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INTRODUCTION

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Emotion is central to being human. It has been the focus of study in one way or another for thousands of years; however, after some early attention in psychology (James, 1890; McDougall, 1926), it largely was ignored by early therapeutic pioneers (e.g., Freud, 1896/1961; Skinner, 1974). Art and literature have repeatedly made use of emotion: For example, poetry and music evoke strong emotion and increase our appreciation of emotion as central to the human experience (Frost, 1934; Juslin & Sloboda, 2013). In the past decades, a sea change has occurred within the sciences—from affective neuroscience, to biology, to social and cultural studies—as investigators have tried to understand emotion (Damasio, 1999; Greco & Stenner, 2008; LeDoux, 1996, 2012; Panksepp, 1998). Psychotherapeutic approaches now are increasingly incorporating findings from the fields of psychology of emotion, from advances in physiological psychology, and from elsewhere. These influences have contributed to our collaboration in writing this book—an

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Working With Emotion in Psychodynamic, Cognitive Behavior, and Emotion-Focused Psychotherapy,

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example, we hope, of the value of psychotherapy integration and widening interdisciplinary collaboration.

The process of using language to label and identify different intensities of emotion can be a complex and even risky enterprise. Using language to make sense of what we feel was evolutionarily adaptive but, over time, also came to limit what we experience. People often create verbal narratives that may not capture the felt sense or intensity of their experience. In addition, emotion is not singular; rather, it presents in many colors and layers. Because emotion is dynamic and constantly shifting, it is difficult to capture in static categories.

Although researchers can study emotion in the laboratory, psychotherapy is a much more ecologically valid relational laboratory. In psychotherapy, we can observe the type of emotional experience and emotion processes that more closely capture lived emotion—that is, in a manner and at an intensity that occur as emotion actually affects lives (Greenberg, 2017; Whelton, 2004). As we discuss in this book, the challenge in psychotherapy is to surmount the restrictions made by both conceptual language and the findings of laboratory-based psychological science so that we may examine how psychotherapists actually understand and work with emotion in psychotherapy itself (Panksepp, Lane, Solms, & Smith, 2017).

Although different models of psychotherapy conceptualize and work with emotion in distinct ways, a primary goal of all psychotherapy approaches is to help people alleviate emotional suffering; psychotherapy approaches also strive to understand emotion and its contribution to the day-to-day experience of being human. Many features of the different models are similar; however, they often are viewed as more different than perhaps they really are. Perhaps one day, through collaborations such as ours, these models will merge to form a coherent view of emotion and an agreed on approach that will help people who suffer with emotional problems.

THREE VIEWS OF EMOTION IN PSYCHOTHERAPY

This section briefly summarizes the theoretical and practical understanding and the role of emotion in psychodynamic, cognitive behavior, and emotion-focused therapies. In subsequent chapters, we elaborate on these quick snapshots.

The Psychodynamic View of Emotion

All throughout its history, psychoanalysis has considered emotions as gateways to meaning in the context of the therapeutic relationship between

a client—who usually arrives with a set of concerns, problems, or ways in which he or she feels stuck—and a therapist—who bring his or her own emotional history to the relationship. Typically, some level of psychic and emotional pain constitutes the initial motivation to seek therapy. The therapist's initial posture of empathy and curiosity is an invitation to the client to find the motivation to work toward increased self-observation and to explore difficult thoughts and feelings while the therapist is fully present by supporting and "being with" the client. Psychoanalysis sees emotion emerging in the context of a therapeutic relationship built on basic trust and genuine curiosity. The hope is that such exploration will deepen the understanding and management of emotions in the context of emotions emerging in the here and now of the transference. The transference is used as a sort of relational pretend space in which therapist and client can explore those emotions. In this context, emotion is taught as an experiential process, a way to explore the client's internal world with all the representations of self and other that the client historically had constructed in the context of significant relationships.

A client's attachment behavioral patterns are activated in the context of the therapeutic relationship. This sets the scene for the client to begin exploring his or her emotions in a potentially stressful situation and use his or her usual coping strategies alongside the emotions they produce. In the context of this relational matrix, the psychodynamic clinician looks for opportunities for exploration and manifestation of emotions. The main goal is to increase the sense of safety and personal freedom. In this way, psychoanalysis makes use of emotions as gateways to the client's psyche and functioning by inviting the client to revisit, reexperience, and process emotions. Emotions become a bridge to memories of the past that the client can experience again in the here and now of the therapeutic relationship. The psychoanalytic psychotherapist no longer is a blank slate, as traditionally described; instead, the therapist presents himself or herself as a person with his or her own feelings and thoughts who is inviting the client to explore the emotional dialogue in the room while the therapist listens to his or her own emotional experience in the context of an intersubjective environment created by two psychologies. Psychoanalysis seeks to offer a new developmental experience—one in which emotions can be expressed safely and responded to in a different way with somebody who is genuinely trying to mentalize the client's experience while supporting strategies for affect regulation. All psychodynamic interventions work with emotion while keeping the unconscious processes in mind. At the core of psychodynamic work is the belief that ownership of emotions and integration of both positive and negative feelings result in an increased sense of self and overall feeling of agency in relationships.

The Cognitive Behavior View of Emotion

According to the cognitive model, which is the theoretical model that underpins cognitive behavior therapy (CBT), thoughts or cognitions, emotions, and behaviors are interconnected. The goal of CBT is to teach clients skills and strategies to manage effectively the problems that they bring to therapy, particularly strategies that enable clients to alter or shift the unhelpful thoughts and beliefs that influence their emotional responses to internal and external events. Furthermore, emotional change is in the service of behavioral change. Often, these strategies include devising opportunities for clients to change their behaviors to gather new and more helpful information. This new information then inhibits or counters unhelpful or maladaptive thoughts and beliefs. For example, individuals who are afraid to ride elevators but who ride elevators nonetheless, will, with time, become less fearful because they learn that elevators are not as dangerous as they perceive.

CBT includes a number of strategies, regardless of the problem, that use emotion to achieve the overarching goal of assisting clients to live fully and effectively. Psychoeducation plays an important role in assisting psychological change. Cognitive behavior therapists assist clients to understand emotion and its role in the problems that bring them to therapy. In the early phase of CBT, the primary goal is to enhance the client's emotional intelligence. Often, clients are perplexed by what they are feeling and may not even have the language to describe it. Psychoeducation includes not only education about emotions themselves but introduces clients to the cognitive model and how this model maintains psychological problems.

An important goal of CBT is to teach clients skills to manage their emotions and behaviors in the service of resolving the problems that brought them to therapy. Unsurprisingly, those skills include cognitive, behavioral, and somatic skills to manage the physical features of intense emotion. However, in CBT, it is not sufficient to teach a skill to clients; rather, it is essential that clients gain confidence so they can use those skills in the presence of strong emotion. To that end, cognitive behavior therapists use a host of strategies, such as role plays or imagery, that bring emotion into the therapeutic moment so that clients can practice the skills they have learned when feeling anxious, angry, or depressed. Cognitive behavior therapists view emotion as the pathway to deep and durable new learning. The deepest learning occurs in the presence of the emotional state in which the old problematic learning occurred. Therapists then use a variety of experiential strategies to trigger the emotional experiences of clients so that clients learn something

new that is accurate and helpful. Those strategies—many of them borrowed from other therapies—that cognitive behavior therapists use to generate emotion in therapy reflect the comprehensive and integrative nature of this psychological treatment approach.

The Emotion-Focused View of Emotion

Emotion-focused therapy (EFT) is an experiential approach based on both emotion theory and affective neuroscience views of emotion. EFT suggests that emotions are fundamentally adaptive; it adds clinical differentiations about different types of emotion to aid clinical work. Thus, emotions can be seen as healthy (i.e., adaptive) or unhealthy (i.e., maladaptive), and as primary, secondary, or instrumental. *Primary emotions* are the first emotions people have—their gut feelings. *Secondary emotions* are more self-protective or defensive, and they generally obscure primary emotions. *Instrumental emotions* are emotions expressed to achieve an aim and often are more manipulative in nature. Primary emotions can be adaptive, in which case they give us good information. They also can be maladaptive as a function, perhaps, of past trauma or attachment problems. In the present, they can become a reaction to the past and, thus, are no longer helpful in attaining need satisfaction.

In addition, emotion schematic memory structures, or emotion schemes, are of central importance in EFT. An *emotion scheme* is an internal mental structure formed from lived emotional experience (Greenberg, 2011). Emotion schemes are action and experience that produce structure, as opposed to a *cognitive schema*, which produces a belief in language. When a child comes into the world, we do not teach that child how to be angry or sad—that is hardwired. However, what the child becomes angry at or sad about is a function of learning and is formed into, and later activated through, an emotion scheme. The emotion scheme produces experience and is the target of therapy. Lack of awareness of adaptive emotions and arousal of painful emotions by activation of maladaptive schemes are the source of many psychological difficulties.

According to EFT, feeling is the master, and cognition is the servant. In situations of great personal significance, what people feel influences what they think, much more than vice versa. In EFT, cognition is brought to emotion to make sense of it, thus transforming the client from a passive recipient of emotion into an active agent who understands and can influence the emotion.

EFT therapists help people to effectively process their emotions by getting them to approach, accept, express, regulate and tolerate, understand

and reflect on, and, perhaps most important, to transform their emotions. All are different processes, and each is a basis for intervention. To help process emotion in that way, EFT therapists offer a facilitative relationship in which the therapist is present in the moment, is empathically attuned to affect moment by moment, and creates a collaborative alliance. This is a strongly process-oriented approach. Therapists keep their finger on the client's emotional pulse, reading the client's and their own bodily felt sense and action tendencies moment by moment and responding to the client's momentary shifting states. Through a client's body posture, pitch rise in voice, disconnected eye gaze, or tight facial expression, a therapist may sense that the client is not feeling safe—and that the therapist may have said something that has led the client to not feel heard. The therapist then adjusts accordingly and subsequently intervenes to try to correct any misattunement. The therapist then watches to see if his or her responses cause the client's facial expression to soften or the client to breathe more deeply, and to see if the client again feels safe in the relationship or that a tear in the alliance has been repaired.

In EFT, therapists help people stay in touch with their feelings and allow feelings to serve their adaptive purpose. However, they also activate old, core, and painful maladaptive feelings and change them by activating new feelings. A key process is changing emotion with emotion. For example, the withdrawal tendencies of shame can be changed by activating the approach tendency of assertive anger, whereas the tendency to run away in fear can be changed by experiencing the tendency to reach out to seek comfort in sadness. Old emotional memories can be activated in the session and introduced to new in-session experience. This helps people change their emotional memories by a process of memory reconsolidation (Lane, Ryan, Nadel, & Greenberg, 2015; Nadel & Bohbot, 2001; Nader, Schafe, & LeDoux, 2000). Thus, the therapists activate emotion schematic memories in therapy to produce emotional experiences and then activate new emotions to change old ones (Greenberg, 2011, 2017).

EFT therapists facilitate acceptance of emotion by helping people sit with the feelings in a session. If the client is expressing an emotion, the therapist responds by compassionately empathizing with the painful aspect of the experience and helps the client articulate the meaning of the emotion. The therapist pays attention to the client's moment-by-moment experience and helps the client to not judge his or her emotions but genuinely accept them. EFT therapists help clients symbolize and put the emotion into words because putting feeling into words in and of itself has adaptive and regulating value (Kircanski, Lieberman, & Craske, 2012). Moreover, therapists help clients experience new emotions to change old ones (Fredrickson, Mancuso, Branigan, & Tugade, 2000; Lane et al., 2015).

ORGANIZATION OF THE BOOK

Each of the next three chapters describes a different therapeutic model and the role of emotion in maintaining psychological problems within the respective model. In addition, each chapter describes the key role that emotion plays in the process of psychological change. Each chapter includes strategies that psychotherapists use to evoke emotion in the service of emotional change, such as those to enhance the awareness of emotion, symbolize emotion in words, encourage acceptance of emotion, and improve the capacity to regulate and express emotion, when doing so would be helpful. The overarching goal of all psychotherapies, including the three presented in this book, is to alleviate emotional suffering and to enhance the emotional competence of clients so that they can live more meaningful and fulfilling lives.

We have organized each chapter relative to several broad themes that cross the respective theoretical and psychotherapeutic approaches, such as emotion in development and learning, and the relationship between emotion and motivation. The authors present the emotion process in their respective approaches and the methods used to evoke and work with emotion. They also discuss the value and role of emotion in improving interpersonal relationships in the process of psychological change. Furthermore, they describe the role of emotion in the therapeutic relationship and how to work with emotion to develop and maintain an effective therapeutic alliance.

Chapter 2 looks at psychoanalytic and psychodynamic therapies. It examines the conceptualization of emotion particular to psychodynamic approaches and offers mentalization-based therapy as an example of a contemporary modification of psychodynamic technique based on the empirical findings of attachment and neurobiology. *Mentalization-based therapy* focuses on working with emotions and guiding the scaffolding of the treatment based on the intensity and frequency of emotional dysregulation in the client and the mentalization failures that result from them. In that context, the process of identifying the current feeling between client and therapist is seen as central. Furthermore, that chapter examines the process of psychodynamic therapy and the use of essential technical tools in the process of working with emotions: the therapeutic alliance, interpretation of defenses, work in the transference, and the therapist's countertransference. Case materials throughout the chapter help the reader to trace the evolution of psychoanalytic theory and technique in the context of emotion.

Chapter 3 begins with a description of CBT and explains the cognitive behavior conceptualization of emotion and its relationship to cognition. The chapter presents several strategies in Beckian and other CBT approaches that cognitive behavior therapists use to evoke and work with emotion.

Chapter 4 briefly describes the third approach and explains EFT's conceptualization of emotion and the strategies it brings to working with emotion. The chapter discusses different types of intervention from empathic attunement to affect, to focusing on a bodily felt sense to aid symbolization of emotion, to the psychodramatic use of empty chair dialogues and imagery to stimulate emotion. Case vignettes illustrate different processes.

Chapter 5 compares and contrasts the three psychotherapeutic models and their approaches to working with emotion. In this final chapter, the authors identify a number of common themes among the three approaches. For example, they all view the appearance of emotion arousal as a clinically relevant event, recognize the importance of identifying the origins of emotion and what that means for treatment, value working with emotion in session, and emphasize the vital role of the therapeutic relationship in working with emotion in and across sessions.

In all chapters, materials have been disguised to protect client confidentiality.

Audience

This book is appropriate for graduate-level courses and for psychotherapy practitioners of all orientations who wish to learn different approaches to working with emotion. In addition, it will be helpful in a general way for people in the helping professions, such as nurses, doctors, and teachers to help them understand different approaches to dealing with emotion.

Accompanying Video Series

The three authors of this book have contributed to a series of American Psychological Association videos titled the *Emotion in Psychotherapy Video Series*. The video series includes four programs. Three of them, one for each psychotherapy approach, include the authors as guest experts who describe their particular psychotherapy model and approach, and present video segments to illustrate how their approach works with emotion. In the fourth and final program, the three authors discuss the different video segments that each had selected. Although the video series and this book are standalone products, this book complements the video series because it continues and elaborates our conversations regarding the important role of emotion in our psychotherapeutic work. The videos are available online (see <http://www.apa.org/pubs/videos/browse.aspx?query=series:Emotion+in+Psychotherapy>).

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