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This outstanding book is a must-read for clinicians of all orientations, offering a comprehensive and insightful synthesis for those who want to improve their skill in working with emotion. Twelve years in the making, this work combines clinical process with empirical findings in brilliant fashion, illuminating the how and why of emotional change in psychotherapy. A visionary work, this will be a main reference for clinicians and academics alike.

—**Leslie S. Greenberg, PhD**, Distinguished Research Professor Emeritus, Department of Psychology, York University, Toronto, ON, Canada

This book is an integrative masterpiece. Emotional change in psychotherapy is a jungle of theories, contradictions, and messy findings—but Antonio Pascual-Leone has expertly cleared a path to reveal what emotions to focus on, when, for what purpose, and how. This amazing synthesis will become a leading light in the field, a guiding force for psychotherapy practice, training, and research.

—**Louis G. Castonguay, PhD**, Liberal Arts Professor of Psychology, Pennsylvania State University, University Park, PA, United States

Serious EFT therapists and practitioners of related emotion-based approaches will want to read this book because it provides a solid, clearly stated scientific foundation for five key kinds of emotion change processes. The author has produced a tour de force based on a rigorous, decade-long systematic review of a wide range of applied emotion research that provides a fresh look at the key therapeutic tasks such as empty chair work, grounding them historically and in the wider field of applied emotion research.

—**Robert Elliott, PhD**, Professor Emeritus, University of Strathclyde, Glasgow, Scotland

With clarity, elegance, and precision, Antonio Pascual-Leone offers a generative new synthesis in the emotion-focused tradition. Grounded in empirical rigor and richly illustrated through clinical examples, this principle-based framework will help a new generation of therapists understand not just that emotion matters—but how it changes. At once nuanced and practical!

—**J. Christopher Muran, PhD**, Dean and Professor, Gordon F. Derner School of Psychology, Adelphi University, Garden City, NY, United States; Mount Sinai Beth Israel Psychotherapy Research Program, New York, NY; NYU Postdoctoral Program in Psychotherapy and Psychoanalysis, New York, NY

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1

A General Theory of Emotional Change

Meaning is invisible, but the invisible is not the contradictory of the visible: the visible itself has an invisible inner framework, and the in-visible is the secret counterpart of the visible, it appears only within it.

—MERLEAU-PONTY, *THE VISIBLE AND THE INVISIBLE*

Emotional change happens. But tracing its causal determinants (i.e., how it happens) is a very different matter (Elliott, 2010). The unique effect size of a single process is probably small to medium, with several processes acting at once to generate larger effects (consider Flückiger et al., 2020; A. Pascual-Leone & Yeryomenko, 2016; Sønderland et al., 2023). Many practicing therapists understand emotional change in terms of the interventions they use, but, as this chapter will show, that is a pseudo-explanation for what really happens to the client. Similarly, in everyday life people often explain how they “got over” some event either as the result of behavioral changes, which themselves remain unexplained (e.g., “I just started doing different things”), or through the passage of time (e.g., “It gradually became less important”). Deeply coherent and generalizable explanations of how emotion changes are still lacking.

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Principles of Emotion Change: What Works and When in Psychotherapy and Everyday Life, by A. Pascual-Leone

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THE PRINCESS AND THE PEA: WHY IS THIS SO HARD TO FIGURE OUT?!

Finding the mechanisms of emotional change is like the test in Hans Christian Andersen's fairy tale, "The Princess and the Pea": A princess is invited to sleep on a pile of 28 mattresses, under which is hidden a tiny but hard pea, and the test is whether she will be able to detect that pea through all the interference. The large effects of psychotherapy on symptom change are not easily traced to a single process, but that process is the pea. The princess (of course) is a psychotherapy researcher, who cannot directly observe the process itself. The many layers of reformulation that occur are each represented by a mattress in the pile, so there are different levels at which the true process of emotional change gets obscured. First, treatment theories are incomplete explanations and make sweeping claims about how they work. Second, the hands-on work of a therapist is full of real-time ambiguity. Third, clients covertly use their own agendas. And finally, but perhaps most importantly, while therapists often choose the interventions in psychotherapy, it is clients who ultimately choose the process that follows. In other words, clients selectively help themselves and even repurpose a treatment's offerings in ways that are not necessarily the treatment as prescribed.

Treatment Theories Are Incomplete Explanations

Treatment theories offer interventions accompanied by the rationale that they facilitate a target process. However, theoretical explanations may be incomplete or even inaccurate, irrespective of whether an intervention works well. As stated in the Introduction, labels are not explanations. However, part of the reason for insufficient explanations is that the lion's share of treatment research has only explored outcome (i.e., does the treatment or intervention work?). So, while we typically know whether something works, we often have only preliminary ideas about how (Kazdin, 2009). Despite what the corresponding theory says, a prescribed intervention may or may not work through the declared process. And there is often a host of undeclared processes that are also relevant since most processes are not mutually exclusive.

Existing theories of emotional change are splintered as a function of their corresponding treatment approaches, which themselves are not collectively well integrated. At the same time, emotional change is not a unitary construct. Reflecting on the current disarray in the field, A. Pascual-Leone and Kramer (2023) likened the collection of local treatment-based theories about emotional change to the parable of an elephant and six blind people. Each person gropes to examine just one part of the large animal (e.g., its side, trunk, tusk, leg, ear, or tail), and they all come to radically different conclusions about what an elephant is. Similarly, such apparent contradictions occur among various treatment-bound theories on emotional change.

Another part of this theory problem is that sometimes emotional change (or emotion regulation) is conflated with the reduced symptom distress that comes

with almost all good treatment outcomes (A. Pascual-Leone & Kramer, 2023). When a client has less intense feelings after some intervention, that attenuation in arousal may indeed represent a successful outcome, but there is often much more that has occurred in terms of process, even if unmeasured. Emotional work (i.e., internal process) is not the same as reduced distress (i.e., observed performance outcome). But their conflation is common practice among researchers who pool various ways of working with emotion together under the all-encompassing rubric of “emotion regulation strategies.” Relatedly, this remains a major shortcoming in using habituation as an explanation of change (Colwill et al., 2023; see Chapter 3, this volume). In some clinical writing, emotion regulation refers to everything from breathing or putting an ice pack on the back of one’s neck to moments of existential meaning making to multistep planning and problem solving. But each of these processes involves dramatically different mechanisms of change on functional, psychological, and neurological levels. The true commonality among them is in their outcome, and that makes emotional regulation something of a heterogeneous catch-all. Insufficient theories of emotion change represent just the first in a series of mattresses hiding our pea.

A Therapist’s Work Is Full of Ambiguity

Working real-time in session is a messy business. Most therapists report being integrative or eclectic rather than following any specific treatment approach, which sometimes means a lack of coherent framework for conceptualizing the in-session process. In any case, therapists are concerned about delivering a given treatment, which comes with tacit assumptions and allegiances to treatments or training as well as blind spots about how a classic treatment intervention might be surreptitiously repurposed by clients to some different end.

The Unbridgeable Gap

Practice unfolds faster, is more ambiguous, and is messier than the theoretical accounts of change. Just as there is an existential gap between what a speaker says and what a listener hears, there is a similar layer of inference between an intended treatment process and the process effect it has on a client. A therapist who is well attuned to this gap of ambiguity might pause to ask their client: “By your reaction, it seems like something I just said, or maybe something we were doing, was meaningful to you. Can you say what fit, or what part of this seems important?” If we are candid, most therapists will admit we do not always know what our intervention was, even if it worked.

Fat-Finger and Off-Label Interventions

The spontaneous and real-time nature of working with emotion also lends itself to what one might call “fat-finger interventions.” This is a variation of the “fat-finger error,” which refers to a clumsy mistake made while typing, where one unwittingly presses the wrong key. Fumbles like these can have meaningful

downstream effects (e.g., typos have impacted financial markets). Here, a therapist inadvertently elicits a treatment effect that, even when it is positive, remains unknown to the therapist. When this happens, the therapist's intervention could be facilitating an unintended process, or it might facilitate several processes in parallel, rather than the specific process that was intended. So even when an intervention works, it might work for reasons other than what the therapist believes. Personal accounts of change in therapy (or parenting or mentoring) are full of examples where the helper could have almost no way of anticipating how a comment or gesture might leave a lasting or memorable impact on the client (or child or student).

Therapists also develop their artistry as facilitators of change, and they intentionally develop their own off-label uses of traditional treatment interventions. "Off-label" usually refers to the prescription of medication for a treatment concern other than that for which it was approved. For example, bupropion (i.e., Zyban) was initially developed and prescribed as an antidepressant but was later discovered to also help with smoking cessation, which then became its primary use (Wilkes, 2008). A similar phenomenon happens in psychotherapy. Whether incidental or deliberate, such off-label interventions begin as stylistic elaborations of standard manualized interventions that manifest a therapist's own beliefs, personality, or idiosyncratic theory of change. In the prediction of treatment outcomes, personal innovations of this sort contribute to therapist factors (i.e., this therapist has a special way of doing that intervention). What I refer to as off-label interventions are also a key source of treatment innovation, although at first, they are often used without the clinician really knowing how they work.¹

Clients Have Their Own Agendas

A good therapist interprets the treatment manual and adjusts it responsively to fit their clients (Stiles, 2009). But clients have and use their own understandings of the change process: They have their own personal theories and renditions of the process. Adherence ratings in clinical trials are meant to ensure therapists are delivering the treatment as prescribed, promising more scientific rigor (Rudge et al., 2020). However, adherence to intervention is several steps upstream from the actual change process. It is no more than a proxy to the treatment being received, which has much more to do with the target process facilitated within a client. That may be a reason why a meta-analysis failed to show that adherence alone was associated with psychotherapy outcomes (N. Power et al., 2022). The *emotion stimulus critique* highlights a similar error in experiments designed to study emotion: the false confidence of using standardized stimuli (e.g., videos, evocative words) when the true target of experimental manipulation should not be the stimulus per se but rather the emotion it was intended to elicit (A. Pascual-Leone, Herpertz, & Kramer, 2016). Even when interventions (or stimuli) are identical, different clients may make use of an intervention toward very different ends. So the real treatment being received is the one that is taken up by the client.

Clients have covert and very utilitarian objectives, even though working with emotion is largely an implicit task. When it comes to a proposed treatment intervention, clients only care about two things: (a) “Does the rationale for engaging this difficult content or task make sense to me?” and (b) “Is this intervention helping me?” From that position, clients then make use of whatever they can to get better. Free of entanglements about theory, a client assumes the role of end user: They take a therapist’s intervention and make their own interpretation of what is happening or should happen in treatment. Clients may not choose the intervention, but they do choose the process. Within the boundaries of what a client understands, they have a supreme veto, selecting and endorsing what to make use of and how. They also do this without giving notice to their therapist, who looks in from the outside. Irrespective of a therapist’s training, intentions, or actions, the intervention is in the eye of the beholder (i.e., the client). Much of that client problem solving is implicit, a spontaneous exploration of possibilities. So clients usually do not have a clear idea of how a change occurred, having been only partly aware of the process(es).

Psychotherapy Is a Buffet of Processes, Not a Plated Service

I have outlined three reasons why a helpful intervention may be working in ways other than a treatment’s declared process, which is part of why explaining emotional change is so elusive. However, even if therapists could faithfully deploy interventions as prescribed and if those interventions consistently prompted client change in precisely the way a treatment theory describes, clients would still make use of other, yet undeclared, aspects of that treatment. Ultimately, the client does not care whether the theory is true or whether their treatment is adherent; they only care about getting better.

A Buffet of Processes

Treatment manuals describe the effect an intervention is designed to deliver, but that specificity starts and ends with a therapist’s effort to serve up a given process (see also Wampold & Imel, 2015). So the offerings of psychotherapy cannot be likened to a plated dinner, being served a predetermined meal of specific interventions, because treatments do not (and cannot) circumscribe which processes are available to clients. Psychotherapy is more like offering up a buffet of processes. A variety of interventions are used within an hour-long session, and clients serve themselves from the treatment buffet as they see fit. This means two clients receiving the same manualized treatment but who are drawn to different ends of the buffet could be making use of entirely different sets of processes (i.e., at the same buffet but enjoying different meals). The implication of this for understanding change is substantial, both within a treatment (as just described) but also across treatments. For instance, it puts into question the conventional understanding of what is being tested during a comparative clinical trial (see also Stiles, 2009). While the available buffet spread in Treatment A may (in principle) be distinct from what is served up in

Treatment B, clients in each treatment might be capitalizing on unique portions of (and repurposing) what is being made available to them. So, functionally, the treatment each client uses could turn out to be quite similar at the process level.

We All See the Same Clients

In most cases, clients are treated by whichever qualified therapist is available to them, irrespective of the treatment approach. Generally, this means there is nothing unique about the pool of clients who find themselves in cognitive and behavioral therapies or in a psychodynamic or humanistic treatment. In any case, most therapists take an eclectic or integrative approach. So, for example, just because a cognitive therapist may not make use of transference interpretations, this does not mean that transference never occurs during a client's session (it just means transference goes unaddressed or is not leveraged). Similarly, just because humanistic therapists invite the exploration of emotion and may encourage clients to suspend their judgments, this does not mean clients will not go home to write a list of pros and cons to think more rationally about their situation. The most enduring features of emotional change amount to forms of adult emotional development. In short, all processes of emotional change belong to clients, including processes not prescribed within a given treatment. Still, different treatments typically leverage one or another kind of change, and that marks some fundamental differences between them. However, processes described in one treatment's theory will also happen in other treatments. Clients have no treatment allegiances and are the ultimate integrationists, using any and all processes that may occur to them as potentially helpful.

Emotion Change Is a Covert Process

I have described a few issues in the tall stack of mattresses that obscure the various ways in which emotion changes. These are some of the reasons why understanding emotional change can be so difficult. Like detecting a pea hidden under a pile of mattresses, uncovering the true nature of an emotional change requires one to see through many levels and transmutations. This calls for a general theory that reaches across treatment perspectives and can coordinate them, a theory that describes the invisible inner framework mentioned in the epigraph to this chapter.

UNTANGLING THE MECHANISMS OF EMOTIONAL CHANGE

The notion that there may be separate principles of emotion change was first advocated from an integrative perspective by Les Greenberg, York University, as a deep intuition about psychotherapy process (e.g., A. Pascual-Leone & Greenberg, 2006). At the same time, the number of principles being proposed

shifted somewhat over papers probably because this clinical insight still needed development and empirical scrutiny through a large comprehensive review.

A General Theory That Matters for Therapists

Making distinctions between different kinds of emotional processing is not just an academic or purely theoretical issue; it matters to therapists. For those who take a highly mechanistic (or medical) approach, one basic implication is that the clinician probably does not have as much direct influence as presumed. More importantly, conflating different kinds of emotional processes often hides the very problem that stumps therapists when they are trying to understand why a client has trouble moving forward. A systematic review and meta-analysis demonstrated the general positive effect of a therapist's competence as a predictor of outcome in adult psychotherapy (Power et al., 2022). The challenge of competently working with emotion, however, is the inherent vagueness and slippery nature of how emotion changes. Improving therapists' competence when working with emotion will thus require them to have more clarity about what kinds of emotional change are needed and when. Put simply, therapists who understand what is happening in the moment will have a clearer sense of what they need to do next.

Toward a Causal Theory of Change

Bringing out the invisible order in a person's highly subjective process, one that is only partly within their awareness, is daunting. The silos of existing treatment-based research have limited the development of general and integrative theory. This calls for a new strategy to understand emotional changes as they occur in psychotherapy and in life.

Converging Lines of Evidence

To identify the unique nature of different kinds of emotional change, I conducted a very large review. To ensure the identified kinds of emotional change were robustly supported and to retain parsimony, I made use of six separate kinds of evidence. When available, these lines of evidence were searched for convergences. The objective was to develop a framework of understanding in which there are separate kinds of productive emotional change that cut across approaches to practice and have their own functional implications for facilitating change. This discovery-oriented inquiry used a method of constant comparison as processes were continually defined alongside one another until the synthesis of theory reached saturation.

Operationally, this means almost all the chapters in this book were written in parallel to one another as emerging ideas, rather than in a traditional linear fashion. Chapters were revised, merged, disintegrated, and reordered in a dynamic process to best represent the emergence of a coherent and

overarching framework. This project started in 2013 and took approximately 12 years. The six lines of evidence considered in the inquiry were as follows:

- *Phenomenological evidence.* When someone struggles to change how they feel, they usually have a sense of working at something. An important starting point for this review was simply to consider the subjective phenomenon of people implicitly working with emotion in one way or another. Although one often is not fully aware of the immediate process goal engaged in, each kind of effort comes with a qualitatively distinct subjective experience as one works to complete it. For example, finding the right words is a different subjective effort from allowing an intense bodily feeling or piecing together a feeling with one's life narrative. These subjective experiences of working with emotion are phenomenologically distinct for an individual, and that helped initially circumscribe each process.
- *Measurement.* Identifying tools that measure each form of emotional change was important to show that constructs could be concretely and reliably operationalized. Furthermore, when different measures existed for each change process, this offered partial support for the understanding that the processes were unique in nature.
- *Psychotherapy and change process research.* Each kind of emotional change had to have been identified as an observable process that predicted subsequent outcomes in health care or well-being. When available, I looked for longitudinal studies that illustrated how the process anticipated and mediated positive outcomes.
- *Basic research in psychology.* The separate processes of change should be supported within other fields of psychology (e.g., cognitive, developmental, social, personality). First, empirical evidence showing that each change process was relevant outside the clinical setting was important for establishing them as general constructs. Second, convergent theories from other areas of psychology supported coherent narratives about how relevant processes unfolded. This offered a level of analysis that was often more fundamental than what could be observed during clinical work.
- *Neurological correlates.* Functional brain imaging also offered relevant evidence in two ways. First, when the psychological accounts of emotional change were supported by neurological evidence, it helped verify them as fundamental processes. Second, when different change processes could be localized by separate (albeit interrelated) neural systems, it was further evidence that they were each quite different in nature.
- *Clinical interventions.* The existence of distinct clinical interventions to facilitate each process of emotional change verified their functional difference, particularly when those clinical interventions could be identified across treatment approaches. This line of evidence was critical in generating practical implications. If distinct processes were purposefully and reliably facilitated by

the same intervention, then their differentiation (e.g., based on face value) would have little practical relevance in treatment or everyday life.

All six lines of evidence were initially explored for empirical support in what became an emerging theory or framework of understanding (i.e., the principles of emotion change).

A Review That Prioritizes Implications for Practice

While the initial search was broader, in this book I concentrate on presenting those findings with implications for practice. In other words, the aim was not to exhaustively review and present all evidence from each domain of inquiry.² Furthermore, I typically integrate the various lines of evidence together so as to complement one another rather than retaining domain-specific silos of evidence. I prioritized findings from applied research and clinical practice (e.g., psychotherapy, change processes, mechanisms of intervention) over those from basic research (e.g., affect, cognition, mental development) but used both. To be fair, this imbalance largely reflects the amount of available evidence about facilitating healthy change. Basic research predominantly examines the nature of emotion states rather than parameters in how those states might transition, the latter being more aligned with practical concerns about emotional change and well-being. My enduring effort is to formulate an integrated understanding that might guide people who want to change how they feel and the therapists who are looking to help.

Finally, in using these six lines of evidence to consider a range of possible mechanisms for emotional change, scientific parsimony was a critical principle. I sought to identify the minimum number of processes that could be used to explain the observed variety of emotional changes. Adding more hypothesized change processes to the list was often possible (clinical theory has no shortage of hypothetical constructs!), but expanding that list was a matter of incremental validity. If adding to the list of potential processes did not sufficiently expand both functional and clinical implications, I retained the minimum number of change principles.

The Question of Causality

Determining causality requires many steps and is rarely unequivocal, particularly when there are multiple causes that interact and in research areas where designing true experiments is challenging for practical as well as ethical reasons (Kazdin, 2009). Even so, conclusions about causality are essentially appraisals of the available evidence. For instance, a positive association between the hypothesized cause and effect is one small piece of evidence, their temporal order is another, the plausibility of the explanation is a third, and so forth—each incrementally building evidence for causality. So exploring both the strength of evidence as well as the convergence of different sorts of findings was important in building toward a causal model. This book offers a working model. It is not a conclusive explanation of how working with emotion causes

personal change; that would be wildly premature for this field. Still, it brings together an array of arguments exploring and sometimes speculating on hypotheses about how emotion changes.

At the same time, discussions on emotion and the processes by which they change could range in their level of analysis from the superficial descriptions of manifest interventions to expounding on neurocognitive operations that support mentation at large. I aimed to describe mechanisms of emotional change at an intermediate level of analysis, organizing and coordinating the piecemeal collection of relevant theories. I focused squarely on clinical utility and where readers might recognize their own human experience in the processes being described.

For clinicians, this means tangible implications for working with client emotion. There are three central objectives in this book. The first is to clarify the functional differences between kinds of change, which is to map out a general and integrative theory. The second objective is to identify the unique markers of each kind of change process (i.e., the observable features that signal a change process is needed or achievable). The notion of markers is a critical issue for practice because it clarifies what to do when. Finally, I map out the available evidence for how those different kinds of processes are facilitated in various treatment perspectives. For researchers, I use this general theory to resolve contradictions in empirical literature, identify questions for future research, and suggest specific hypotheses about mechanisms and moderators that should be examined.

FIVE PRINCIPLES OF EMOTION CHANGE: AN OVERVIEW

Rather than examine different therapies as such or give instruction on how to conduct specific interventions, this book identifies functional invariants across treatment approaches. In other words, there are certain common factors with respect to the mechanisms of emotional change that cut across various approaches to therapy, despite how treatments may appear from the outside. The reason why there are invariants in processing has less to do with similarities among actual treatment and more to do with the commonalities across the clients that therapists are treating and the fundamental principles of working with human emotion. Just as classical (i.e., cognitive) problem solving is supported by general mental operations (see J. Pascual-Leone & Johnson, 2021), working with emotion represents an analogous kind of (implicit) emotional problem solving. And it too involves distinct functional operations by which emotion may change. Completing my review, I propose five major mechanisms of emotional change. The rest of this book explores the evidence for those processes.

Part I: Reduce Intensity

Down-regulating the intensity of emotional arousal (e.g., “The feeling is going away, subsiding”) is the first process that I address. “Emotion regulation” is a construct applied so broadly in the literature as to be problematic, so I use Chap-

ter 2 as an opportunity to extend this introduction by addressing those difficulties and proposing a more circumscribed definition of the process. Reducing the intensity of a feeling will be a familiar objective for many individuals when confronted with emotion (i.e., “feel less!,” “turn it off!”). In Chapter 3, I explore the topic only enough to identify it as a unique way of working with emotion. The notions of habituating and learning to cope in ways that reduce distress will be change processes that are well-known to most readers, at least in general terms. Down-regulating emotion has already been discussed extensively in the literature with entire books dedicated to it. For that reason, my treatment of this topic is much briefer than other parts of the book.

Part II: Notice the Feeling

Increasing emotional awareness and engagement (e.g., “I can feel it in my body and I’m searching for the right words”) is fully addressed over four chapters. Chapter 4 introduces becoming aware of the feeling as a distinct way of changing an emotional experience: defining the general process, identifying markers, and noting potential obstacles to this kind of work. Chapters 5–7 explore various aspects of this change process, explaining mechanisms of change in order of increasing complexity, starting with emotional engagement, awareness, labeling the feeling, and then ending with complex symbolizations.

Part III: Feel More, Express More

Facilitating arousal, expression, and enactments (e.g., “The feeling is in my gut, it makes me want to act, it’s becoming more intense and louder!”) represents another cluster of ways for productively working with emotion, addressed over five chapters. Chapter 8 introduces this as a change process, defining it, identifying markers, and acknowledging the mixed empirical findings. It then continues to address the complexity of increasing expressive arousal by identifying the contingencies that govern whether, and under what circumstances, this process is productive. Chapters 9–11 propose related mechanisms of change with increasing complexity, starting with the influence of general arousal, expressing emotion, the role of vividness, performing complex enactments, and finally with making proclamations of the self.

Part IV: Order the Sequence of Emotions

Sequential ordering of discrete emotions (e.g., “Self-compassion is the antidote to my shame, it has an undoing effect”) can be used to generate categorically new emotional experiences, and it is explored over five chapters. Chapter 12 introduces this process as a unique form of emotional change, defining it and articulating the markers for when it is most useful. This kind of change is a relatively new development in theories of emotional processing. It is also inherently more complex than the processes already mentioned because it involves

multiple steps that often subsume awareness and expression to some degree. Even so, as Chapter 13 illustrates, specific patterns of emotion will produce emotional transformations that are not sufficiently explained by a collection of less complex processes (i.e., awareness and expression). Chapters 14–16 elaborate how these sorts of sequential transformations unfold over various time-frames: during individual sessions, over the course of treatment, and as part of adult emotional development.

Part V: Put the Feeling in Context

Narrative framing and reflecting on emotion (e.g., “When I think of my life’s purpose, my suffering today feels less upsetting”) is the fifth and final kind of emotional change identified in this book. This change process is elaborated over seven chapters, addressing how it occurs in several forms and through contrasting clinical approaches. By way of introduction, Chapter 17 explains that a central axis in this way of working with emotion is the recontextualization of a feeling, which then changes its significance and meaning. The chapter also identifies markers and highlights key problematic narratives styles. Then, Chapters 18–21 propose different mechanisms of change related to narrative reflection: narrative elaboration, psychological distancing, reframing, and developing identity narratives.

As the book approaches its conclusion, Chapter 22 offers a comparative analysis of emotional awareness and personal reflection as complementary processes. Then, Chapter 23 highlights the function of existential choice. Finally, Chapter 24 gives a summary of findings and closing remarks about the future of psychotherapy.

OTHER IMPORTANT CONSIDERATIONS

Syntheses like this are always open to the criticism of not being exhaustive enough. Some readers will ask: Why only five principles? What about process *x* or *y*? While alternative groupings of emotion change are certainly conceivable, they are typically stated ad hoc without the backing of a broad and integrated review across different approaches and considering multiple lines of evidence. The science of emotion change needs to move beyond the various grab bags of pet constructs that are familiar or idiosyncratically preferred by a given group of clinicians or researchers. However, the five processes I articulate are supported by a robust conceptual differentiation at several levels of analysis and each comes with a unique set of practical implications. In more than one case, I group a set of well-known processes under a single general principle (e.g., arousal and expression, see Part III; reframing and existential choice, see Part V). Further differentiation is always conceivable depending on the discourse, but my aim was to identify a minimum number of overarching princi-

ples of change. For several additions that might be proposed, there was no evidence of distinct neurological correlates, which casts doubt on whether they are fundamentally unique and suggests they are better understood as alternative manifestations of a single overarching principle. For other possible additions, the corresponding interventions were not functionally different, so they offered few or no new implications for practice. Working with emotion in real time also demands such a list be manageable as a heuristic for the end users, so parsimony was essential to maximize clinical utility.

The Role of the Relationship

While one might debate the inclusion or exclusion of one or another process, one special exception to this is the role of the relationship. A soft division has been made between mechanisms that are interpersonal (i.e., changes in human relationships between a client and others in their lives, including the therapist) and mechanisms that are intrapersonal (i.e., working with the meaning of a client's own feelings, thoughts, and behaviors—as an information processing system). Even so, it seems impossible to fully extricate the processes of working with emotion from the influence of a warm and empathically attuned “other.” Even when an individual is quite alone and productively works with emotion using these principles, the person is never cut off from a developmental history where feeling emotion has been anchored in some relational context. Yet the relational process that occurs between people is still different from the emotional digestion that occurs intrapsychically within the experiencer. A meta-analytic summary shows that the therapeutic alliance has an independent effect in the prediction of outcomes, even after adjusting for other change processes (Flückiger et al., 2020). By the same token, studies on the processes of emotional change routinely control for the role of the relationship (e.g., Auszra et al., 2013; Høglend et al., 2011; Pos et al., 2003). These are complementary and often interacting but not reducible to one another.

Interpersonal and information processing perspectives are not in opposition to one another; they represent distinct frames of references to the phenomenon of therapeutic change and personal growth. A clinician's preferred theoretical position reveals their deeper perspective on the world, but these are not contrary; they are simply relative perspectives. Contrasting one with the other is like thinking about how the earth moves around the sun or switching one's home perspective to consider that, in relative terms, the sun could also be moving around the earth.³ In this book I focus on a person's intrapsychic process, which is where the effect must ultimately be registered for personal change to occur. This does not contest the idea that a warm and responsive relationship may sometimes also be the most efficient way of facilitating any of the five intrapsychic processes. When a relationship event is helpful in these five ways, then that represents a certain set of corrective (interpersonal) emotional experiences (see Alexander & French, 1946).⁴

Coordination, Overdetermination, and Synergy

Synergies are common, although processes are not always compatible with one another, which requires them to be uniquely represented. There are some examples of processes that work directly in opposition to one another, which explains certain contradictions between treatment-bound theories. An example of this is the down-regulation of emotion versus increasing its expressive arousal; both are helpful ways of working with emotion, yet they are logical opposites that could function at cross-purpose to one another, if one did not have a clear idea of their different targets. Another example is meaning making (e.g., through awareness and narrative identity) versus habituation or inhibition (i.e., forms of down-regulation). Hypothesized causal processes such as these are antithetical within a single intervention moment, but they are not mutually exclusive over the course of ongoing personal change. Therefore, their coordination is critical and offers a higher order explanation (e.g., see A. Pascual-Leone, Yeryomenko, et al., 2016). As I maintain throughout this book, theories of individual therapies are much narrower than what is truly happening in session. In practice, various processes described in this book likely all occur to some degree, and they each help clients change, even if they are not well recognized within a treatment's theory.

When different processes are compatible, they often overdetermine the emotional change that follows. *Overdetermination* is when a single observed effect is simultaneously produced by multiple causes, when each cause alone would have been sufficient to generate the effect (Freud, 1926; J. Pascual-Leone & Johnson, 2021). Another issue is the change processes that co-occur may act synergistically, interacting with one another to produce a combined effect, greater than the sum of each process taken separately (J. Pascual-Leone & Johnson, 2021).

Most of the ways emotion changes are tacit, often partly elicited outside awareness, but also through some deliberate efforts on the part of the individual. This combination of several kinds of processes may be declared or undeclared by a prescribed theory. A process is sometimes purposefully attended to although, at other times, cued automatically. Also, various processes may dynamically converge to interact in a single moment. Nevertheless, it is not a single event but rather the repetition of collective experiences over time that builds toward final and enduring personal change (Lane & Nadel, 2020). Still, treatment-based explanations of emotional change are fragmented, largely because there are different ways a given emotional experience might be productively worked with. This book explores the operators of emotional change and how they are best applied to problematic emotional states. It offers an integrated understanding of what emotional change really is, how it happens, and when to promote what.

ENDNOTES

1. Of course, sometimes those personal innovations are then formally developed and disseminated, which contributes to the evolution of treatment techniques. Creative applications of exposure, or of chairwork, are good examples of this, particularly when they turn out to be facilitating different processes from the original intervention.
2. An exhaustive review would be a prohibitively large endeavor, given the current contribution already cites a curated selection of close to 850 references.
3. I am grateful to Dr. Ken Critchfield, Yeshiva University, for this formulation about the relative perspectives.
4. I indicate this is “a certain set” of corrective emotional experiences because the full scope of helpful interpersonal and relational experiences reaches beyond the question of emotional change. Interpersonal relationships are also related to additional kinds of change processes that are not covered in this book.