harder” feeling?
 - Are you feeling lonely, abandoned, or anxious?
 - Are you feeling unsure, inadequate, or afraid?
3. Clarify your core attachment-related concerns and goals.
 - Do you want closeness?
 - Do you want to set a boundary?

Your goals and intentions will be strong determinants of your actions.

 - If your primary concern is harmony and preserving the relationship, then anger escalations such as attacking or insulting will be avoided.
 - If your primary concern is to repair self-esteem, then anger-escalating behaviors are more likely. Try instead to identify your shame and what has made you feel damaged.
4. Express your core emotion and concern directly.
 - Either say “I feel hurt or wounded” or “I feel angry,” signaling that you are concerned with your identity.
 - Say “I want to preserve harmony,” signaling a collaborative, conciliatory stance.
 - Identify whether this feeling is related to your sensitivity, your well-known vulnerability to feeling abandoned, criticized, or unappreciated.
 - Own the feeling as yours rather than blaming the other person.
 - Express how you feel: “I feel scared to lose you,” “I feel like I’m failing you,” “I’m afraid of your anger,” “I’m angry at your clinging to me,” or “I need more space.”
5. Identify your basic need. What do you really need or want now?
 - Communicate this in a nonblaming and nondemanding manner.
 - Do not try to force your views on your partner, however justified you feel. Your partner feels equally right. Trying to prove that your partner is wrong is futile. Fight to draw or to both win.
6. Identify the walls that are preventing you from expressing your need.
 - Notice what is preventing you from listening to your partner’s noncoercive, attachment need.
7. If your partner is unable to respond, practice self-soothing.
 - Remember that now is not all there is. Yesterday and tomorrow exist, and your partner is able to respond differently at different times.

Exercise 27: Handling Difficult Emotional States

Once a person has learned to recognize the difficult emotion states one enters into in relationships, the following things are helpful:

1. You need to become comfortable with your vulnerable states and bring them into your relationship with your partner. Tell your partner how you feel.
2. Avoid triggering difficult states in each other.
3. Help your partner shift out of aggressive and protective states.
4. Take breaks to calm or shift states.
5. Give your partner time and space to work out his or her difficult states.

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