

CHAPTER ONE

The Centrality of Emotion in Psychotherapy

THIS BOOK EXPLORES the role of emotion in psychotherapeutic change. The view that emotional arousal is an important common factor in psychotherapy was initially expressed by Frank (1963) in his seminal thinking on persuasion and healing. Since then, it has become clear to many experienced therapists and psychological theorists alike that the affective system is critical, both in understanding and in changing human experience and behavior.

One of our goals in this book is to promote the integration of the treatment of emotion, motivation, cognition, and behavior into a comprehensive approach to treatment (Norcross & Goldfried, 1992). Indeed, emotion awareness and its arousal and reorganization have been increasingly recognized as critical to psychotherapeutic change in many therapeutic approaches. Thus promoting emotional processing in cognitive approaches, arousal of fear by imaginal stimulation in behavioral approaches, emotional insight in psychodynamic approaches, increased depth of experiencing in experiential approaches, and communication of feelings in interactional approaches are all aspects of working with emotion that are seen as important within each perspective.

In this book we will show how therapists can think about and intervene with emotion in differential ways. First, they need to recognize the relationship between emotion and cognition. Emotion is intimately connected with meaning, and no emotional change takes place without producing cognitive change. This view informs the therapeutic process in clear ways. Second, therapists need to recognize that emotional ex-

perience and expression can stem from different states of mind. For example, sadness due to the loss of a loved one differs from sadness due to violation or trauma. Therapeutic intervention will correspondingly differ. Third, the expression of certain emotions such as rage often stems from a more fundamental experience such as shame. Thus the client furious at his wife may be harboring another layer of feelings that the therapist needs to access.

Finally, each emotion—sadness, anger, and so forth—has its own characteristics, and there are different ways of working with each. Newly acknowledged anger and sadness, for example, often provide healthy adaptive information. The overly pleasing client who is able to access anger becomes more assertive and is able to stand up for her- or himself. Fear and shame, however, generally inhibit and are accessed in therapy not for their adaptive information but in order to make them more accessible to new experience and change. Clients who have suffered abuse and who revisit their fear and shame with the protection of the therapist can access present resources that help them to transform these feelings. Other emotions such as explosive anger and punitive self-contempt in turn need to be regulated often by self-soothing. Pleasant emotions, such as interest/excitement, joy, and love, are often end products of the process of resolving other emotional states. Appreciation, for example, often can only arise after resentment has been expressed and acknowledged. The pleasant emotions also act as antidotes to the unpleasant emotions. Thus each emotion is worked with in different ways.

The essence of our approach to treatment involves the establishment of an emotionally focused empathic dialogue between two people in which the therapist is attuned to, stimulates, and focuses on the clients' emotional concerns. In working with clients' emotion it is both the empathic, validating, relationship and the continual focus on accessing and reorganizing of emotional experience that are the core ingredients of effective psychotherapy.

This book presents a three-phase framework for working with emotion. This framework was devised by analyzing the tapes of a large number of successful emotionally focused therapies of depressed and anxious clients, as well as clients with interpersonal problems and general problems in living (Paivio & Greenberg, 1995; Greenberg & Watson, in press). We studied the tapes to ascertain how these clients actually changed and what therapists did to facilitate this process (Greenberg & Foerster, 1996; Watson & Greenberg, 1996). We identified three phases—bonding, evoking and exploring emotional experience, and emotion restructuring—each involving a number of specific steps designed to achieve the aim of that phase.

EMOTION SCHEMES

In our model of functioning the basic psychological unit or generating mechanism of emotional experience and meaning is what we call the “emotion scheme.”¹ A scheme involves a set of organizing principles, constructed from the individual’s innate response repertoire and past experience, that interact with the current situation and generate current experience. Schemes are highly personal and idiosyncratic, laden with emotional memories, hopes, expectations, fears, and knowledge gleaned from lived experience. We therefore call them personal or emotion schemes. Not based solely on emotion, they involve a complex synthesis of affect, cognition, motivation, and action that provides each person with an integrated sense of him- or herself and the world, as well as with subjective felt meaning (Greenberg & Safran, 1987; Greenberg, Rice, & Elliott, 1993).

These emotion schemes profoundly influence experience, behavior, and interaction. People have different emotional schemes associated with relationships with significant individuals in their lives. For example, being with one’s mother may evoke a scheme of being anxious, or playful, or of feeling dread. Likewise, people can have different schemes attached to performing a task, such as feeling inept, effective, or undermined. Obviously, there are an infinite number of unique emotional schemes.

As therapists, we wish to stay as close as possible to the client’s scheme generated subjective experience. This experience differs from the more logical rationality of reality representations. Personal experience is characterized by being affectively charged, and is obviously not an identical representation of events in external reality. Indeed, our schemes are not internalized replicas of the external world, but rather they are models constructed out of our own experience and action of being in the world. Moreover, a significant amount of coding of experience exists at the nonverbal level, and it is more concerned with being and doing than with conscious conceptual knowing. Emotional memory is thus laden with perceptual, sensory, and kinaesthetic aspects. Our first childhood memories, for example, are filled with feelings, sensations, sights, sound, and smells far more than with verbalized beliefs. A personal or emotion scheme thus is a record of subjective lived experience. It serves both as a basic format for remembering affective

¹We use the word “scheme” rather than “schema” to emphasize the action-oriented, rather than representational, nature of a scheme (Greenberg et al., 1993).

experience and for integrating the whole experience into a meaningful unity.

Our basic contention is that personal reality and consciousness is as much a product of emotions as it is of thought and rationality. In our view automatic emotion responses often precede or influence the conscious meanings of events. It is the high-level emotional meaning of events, constructed automatically by emotion schemes, that determines both conscious emotional and cognitive responses. This high-level “sense” of things is deeply affective in nature. It is the emotion scheme’s function to read affectively relevant patterns from the environment and to guide both our emotional sense of ourselves and our orientation to the world. This guiding self-structure is only amenable to change once it has been activated. It is then that we experience our emotions, and the associated cognitions are “hot.”

EMOTIONS IN THERAPY

A crucial aspect of development, and of therapy, is to promote the integration of people’s basic affective experience and emotion into their existing organizations of their experience. The integration in therapy of basic affect into our self-organization involves tasks of differentiating, symbolizing, owning, and articulating our bodily felt emotional experience, allowing and accepting our emotions, learning to use our emotions as signals, and being able to synthesize different and contradictory emotions in response to the same person or situation. Engaging in these tasks is often aided by another’s empathic attunement to our feelings. Integrating our emotional experience into existing personal structures leads to a stronger more integrated sense of self.

Emotions provide a rich source of information about our reactions to situations. Emotions, or more accurately those constituents of emotions that may have been out of awareness, can be brought into awareness to enhance the way in which we evaluate our needs, desires, goals, and concerns. What is required, particularly in therapy, is an understanding of what emotions indicate to us about the way in which we are conducting our lives.

We will suggest that it is only through accessing emotion and emotional meaning that emotional problems can be cured and that purely rational methods, although sometimes useful, too often do not cure distressed emotion. Reason has never succeeded in controlling passion. Moral imperatives or reasoned argument only succeed in regulating emotion when they themselves become emotional. Given that it is

high-level emotion schemes that produce personal meaning, we will argue that it is these tacit emotion schemes that need to be accessed and changed to create new meaning. Merely expressing emotion however will often not correct situations. Rather, one needs to read the message of one's own emotional experience and use it as a guide to constructive action.

In therapy certain types of emotions are seen as curative in themselves. Primary emotional responses are creatively organizing because they help set new goal priorities. Thus when we help clients to attend to and symbolize their primary experience—their sadness, anger, or joy—this helps them access important needs/goals/concerns and helps them create new meaning. For example, once a client recognizes the hurt underlying his anger and thrust for dominance, he begins to be able to seek the comfort he really needs. When a man who suffers panic attacks recognizes his momentary fear of being abandoned as the trigger of his phobic chain of experience, he begins to find new ways of dealing with his fears of abandonment. When a woman acknowledges her anger at being shamed, she begins to mobilize assertively in protection of her self. Although emotions organize us for action and build up new adaptive structures, they are also involved in the breaking down of old static structures. Thus at times we need to evoke traumatic emotional memories in order to reprocess and restructure them. In addition, old emotional habits such as rage following shame, and fear following intimacy, have to be activated in therapy in order to be reorganized. For clients with underregulated shame or anger, symbolization of emotion helps transform these emotions. Symbolizing feelings and emotions provides a safe distance that prevents the person from feeling overwhelmed or acting out and sets the stage for learning how to soothe the fragile self.

In addition, therapy involves developing adaptive emotion-regulation strategies. This is done in therapy by repeating developmental sequences similar to the ones of a healthy childhood. Clients in therapy learn to self-regulate their emotions through the internalization of soothing interactions with the therapist and developing self-empathy. Thus by developing the ability to become aware of, accept, symbolize, and talk about feelings, reflect on them, and access and develop other more compassionate and coping parts of the self, vulnerable and distressed parts of the self are regulated and soothed. Working with emotion in therapy is thus analogous to the development of emotion regulation that occurs in the process of normal development. Sustained empathic attunement to clients' emotions and to the nuances of their

experience becomes a crucial therapeutic task in helping people become aware of and regulate their emotional experience.

ACTIVATING EMOTIONAL SCHEMES IN THERAPY

Therapists thus work with emotion schemes in a variety of ways. For example, they may acknowledge and affirm current experience and help clients strengthen that which is adaptive and growth producing. Or they may help clients to symbolize in words that which is traumatic or maladaptive, thereby helping them assimilate and contain this material; they may facilitate working through and emotional completion through helping clients to reprocess painful emotional experience; or they may restructure the maladaptive schemes that produce bad feelings, thereby creating new self-experience and personal meaning.

Therapists activate emotion schemes within the context of a safe, empathic therapeutic environment. In addition to empathic attunement, appropriate degrees of stimulation or intensification are used at appropriate times to increase arousal and to prime the schemes for activation, allowing clients easier access to their experience.

In our work with emotion we use a process-oriented experiential approach (Greenberg et al., 1993). This approach is based on following the client's moment-by-moment emotional process. The key clinical decision for the therapist rests on what aspect of the moment-by-moment process to focus on. As a guide, the therapist must take account of many factors, the most significant of which is the emotional aliveness of the presented material. In our view those states of mind in which emotion is particularly vivid and poignant are the ones most highly related to the client's well-being.

It is useful to note that the emotion schemes that we are talking about are intermediate-level, situation-related models. They are not nearly as large as identities, life scripts, or relational themes, but they are also not as small as simple acts or thoughts. As any event is experienced, there is a brief envelope of time in which the experience can be symbolized in awareness or pass away unsymbolized. It is these micromoments of attending to and symbolizing our experience in awareness that are the fundamental acts of our construction of being-in-the-world. In addition to the micromomentary process of catching the fleeting moment in the present, we appear to segment our concrete experiences of these moments in memory into chunks of different duration. We thus tend to experience things in small units ranging from the single moment of "catching the look on her face" to an episode of a number of seconds, for example, experiencing "hold-

ing him while he cried” or “having a conversation yesterday about our children.” It is these episodic chunks of experience that need to be worked with in therapy (Korman & Greenberg, 1996). In this approach it is the shifting moment-by-moment activation and synthesis of schemes, in ongoing interaction with the other, that is viewed as determining experience, not a trait or global template like a core conflict, a role-relationship theme, or a core belief. It is thus these shifting experienced meanings and interactions, either of the remembered past or of the present moment, that become the focus of therapy.

Therapy is thus a process of schemes being activated both by self-generated internal processes and through interactions with the therapist. New schemes continue to be activated by the ever-changing present through dialogue with the therapist. This occurs as much through nonverbal emotional cues such as the melody and tempo of the the therapist’s voice, facial expressions, and general manner as by what is said. Much therapy then consists of identifying important moments or events in the sessions in which key emotion schemes have been activated, and intervening at these moments in ways most appropriate to the activated states (Greenberg et al., 1993).

AFFECT, EMOTION, AND FEELING

In the history of scholarship concerning the concepts of affect, emotion, and feeling, no clear demarcation has been formulated about the use of the terms “affect,” “emotion,” and “feeling” themselves (Hillman, 1960; Jaspers, 1963; James, 1890/1950; Freud, 1915/1963). Izard (1979) has suggested that emotion is a combination of affective and intellectual processes, whereas feeling reflects an irreducible affective state that is usually enriched, only in retrospect, by meaning and rationale. Despite this lack of scholarly clarity, we find it helpful to distinguish between them in the following way:

1. *Affect* refers to an unconscious biological response to stimulation. It involves automatic, physiological, motivational, and neural processes involved in the evolutionary adaptive behavioral response system. Affects do not involve reflective evaluation. They just happen, whereas both emotions and feelings are conscious products of these unconscious affective processes.

2. *Feeling* involves awareness of the basic sensations of affect. This involves bodily felt experience such as “feeling shaky” or “feeling tense.” The more complex bodily felt feelings that involve felt meaning, such as feeling “down” or humiliated, feeling that something is not

right, or feeling that one doesn't care, we call *complex feelings*. These involve relating affect to one's view of oneself.

3. Consciously experienced human *emotions* are experiences that arise when action tendencies and feeling states are joined with evoking situations and self. Emotions are thus experiences that involve the integration of many levels of processing (Greenberg & Safran, 1987). They include the experience of discrete emotions such as fear, anger, and sadness, which have specific action tendencies and facial expressions, as well as the more complex emotions such as jealousy and pride, which are more related to a complex story or script. Emotions give personal meaning to our experience.

INTEGRATING EMOTION AND REASON

While most theories of the therapeutic effects of emotion have traditionally emphasized the irrationality of emotion, we will argue for the organizing role of emotion, showing how emotions guide and enhance decision making and problem solving. Emotions inform us of what is of concern to us. They set goals for cognition and in so doing can be seen as setting problems for cognition to solve. In this book we will thus focus on the importance of working with emotion in therapy and of integrating it with reason to form new meaning.

Emotions arise out of a complex constructive process that synthesizes many levels of information processing (Barnard & Teasdale, 1991; Greenberg et al., 1993; Greenberg & Pascual-Leone, 1995; Teasdale & Bernard, 1993; Watson & Greenberg, 1995). Affective, cognitive, motivational, and sensorimotor sources of information are always being complexly synthesized. All help determine human experience and action. However, not only is there a tacit, ongoing synthesis of many levels of information processing that produces feeling, but once this is synthesized in awareness there is also a more conscious process of integrating emotion and reason. Emotions emerge into consciousness by attending to a bodily felt sense and symbolizing this in awareness. Consciously symbolized material to varying degrees is then reflected on to create new meaning and to aid problem solving and decision making.

Consciousness in this view is not at the top of the hierarchy of control of human experience, nor is it the sole player. Rather, the emotion scheme, a tacit emotional-motivational-cognitive level of experiential processing, is an important player. Emotion schemes form the highest level of processing, higher than conscious reasoning or automated behavior. This level of processing guides both conscious thought and ac-

tion and provides us with our complex, emotionally toned sense of things (it is a bodily felt sense) that is crucial in guiding decision making and choice. It provides us with our sense of well-being, of “being on top of the world,” or our sense of malaise, of “being down in the dumps.” This high-level tacit level of processing is a highly personal integration of biology and experience and acts as a sophisticated source of information about ourselves in relation to the world. It is this tacit level of emotional–motivational–cognitive processing that governs consciousness (Greenberg et al., 1993).

EMOTION AND REASON IN EVOLUTION

Emotions serve as an ongoing base of consciousness. They are continually present at some level of intensity and are a fundamental source of organismic vitality. Human organisms evolved to be proactive as well as reactive, and a genetically determined, neurally based emotion-activation system evolved to keep the organism continually active, exploring, and creative (Izard, 1993). The positive emotions appear to have evolved to serve the purpose of keeping the organism proactively adaptive.

Evolution, however, has provided us with two basic information-processing systems—an emotionally based, experiential one, and a rationally based, conceptual one. It is the integration of these two that in the final analysis produces adaptive behavior. As one experiences feelings, one also often consciously reflects on them. People constantly organize their experience in particular ways, integrating their cultural learning with their emotional sense of being to create new meaning. It is crucial to recognize that two distinct levels of meaning production guide human functioning: the conscious conceptual and the tacit experiential. It is the integration of these two levels that leads to adaptive functioning.

If I wake up emotionally ready to face the day, I will tackle projects with enthusiasm and I will think positively about how to do this. If I awake afraid and depressed, my emotions signal that something is awry in the way in which I am conducting my life or that something has happened that requires my attention. Having attended to the emotional signal, I begin the process of consciously reflecting on my experience and reorganizing my world. In order to do this I need to be able to first tolerate my feelings, integrate them into my sense of self, attend to them, and use them as signals. Having received the signal that all is well, I proceed to action, or having received the signal that there is a

problem, I begin to act with awareness to discover and create solutions to the problems that have produced the bad feeling. It is in this way that emotions motivate and guide actions and set problems for reason to solve.

STRUCTURE OF THE BOOK

This book is divided into three parts.

Part I lays out the theoretical foundations of emotion: Chapter 2 discusses the nature and function of emotion, as well as its sources and its regulation; Chapter 3 presents a scheme for the assessment of different types of emotion expression in therapy and discusses the need for differential intervention with different types of emotion; Chapter 4 discusses emotional disorder and distinguishes between the role of emotional pain and bad feelings in dysfunction.

Part II lays out the intervention framework and the principles of emotionally focused intervention. This part begins with a discussion in Chapter 5 of the processes of change in an emotionally focused approach to treatment. Next, Chapter 6 presents the principles and three phases of treatment, thus serving as a type of manual of this approach.

In Part III, we focus on descriptions of and clinical work with the different emotions of anger (Chapter 7), sadness and distress (Chapter 8), fear and anxiety (Chapter 9), shame (Chapter 10), and the more pleasant emotions of love, interest/excitement, and joy (Chapter 11). The book concludes with a discussion of the training of therapists to work with emotion (Chapter 12). In this last chapter we emphasize that training needs to include both experiential work and development of perceptual, conceptual, interventive, and relational skills.