Principles of Emotional Intervention ¹ (Part2)

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Abstract: From the EFT perspective change occurs by helping people make sense of their emotions through awareness, expression, regulation, reflection, transformation and corrective experience of emotion in the context of an empathically attuned relationship that facilitates these processes. These are described below. It is important to note that these principles are discussed below in relation to working with emotion in therapy not with reference to managing emotion in life.

Awareness

Increasing awareness of emotion, or naming what one feels, is the most fundamental overall goal of treatment. Lieberman et al. (2004) have shown that naming a feeling in words helps decrease amygdala arousal. Once people know what they feel they reconnect to their needs and are motivated to meet them. Becoming aware of and symbolizing core emotional experience in words provides access both to the adaptive information and the action tendency in the emotion. It is important to note that emotional awareness involves feeling the feeling not talking about it.

EFT therapists help patients approach, accept, tolerate and symbolize emotions rather than avoid them. Patients are helped to make sense of what their emotion is telling them, identify the goal/need/concern which it is organizing them to attain and the action tendency provided and to use these to improve coping. Emotion is used both to inform and to move.

**Emotional Expression**

Emotional expression has been shown to be a unique aspect of emotional processing that predicts adjustment to such things as breast cancer (43) interpersonal emotional injuries, and trauma (44, 12, 45). Expressing emotion in therapy does not involve the venting of secondary emotion but rather overcoming avoidance to experience and express previously constricted primary emotions. Expressive coping helps patients attend to and clarify central concerns and promotes pursuit of goals.

There is a strong human tendency to avoid expressing painful emotions. So clients must be encouraged to overcome avoidance and approach painful emotion in sessions by attending to their bodily experience, often in small steps. This may involve changing explicit beliefs like “anger is dangerous” or “men don’t cry” governing their avoidance or helping them face their fear of dissolution (46, 47). Then clients must allow and tolerate being in live contact with their emotions. These two steps of approach and tolerate are consistent with notions of exposure. There is a long line of evidence on the effectiveness of exposure to previously avoided feelings (45). From the EFT perspective, however, approach, arousal and tolerance of emotional experience is necessary but not sufficient for change. Optimum emotional processing in our view involves the integration of cognition and affect (38, 31). 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.

**Regulation**

The third principle of emotional processing involves the regulation of emotion. It is clear that emotional arousal and expression is not always helpful or appropriate in therapy or in life and that, for some clients, training in the capacity for emotional down-regulation must precede or accompany utilization of emotion. Emotion needs to be regulated when distress is so high that the emotion no longer informs adaptive action (20).

The first step in helping emotion regulation in the provision of a safe, calming, validating and empathic environment. Being able to soothe the self develops initially by internalization of the soothing functions of the protective other (48, 49). Internal security develops by feeling
that one exists in the mind and heart of the other, and the security of being able to soothe the
self develops by internalization of the soothing functions of the protective other (50, 48, 49).
Over time this is internalized and clients develop implicit self-soothing, the ability to regulate
feelings automatically without deliberate effort.

Emotion regulation and distress tolerance (51) skills also need to be taught. Such things
as, identifying triggers, avoiding triggers, identifying and labeling emotions, allowing and
tolerating emotions, establishing a working distance, increasing positive emotions, reducing
vulnerability to negative emotions, self-soothing, breathing, and distraction improve coping.
Forms of meditative practice, which involve observing ones emotions and letting them come
and go, breathing and acceptance are helpful in achieving a working distance from
overwhelming core emotions.

Emotion can be down-regulated by soothing at a variety of different levels of processing.
Physiological soothing involves activation of the parasympathetic nervous system to regulate
heart rate, breathing and other sympathetic functions that speed up under stress. Another
important aspect of regulation is developing clients’ abilities to self-soothe. Promoting
clients’ abilities to receive and be compassionate to their emerging painful emotional
experience is the first step towards helping them tolerate emotion and self-soothe followed by
relaxation, development of self- compassion and positive self-talk.

Reflection

In addition, to symbolizing emotion in words, reflection on emotional experience
helps people make narrative sense of their experience. What we make of our emotional
experience makes us who we are. Reflection helps to create new meaning, promotes the
assimilation of unprocessed emotion into ongoing narratives and helps develop new
narratives to explain experience (52, 37). Pennebaker (53) has shown the positive effects of
writing about emotional experience on autonomic nervous system activity, immune
functioning, and physical and emotional health and concludes that through language,
individuals are able to organise, structure and ultimately assimilate both their emotional
experiences and the events that may have provoked the emotions.
The meanings of situations that have evoked emotion are made sense of, and patterns in relationships are recognized. The result of this reflection based on aroused emotion is deep experiential self-knowledge. The *unsayable* is made *sayable*, situations are understood in new ways, experiences are reframed and this leads to new views of self other and world.

**Transformation**

Probably the most important way of dealing with emotion in therapy involves the transformation of *emotion by emotion*. This applies most specifically to transforming primary maladaptive emotions such as fear, shame and the sadness of being abandoned or alone with other adaptive emotions (38). Maladaptive emotional states are best transformed by undoing them by activating other more adaptive emotional states. Darwin (54) was the first to note that “An emotion cannot be restrained nor removed unless by an opposed and stronger emotion” (Ethics IV, p.195). While thinking usually changes thoughts, only feeling can change primary emotions. In EFT an important goal thus is to arrive at maladaptive emotion, not for its good information and motivation, but in order to make it accessible to transformation. In time the co-activation of the more adaptive emotion, along with or in response to the maladaptive emotion, helps transform the maladaptive emotion.

It is important to note that the process of changing emotion with emotion goes beyond ideas of catharsis, completion and letting go, exposure, extinction or habituation, in that the maladaptive feeling is not purged, nor does it simply attenuate by the person feeling it. Rather another feeling is used to transform or undo it. Although dysregulated secondary emotions such as the fear and anxiety in phobias, obsessive compulsiveness and panic may be overcome by mere exposure, primary maladaptive emotions such as the shame of feeling worthless and the anxiety of basic insecurity are best transformed by other emotions. Thus change in previously avoided primary maladaptive emotions such as core shame or fear, is brought about by the activation of an incompatible, adaptive experience, such as empowering anger or self-compassion that undoes the old response rather than attenuate it. This involves more than simply feeling or facing the feeling leading it to its diminishment. Rather, for example the withdrawal tendencies of primary maladaptive emotion are transformed by
activating the approach tendencies in anger or comfort seeking. Withdrawal emotions from one side of the brain are replaced with approach emotions from another part of the brain or vice-versa (55).

Frederickson (56) has shown 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. Resilient individuals have been found to cope by recruiting positive emotions to undo negative emotional experiences (57). Thus bad feelings can be transformed by happy feelings, not by deliberately trying to look on the bright side, but by the evocation of meaningfully embodied experience that undoes the neurochemistry, physiology and experience of negative feeling.

This principle applies not only to positive emotions changing negative ones but to changing maladaptive emotions by activating dialectically opposing adaptive emotions (6). Thus, in therapy, maladaptive fear of abandonment or annihilation, once aroused, can be transformed into security by the activation of more empowering, boundary-establishing emotions of adaptive anger or disgust, or by evoking the softer soothing feelings of sadness and need for comfort. Similarly maladaptive anger can be undone by adaptive sadness. Maladaptive shame can be transformed by accessing both anger at violation and self-compassion and by accessing pride and self-worth. Similarly anger is an antidote to hopelessness and helplessness. Thus the tendency to shrink into the ground in shame or collapse in helplessness can be transformed by the thrusting forward tendency in newly accessed anger at violation or the reaching out for contact in sadness. Once the alternate emotion has been accessed it transforms or undoes the original state and a new state is forged. Often a period of regulation or calming of the maladaptive emotion in need of change is needed before the activation of an opposing emotion.

How does the therapist help the client access new emotions to change emotion? A number of ways have been outlined (38). Therapists can help the client access new subdominant emotions in the present by a variety of means, including shifting attention to different aspects of the situation or to emotions that are currently being expressed but are only
‘on the periphery’ of a client’s awareness; or focusing on what is needed and thereby mobilizing a new emotion is a key means of activating a new emotion (6). The newly accessed, alternate feelings are resources in the personality that help change the maladaptive state. For example, bringing out implicit adaptive anger can help change maladaptive fear in a trauma victim. When the tendency to run away in fear is combined with anger’s tendency to thrust forward, this leads to a new relational position of holding the abuser accountable for wrongdoing, while seeing oneself as having deserved protection, rather than say feeling guilty and unsafe. It also is essential both to symbolize, explore and differentiate the primary maladaptive emotion, in this case fear, and regulate it by breathing and calming, before cultivating access to the new more adaptive emotion, in this case anger.

Other methods of accessing new emotion involve using enactment and imagery to evoke new emotions, remembering a time an emotion was felt, changing how the client views things, or even the therapist expressing an emotion for the client (6). Once accessed, these new emotional resources begin to undo the psycho-affective motor program previously determining the person’s mode of processing. New emotional states enable people to challenge the validity of perceptions of self/other connected to maladaptive emotion, weakening its hold on them.

In our view enduring emotional change occurs by generating a new emotional response not through a process of insight, or understanding alone. EFT works on the basic principle that people must first arrive at a place before they can leave it. You have to feel it to heal it! Maladaptive emotion schematic memories of past childhood losses and traumas are activated in the therapy session in order to change these by memory reconstruction. As we have said introducing new present experience into currently activated memories of past events has been shown to lead to memory reconsolidation by the assimilation of new material into past memories (30). By being activated in the present the old memories are restructured by the new experience of both being in the context of a safe relationship and by experiencing more adaptive emotional responses and new adult understanding to 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.
Corrective emotional experience

Finally a key way of changing an emotion is to have a new lived experience that changes an old feeling. New lived experience with the therapist provides a corrective emotional experience. Experiences that provide interpersonal soothing, disconfirm pathogenic beliefs or offers new success experience can correct patterns set down in earlier times. Thus an experience in which a client faces shame in a therapeutic context and experiences acceptance, rather than the expected disgust or denigration has the power to change the feeling of shame. Corrective emotional experiences in EFT occur predominantly in the therapeutic relationship although success experience in the world is also encouraged.

References: see “Premises EFT and Emotion Assessment.” (Part1)