Despite increased interest in the role of emotion in the process of psychotherapy, we currently lack a valid gauge of its importance in the change process.

—S. Wiser and M. Goldfried

Psychotherapists deal with emotions all the time simply because maladjustment reflects emotional disorders. One of the many goals of psychotherapy is to uncover emotions and to recognize their significance for the individual. This is true for all forms of psychotherapy, including cognitive-behavioral, psychodynamic, and rational emotive. Despite this common goal, however, not all clinicians are fully aware of the many tactics that are available to help them understand and explore their patients' emotions.

In this chapter I describe tactics that any therapist of any school of therapy might use to uncover emotions. These include such obvious things as identifying precisely the stimuli that trigger the patient's emotions and looking for ambivalence. They also include less obvious tactics such as using metaphors when words fail and looking for the functional significance of the patient's personality traits. Most of these tactics are derived from the psychoevolutionary theory, although clearly anyone may use these tactics regardless of his or her theoretical persuasion. Several additional tactics are described that are taken from the writings of various clinicians.

In previous chapters I examined the importance of emotions in normal social interactions as well as in psychotherapy. I also described several
theories of emotion and some of their implications for therapy. In the present chapter I consider various methods and tactics that clinicians may use to encourage the expression of emotions, to change emotions, and to understand them when they appear. Some of them are well-known to clinicians; others may not be. All are derived from, or are consistent with, the psychoevolutionary theory. In each case, the tactic is described and is followed by a very brief clinical illustration.

**SIXTEEN TACTICS BASED ON THE PSYCHOEVOLUTIONARY THEORY**

### Identify the Stimuli That Trigger Emotion

Self-deception or the presence of ego defenses such as denial or repression may prevent individuals from being aware of the stimuli that trigger their emotions, which then affect other aspects of their lives. Therefore, **one task in therapy is to identify precisely the stimuli that trigger emotions and their consequences.**

A client was particularly concerned about her excessive weight and had already had a stomach stapling operation, with limited success. The therapist explored in detail the many reasons why she ate: to avoid boredom, to be sociable, to reduce hunger, to soothe nervousness, to cope with anger, to reward herself after hard work, and to remind herself of pleasant times in the past. She gradually realized that the most common trigger for eating was her anger at something or someone. As she began to learn to cope appropriately with her anger, over a period of time, her need to eat decreased and her weight stabilized at a considerably lower value.

### Redefine the Stimulus That Produces Unpleasant Emotions

All emotion theories recognize that stimuli per se are not the crucial determinants of an emotional reaction; what determines emotions are the interpretations (evaluations or cognitions) that one makes of stimuli and events. People do not automatically become emotional at what others say; they first need to interpret comments as insults or threats before they experience anger or as compliments before they experience pride or joy. This leads to the idea that **one way of dealing with stressful life events—that is, events that produce unpleasant emotions—is by consciously redefining (i.e., reconceptualizing) the stimulus or situation or by putting it into a new context.**

A woman felt angry, resentful, and depressed because of an abusive relationship with an alcoholic husband. When she began to think of him as "sick" rather than as "cruel," she felt less angry and sad and
more compassionate. (Other examples of reinterpreting the stimulus would be to consider a difficult child as "only going through a stage" or difficult older parents as "senile and unable to help themselves" rather than as "thoughtless" or "selfish.")

A 54-year-old woman came for therapy because of depression. She described a long series of painful experiences with her mother, whom she frequently referred to as "the woman who gave birth to me." She was extremely preoccupied with memories of her unpleasant childhood. She saw her mother as evil and told her own children that her parents were dead. Nevertheless, she constantly wished that her mother had loved her. Her symptoms lessened when she learned to think of her mother as emotionally sick rather than as evil. She came to believe that God did not make her mother capable of being a mother. It also helped to focus on her own self-esteem associated with the raising of three successful and well-functioning children of her own.

Identify the Emotional Components of Conflicts

The psychoevolutionary theory proposes that all emotions are either one of the 8 basic emotions or are mixed states. It further assumes that the basic emotions seldom, if ever, occur in pure form and that when they do, they do so only transiently. Most emotions, therefore, are mixed emotions or blends. A further assumption is that the blending of emotions always produces some level of conflict. To understand the nature of the conflict, one must identify the emotional components.

A client said that she felt guilty about leaving her husband and getting her own apartment. Previous research suggests that guilt is a mixture of fear and pleasure, and it was possible to explore these components of her guilt. She was in conflict over her fear of not being able to make it on her own (i.e., continued dependence) and her pleasure at the thought of making it (i.e., being independent). She was fearful about breaking up her family and joyous about remaking her family. She was conflicted over the fear that her husband would interfere and stop her from leaving and her pleasure at the thought of saying "no" to him. Examining these components separately enabled her to evaluate the relative importance of each one and then to make some reasoned decisions.

Examine Impulses to Action

The concept that an emotion is a complex chain of events containing both feeling states and impulses to action does not necessarily mean that each component of the chain is equally distinct or accessible to consciousness. Studies by Davitz (1970), for example, have shown that the feelings of an emotion are often vague, confused, and obscure and that the same
emotion can be described by many different words and phrases. For example, depression has been described by college students as feeling “empty, drained, hollow, undercharged, heavy, tired, sleepy, unmotivated, helpless, insignificant, incompetent, self-pitying, sorry, and suffocating” (p. 253). In contrast, the impulse to action in any given emotion is somewhat clearer, probably because there are fewer relevant actions possible. This implies that the subjective feeling states of emotion (i.e., the labels they are given) are usually more ambiguous and obscure than the impulses to action.

A client was talking about a brother who had committed suicide. To the question, “How did you feel about it?” her answer was that she didn’t know, but when she was asked what she felt like doing, she immediately replied “I felt like crying, but couldn’t because I really felt like killing him myself for what he did to our mother.”

Look for Ambivalence

That most emotions that people experience are mixed emotions implies that impulses to action are diverse. This means that life is filled with feelings of ambivalence. When a client describes an emotional situation, the therapist should assume that only part of the story has been told. No one is ever certain what the truth is. Ambivalence is particularly evident if a person reports doing something that he or she does not want to do. Therefore always look for ambivalence.

A relatively young man inherited his father’s business after the father died suddenly of a heart attack. The son knew nothing about the business, having been trained to go into one of the professions. He developed anxiety about making decisions and began to rely increasingly on the foreman, who in turn treated him like a child. The young man began to hate the foreman, but in therapy he gradually revealed his respect for the foreman’s undoubted skill and decisiveness. Once the ambivalence was recognized and confronted, the new owner of the business began to establish a less conflicted relationship to the foreman.

Explore Client Reluctance to Consider Alternatives and Client Fears

Clients often report that they are reluctant or unable to do something that they want to do (e.g., eat alone in a fancy restaurant, visit a nudist colony for a day, learn parachute jumping). Conversely, they often say that they do things that they really do not want to do (e.g., visit people they do not like, allow themselves to be taken advantage of, buy something they do not need or want). Close examination of such situations invariably reveals that some kind of fear is always present: of rejection, of humiliation, of criticism, or of looking foolish. Fear is the great inhibitor of action.
When a client appears stuck on one theme or is reluctant to examine alternative ideas or actions, look for the fear.

An older woman had recently moved into a new house. After a few weeks she called her son and asked him to come over and move some furniture for her. The son said that he was busy then and would help her some other time. The woman hung up the telephone and shortly thereafter developed a painful constriction in her throat and began to cry. In therapy she became preoccupied with this incident and continued to ruminate about it. The therapist focused on what fears she might have in connection with the incident, and it became evident that her critical feelings about her son were inhibited by fear of rejection. Therapy then explored the origins and nature of this fear.

Explore the Idiosyncratic Meanings Clients Give to Feelings

We take it for granted that everyone is unique; talents differ, educations differ. What we do not appreciate as clearly is that the very words we commonly use have different connotations and meanings for different people. The labels people give to their own feelings and emotions have idiosyncratic meanings that should be explored. This is particularly true of words like upset, frustrated, and stressed.

A patient described himself as sick. When he was asked what the opposite of sick was, he said free (rather than the more obvious word well). It turned out that his sickness was his inability to free himself from an unhappy marriage.

A client came into the group bristling with anger. She had been brooding for a week that someone in the group had described her as stubborn. It appeared that stubborn meant to her bad and mean and that the opposite of stubborn was nice and friendly.

Explore Client Capacity to Experience and Express a Range of Emotions

One thing meant by the term emotional maladjustment is that there is a kind of emotional skewness in an individual; that is, one or two emotions may be strong, or troublesome, or at the center of that individual's existence. Depression, for example, implies that feelings of sadness are the dominant theme and the major way of relating to other people. Someone who is hostile uses anger as the major emotion that becomes expressed in a large number of situations.

The psychoevolutionary theory implies that all emotions have survival value for the individual. Joy is an expression of pleasurable contact that may be associated with the propagation of one's genes. However, fear is just as adaptive as joy in that it mobilizes the individual to avoid threat
or conflict. So too is anger, in the sense that it mobilizes the individual to cope with a barrier to the satisfaction of his or her needs. The same general argument can be made for each basic emotion; each is adaptive and serves a survival need. From this point of view, an individual who appears to experience primarily only one emotion is maladjusted, whereas successful adaptation implies the ability to feel and express all emotions in appropriate settings.

A client described himself as coping with most problems by seeking help. This coping style was an expression of his feeling small, helpless, needy, and sad. Measurement of his emotional proclivities and exploration of this imbalance in his affect states led to his awareness of his limited range of feeling. Over time, one measure of improvement was a gradual expansion in his range of expressed affect.

Reduce the Influence of the Environment, and Disconnect From the Past

When something goes wrong many people have a strong urge to find an explanation or a scapegoat. They try to account for their unhappiness, depression, anxiety, or anger by relating it to a dull job, a demanding boss, or an unfaithful spouse. Sometimes they may blame their neighborhood, their parents, or their siblings.

Such attitudes are expressions of the individual's feeling of loss of some degree of control over his or her life. They are also expressions of the belief that events directly determine our emotions, when in fact, it is our interpretation of events that determines our emotions. Cognitive evaluations of life events determine what we feel, and to that extent, our world of emotions is created by our cognitions.

This is true also of our past. Everyone's past is complex, ambiguous, and impossible to define precisely. Recognizing that our cognitions determine our emotional world implies that our cognitions also determine our conception of our own past. So-called "bad" pasts can be reinterpreted in more benign ways just as our conceptions of an unsatisfactory job can be reinterpreted to make it less stressful or boring. These changes can be brought about by the use of various coping styles described in a previous chapter.

One member of a therapy group was 70 years old. She was married to a former alcoholic who was insensitive, withdrawn, and sometimes demanding. After several years in group therapy in which coping styles were actively taught, she changed her coping styles so that she handled problems differently. She began to accept things she could not change; she became less angry, she stopped ruminating about her unhappy childhood; and she began to do more things that pleased her (like travel). She used the coping styles of minimization, suppression, and
substitution much more than she had previously. She began to feel that she was largely responsible for her life and was not controlled by her past, nor her immediate environment. As a result, she reported being happier than she had been most of her life.

Recognize That Emotions Are in the Details

Patients in therapy often avoid talking about important emotion-producing events in their lives because of embarrassment, denial, or other sources of inhibition. Often, patients talk around a topic and avoid details of important encounters. In such situations, the therapist should encourage the patient to examine the details as specifically as possible.

A 40-year-old man described a divorce he had about 10 years ago. He told of a nice relationship, a good sales job, and excellent job performance. He had difficulty describing the reasons for the breakup of the marriage and kept drifting off to other topics. When encouraged to go into the details, it became evident that he felt humiliated by a downturn in business, which resulted in escape behavior of drinking and drug use along with increased and exhausting efforts to improve the business situation. His arrogance followed by humiliation led to feelings of panic and paranoid thoughts. Without being fully conscious of the inner turmoil, he finally escaped from all his responsibilities by having a nervous breakdown.

Use Metaphors When Words Fail

Emotions are complex chains of events that include many nonverbal events, such as physiological changes, muscle tensions, preparations for action, unconscious interpretations of events, and defenses that inhibit the recognition of one’s own feelings. Even subjective feelings are often not easily specifiable, and individuals may have confused ideas about the proper words to apply to their own feelings. For example, most people have difficulty distinguishing between fear and anxiety, jealousy and envy, and guilt and shame. When the therapist recognizes that ambiguities exist about what emotions exist or about what triggers them, it is sometimes possible to use metaphors to help elicit emotions and their sources.

A young woman entered therapy because of feelings of depression but was unable to say why she felt depressed. An art therapist offered her oil pastels and a large sheet of paper and asked her simply to make lines in any colors she wished. In a few minutes the lines became longer, bolder, and darker, and the patient began to verbalize feelings of anger toward her father from whom she felt estranged. The use of art as a metaphor helped her find words to express her emotions.
Generate Hope

Typical of most individuals who seek psychotherapy is a sense of frustration with life’s problems, a sense of hopelessness, and a sense of unsolvable conflicts. Psychotherapy cannot solve all problems or resolve all conflicts, but it can contribute to an individual’s sense of hope for the future. A sense of hope is critical to the continuation of therapy and to the development of motivation to begin to deal with the issues that fog one’s mind.

A 52-year-old man on medications for chronic depression described a history of sexual abuse, drug addiction, alcoholism, addiction to pornographic films, and increasing debt. Tactful exploration revealed that there were a few periods in his life when he was happy: when he shared a room with his brother at home; in high school, as a reasonably good athlete on the running team; and when he performed in a college musical. Focusing on these positive experiences and setting some realistic goals for handling his debts greatly increased his feelings of hopefulness.

Balance Undesirable Emotions With Desirable Ones

Emotions interact with one another in complex ways. For example, two different experiences of loss may each produce feelings of sadness that add up to create an intense feeling of depression. Conversely, a happy emotion following a sad one may counteract the sad feeling, to create some kind of mixed emotion that is not as troublesome as the unpleasant one.

A woman in her late 20s came to a medical clinic for treatment of a host of problems: diabetes, bleeding ovary, gall bladder dysfunction, and premenstrual syndrome. She was also depressed and friendless. In exploring her background and life history it was learned that she had done well at a community college and liked to write stories. The therapist then gave her an assignment to write a short story. In a relatively short time she had begun to develop a portfolio, which she called “Memories of a Cat Lady.” The pleasures generated by writing reduced the feeling of depression.

Relieve the Pressure of Multiple Stresses

Emotions are reactions to life events and are attempts to deal with them in some ways. For example, both depression and suicidal thinking can be cries for help, even when the patient is not fully aware of what kind of help is needed. When multiple, troublesome, and difficult life events occur to an individual at the same time, the pressures may become overwhelming and produce depression and an urge to escape it by means
of suicide. The therapist should consider such a situation to be an emergency and try to help the patient find ways to reduce the pressures.

A 28-year-old woman came to a clinic because she was severely depressed and suicidal. She spoke in a low voice and slowly described her divorce, a brief period in Alcoholics Anonymous, hospital and credit card bills, work at a day job as a secretary, night school several nights a week, problems of arranging care for her 3-year-old son, and feelings of intimidation by her current boyfriend. She described herself as "overwhelmed" and "tired" and as having nightmares and thoughts of suicide. The therapist encouraged her to identify several examples of her competence related to her work, her school performance, and her musical talents. Such recognitions increased her sense of hopefulness. She was then encouraged to borrow money from her mother to help pay off her debts. She took a leave from school for one semester to earn money. In therapy, she began to learn ways to communicate her feelings more effectively when she felt intimidated. Her depression and suicidal feelings began to decrease, and she was more able to face her other problems.

Identify Emotions From Core Conflicts

In any of the versions of short-term or long-term dynamically oriented psychotherapy, there is a need to identify and deal with core conflicts. Such conflicts are usually said to include opposing motivations (e.g., the urge to be both independent and dependent) and opposing wishes (e.g., the wish both to control other people and to be told what to do).

A woman in her late 20s had been raised in a small Midwestern community and in a church where the sexes were kept separated until the elders decided it was time for marriage. After meeting her future husband twice, she was married. The marriage was unhappy, and she separated from her husband. However, her parents, friends, siblings, and church elders kept putting pressure on her to return to the marriage. For a long time she was inhibited from acting because of her core conflict: a wish to be independent and a wish to be dependent on others. After a period of therapy, she recognized that her wish for independence, associated with her feelings of rebelliousness and sociability, were stronger than her dependent feelings of passivity and sadness. She eventually came to a decision to end the marriage, find a new church, end parental control, and start a new relationship. She decided to try to take responsibility for her own life. Recognizing the core conflict led to a fuller understanding of her emotions.

Look for the Functional Significance of the Patient's Personality Traits

As stated in an earlier chapter, both emotions and personality traits have functional significance for the individual. For example, love helps to
maintain good relations, whereas guilt increases the likelihood that people fulfill their commitments. Emotional signals are related to important events in the life of each person such as threats, dominance, submission, and play. Aggressiveness as a personality trait also serves various functions. Aggressive individuals tend to intimidate others and thereby increase their ability to gain what they want. Aggressiveness also reduces one’s feelings of helplessness. Aggressive individuals are often central in establishing a dominance hierarchy within a group. Such a hierarchy acts to stabilize relations among members of a group and thus maintain group cohesion.

A client was asked to describe her good qualities. She said that she was caring, polite, intelligent, resourceful, kind, and able to laugh at her own problems. When asked to describe qualities with which she was not satisfied, she said that she was short-tempered, stubborn, insecure, a spendthrift, and inclined to walk away from a disagreement. The therapist selected one of these traits and asked her how she developed her stubborn streak and what value it had for her currently. In responding to this question she explored feelings of resentment toward her brother, who was her father’s “pet.” Being stubborn was the only way that she could get what she wanted. Currently, her stubbornness was a way that she used to avoid feelings of being controlled by other people.

L. M. VAILLANT’S INTERVENTIONS FOR UNCOVERING EMOTIONS

The tactics described in the preceding section are useful for dealing with emotions but do not exhaust the range of possibilities. Vaillant (1994) has described interventions that may assist in the experiencing of affects. These are discussed below.

Share Feelings With the Client

“As you speak, it brings up sadness in me as well, but my sadness must be only a small representation of what you must feel” (p. 200).

Desensitize Conflicted Feelings

“You just pulled away from the joy (or sadness or anger or tenderness) that you were feeling as you described (that situation) with (that specific person). Can you sense that?” (p. 201).
Verbally Label Emotions

“You have made two fists with your hands. What do you think you might be feeling?” (p. 202).

Use Past Feelings to Identify Current Feelings

“So you don’t feel angry at all now? Have you ever had an incident in your life when you were really furious at someone?” (p. 204).

Explore the Client’s Physiological Experience of the Emotion

Patient: My throat is tight.
Therapist: What would happen if you didn’t tighten your throat?
Patient: I’d cry . . . (p. 205).

Assess Affect Through Fantasy and Guided Imagery

“Are there any thoughts or images that come with that sorrow? Say whatever comes to mind . . . What would you want to say to him if he was here right now?” (p. 206).

Integrate Opposing Feelings

“You seem much more comfortable with angry feelings now. But are there more positive sides of the relationship that need to be remembered as well, to put the anger in perspective? What touches you most about your husband?” (p. 209).

Vaillant’s Conclusion

Vaillant (1994) concluded with the following admonition:

In any exposure to feeling, care always must be taken to ensure the containment of feeling in fantasy so that acting out does not occur. The practicing of experiencing emotions in fantasy, in graded steps, builds the capacity to reflect on feelings without having to act on them. This teaches the patient a new way to handle emotional experience. (p. 214)
OTHER TACTICS

Other therapists have also suggested tactics for uncovering emotions. For example, Karasu (1992) recommended that clinicians use as a guideline "affect first, content afterward" (p. 53).

Patient: Maybe my reaction is coming out too strong. Maybe I am responding to the wrong people, but that is how I feel.

Therapist: Coming out too strong, to the wrong people? [The therapist narrows the affect and the target.] (p. 53)

Yalom (1995) suggested that the therapist inquire about some critical incident in the course of therapy, by which he means a particularly helpful single event in therapy. The most important critical incidents he has found are the following:

1. The patient expresses strong negative or positive affect.
2. After expressing anger or love or other strong emotion, no catastrophe resulted.

Greenberg and Paivio (1997) argued that our emotions provide us with information about our own reactions to situations. Emotions are messages from ourselves to ourselves. For example, if someone feels submissive with salespeople and is inclined to buy things that he or she does not really want, this reveals an important area that needs to be explored in psychotherapy. Greenberg and Paivio also believed in the value of role playing (particularly in the form of the "empty-chair" technique) to provide a language for describing emotions and for intensifying emotions when it is thought to be desirable.

CONCLUSION

Clinicians are aware of the need to recognize and understand the emotions of their clients because emotional maladjustment is the major reason clients seek psychotherapy. Knowledge of the client's emotions reveals major life issues, core conflicts, and significant stresses. From the client's point of view, recognizing his or her emotions provides insight, releases tension, and helps establish goals.

Despite the importance of emotions in the psychotherapy enterprise, there are few writings that deal explicitly with helping the therapist uncover and interpret the patient's emotions. In this chapter, I have described a number of tactics that therapists of any school may use to accomplish these aims.

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