Skills *in* COGNITIVE BEHAVIOUR THERAPY

Series editor: Francesca Inskipp

Skills in Counselling and Psychotherapy is a series of practical guides for trainees and practitioners. Each book takes one of the main approaches to therapeutic work or key client groups, and describes the relevant core skills and techniques.

Topics covered include:

- How to establish and develop the therapeutic relationship
- How to help the client change
- How to assess the suitability of an approach or technique for the client.

This is the first series of books to look at skills specific to the different theoretical approaches and is now developed to include skills specific to particular client groups. It is an ideal series for use on a range of courses which prepare the trainees to work directly with the clients.

Books in the series:

Skills in Counselling and Psychotherapy with Children and Young People
Lorraine Sherman

Skills in Gestalt Counselling and Psychotherapy, Third Edition
Phil Joyce and Charlotte Sills

Skills in Person-Centred Counselling and Psychotherapy, Second Edition
Janet Tolan

Skills in Psychodynamic Counselling and Psychotherapy
Susan Howard

Skills in Existential Counselling and Psychotherapy
Emmy van Deurzen and Martin Adams

Skills in Rational Emotive Behaviour Counselling and Psychotherapy
Windy Dryden

Skills in Transactional Analysis Counselling and Psychotherapy
Christine Lister-Ford

Skills in Solution Focused Brief Counselling and Psychotherapy
Paul Hanton

Second Edition

Skills *in* COGNITIVE BEHAVIOUR THERAPY

Frank Wills

SAGE

Los Angeles | London | New Delhi
Singapore | Washington DC

Los Angeles | London | New Delhi
Singapore | Washington DC

SAGE Publications Ltd
1 Oliver's Yard
55 City Road
London EC1Y 1SP

SAGE Publications Inc.
2455 Teller Road
Thousand Oaks, California 91320

SAGE Publications India Pvt Ltd
B 1/I 1 Mohan Cooperative Industrial Area
Mathura Road
New Delhi 110 044

SAGE Publications Asia-Pacific Pte Ltd
3 Church Street
#10-04 Samsung Hub
Singapore 049483

First edition published 2008. Reprinted 2011, 2013
This second edition published 2015

Library of Congress Control Number: 2014940144

British Library Cataloguing in Publication data

A catalogue record for this book is available from the British Library

Editor: Susannah Trefgarne
Assistant editor: Laura Walmsley
Production editor: Rachel Burrows
Marketing manager: Camille Richmond
Cover design: Shaun Mercier
Typeset by: C&M Digitals (P) Ltd, Chennai, India
Printed in Great Britain by Henry Ling Limited at The Dorset Press, Dorchester, DT1 1HD

ISBN 978-1-4462-7483-5
ISBN 978-1-4462-7484-2 (pbk)

6

SKILLS FOR WORKING WITH EMOTIONS

> Anyone can become angry – that is easy, but to be angry with the right person and to the right degree, and at the right time and for the right reason, and in the right way – that is not within everybody's power and is not easy. (Aristotle, *Nicomachean Ethics*, Book II, Chapter 9)

INTRODUCTION

Cognitive behavioural practitioners need good skills for working with both clients' and their own emotions because therapeutic work that does not evoke feelings is likely to be ineffective. This chapter will describe the nature and functions of emotions – taking account of findings from current research in neuroscience and from research on the role of emotions in therapy. Although emotions are in the main adaptive, when emotional regulation fails, problems can arise on the one hand from overwhelming negative emotions and, on the other, from emotional avoidance. CB therapists therefore need skills for helping clients to practise emotional regulation based on emotional intelligence. Processes involved in helping clients to develop emotional regulation skills will be illustrated in two on-going case studies – one of an avoidant client who needs to get more in touch with feelings and another of a client who needs to regulate overwhelming negative emotions. Therapeutic skills for working with such clients include facilitating emotional awareness and expression, and working to transform problematic aspects of emotional functioning for more adaptive living. The two case studies will illustrate these skills in action.

THE NATURE AND FUNCTIONS OF EMOTION

Emotions are complex and involve physical and affective feelings, behavioural responses and thoughts. Emotions are generated by complicated brain networks yet are closely

connected to basic body functions. This means that emotions are thoroughly 'embodied' and most usually first experienced in the body. They are often experienced only briefly so that a different term – mood – is used when they become enduring. Persistent negative mood is described as being 'chronic'. Feelings often occur below consciousness, so another term – affect – is used for the more conscious aspects of emotion. Emotions are best understood as sending information to tell us that something significant is happening inside us or in our environment and that this may need our serious attention. Fear, for example, often draws attention to possible threats in the environment and therefore has survival value. In this sense even negative emotions can be functional, so it is often important for practitioners to help clients to foster acceptance of emotions as a first step. Attempts to suppress emotions often have the ironic result of making them yet stronger (Wegner, 1994).

Emotional reactions occur much faster than the more deliberate and conscious processes of cognition, though it is hard to explain emotional reactions entirely without at least some fleeting and perhaps non-conscious element of *appraisal* – the key explanatory concept of the role of cognition in emotion. Emotions are also *motivating* and have built-in behavioural or 'action dispositions'. We move towards things when we experience them as good and move away from them when we see them as bad – reactions usually termed as 'approach and avoidance'. These responses happen so quickly that we usually identify the sequence only in retrospect. From a physiological viewpoint, emotions move in and around the body and may change form and meaning as they do so. What we say about our emotions never quite fully expresses the visceral reality of them. All in all it seems most reasonable to assume that some kind of complex reciprocal interaction operates between emotions and thoughts.

Emotions guide and protect though they can also run out of control at times. They play a key role in helping humans to identify their needs. Physiological processes are deeply involved: anger, for example, triggers many different bodily reactions as well as psychological ones. Anger may mobilise us to try things to put situations right. Similarly, anxiety activates awareness of danger and drives us to seek safety. Such action may need to be taken urgently – hence the compelling drive that comes with anxiety. Our bodies do not want us to feel comfortable at these times. Discomfort feeds the imperative to act, though it does not necessarily result in helpful behaviours.

Many theories of emotion now use an age-old metaphor to describe the two brain tracks involved in the generation of emotional reactions – one a track of the '*heart*' (direct emotion) the other of the '*head*' (cognitively mediated). Sometimes 'heart' and 'head' act in harmony but at other times they conflict, and this conflict can be a major factor leading to emotional problems. Some earlier CBT formulations have seemed to suggest that there are linear relationships between cognition and emotion. Clients, however, are more likely to be aware of emotions first and be much less aware of any thought accompanying them. Thus a thought reported by a client may be an artefact of an emotion. Thus CB therapists must accept that clients often correctly report experiencing feelings apparently without any thoughts going with them.

Decreases in negative mood do not necessarily lead to increases in positive mood and vice versa, so that separate strategies may be needed for working on these two aims. There is only a limited number of basic emotions – fear, anger, sadness, happiness and disgust (Power, 2010). Complex emotions can be seen as involving mixes of these basic emotions; obsession-linked anxiety for example seems to involve a mix of fear and disgust. Emotions are linked to evolutionary processes and goals – especially when important goals change. For example, clients may have much invested in maintaining a relationship, so that if the relationship is threatened, they will feel highly anxious and fearful. If at some point the relationship ends, however, they may easily *switch* into sadness and depression. The implied shifts in cognitive appraisals fit with Beck's (1976) concept of 'cognitive specificity'.

HOW EMOTIONS CAN BECOME PROBLEMATIC

Some 'head v. heart' conflicts are caused by the fact that emotions are typically triggered more quickly and strongly than cognitions, so that often we are more aware than we 'know' (Damasio, 2000). Strong emotions are especially attention fixating – this is, after all, what these 'emergency signals' are designed to do – but they can also overwhelm and disrupt the cognitive system, inhibiting its balancing role. The speed of emotional reactions can mean that subtlety and accuracy in the perception of personal needs are sacrificed. These mutually interfering processes may mean that the cognitive mind functions less effectively – making the characteristic 'errors' of those gripped by strong negative emotions. Fear of anxiety thus produces more anxiety. Anxious clients typically become over-vigilant for danger and so over-interpret possible environmental signals of threat as indicating a clear and present danger that is actually not there.

One key function of emotional regulation is to achieve balance in emotional-cognitive processing. The emotional side of the balance allows us to feel the healing elements of negative emotions fully and this can start a self-correcting process. The cognitive side can offer additional help by guiding us to make realistic appraisals of risks detected by the emotions. We can for example decide if, when we feel anxiety or fear, the situation really *is* dangerous enough to justify action. If there *is* clear and present danger, however, there may not be time for lengthy consideration. Additionally, if the cognitive system is not given sufficiently strong emotional reactions to activate it, then the cognitive system has less chance to process negative experiences.

Two further problems often prevent fully functional processing – avoidance and negative interpretation of emotions. Not only can the emotional and reasoning systems go out of balance, they can sometimes act independently of one another; for example, a person can 'act calmly' while ignoring danger signs rather than face them. If however emotions are avoided then it is difficult to see how they can be processed. Sometimes we ignore emotions because we may believe them to be 'wrong' – *I should not be angry.* Furthermore, memories may be encoded in bodily sensations and emotions out of conscious awareness so that, in Bessel van der Kolk's (1994) memorable phrase, 'the body keeps the score' in trauma. In PTSD for example, the body may be 'tricked'

into reacting as if the trauma were happening now even though the mind 'knows' that this cannot be. Thus emotions are embodied and body awareness is inextricably linked to emotional awareness, emotional intelligence and healing. People who believe that they should always be strong may be particularly vulnerable to PTSD because they cannot accept the feeling of powerlessness, and therefore cannot process negative emotions that go with PTSD. Another key area in PTSD is the way that interpretation and meaning of traumas can maintain trauma-based emotions – seeming to confirm the relevance of cognitive appraisal in the generation of emotions. After trauma a person's world can be 'shattered' so that people who previously saw themselves as 'strong' cannot accept the weakness they experienced during traumas. This again reminds us that, despite the new emphasis on emotions, thoughts and beliefs continue to have relevance for therapeutic work.

Ray was a professional sportsman who approached his club doctor feeling low, flat and out of sorts. He also revealed that he was having problems in the relationship with his partner. The club doctor wondered if he was 'depressed' and suggested anti-depressants but Ray was not keen. The club doctor then suggested seeing a GP colleague who had a counsellor attached to his practice. This counsellor had recently trained in CBT so when Ray saw her they began by helping him work on his negative thoughts, which were many and included 'No one really cares about me and what I have to say.' Early work focused on trigger situations, mainly connected to arguments with his partner and some people in his club. Ray eventually said, 'I don't know if I am depressed, I just don't seem to feel anything.'

Chrissie was a nurse specialist who approached her occupational health unit (OHU) for help with some 'emotional issues'. She explained that she worried about confidentiality but less so at this time because she was moving to a new job and second marriage in a new area. The OHU counsellor noticed that Chrissie seemed irritated by having to wait a few extra minutes in the waiting room and then that she continued to show strong emotions throughout the session. Chrissie described having a 'rough' first marriage but then meeting a 'marvellous new man' about two years ago. It 'all seemed like a dream' but now the closer they got to marriage the more they argued. Chrissie worried that she would 'make another big mistake with a man'. Her counsellor also noticed that she looked very sad when she left after her initial appointment.

LETTING AND HELPING EMOTIONAL AWARENESS TO DO ITS WORK

Exploring and assessing emotions

In a similar way to how we approached cognitions in Chapter 4 and behaviours in Chapter 5, we will here also explore work with emotions by way of a continuum of skills

and methods moving from 'letting emotional awareness do its work' to 'helping emotional awareness to do its work'. Beginning at the 'lighter-touch' end of the continuum, we will first examine assessment and exploration of emotions. Here clients become aware of feelings, so a meta-emotional effect can kick in: *Oh, so this is what I have been feeling!* The client has now stepped outside the emotion and is not only aware of it but is also simultaneously aware of being aware of it. This is really a form of mindful awareness and therefore makes the skills of mindfulness relevant to this area. Shifts in emotion – sometimes therapeutically helpful ones – can happen spontaneously during initial encounters, even during assessment. It is helpful for practitioners to be alert to such shifts and to have the skills to understand and capitalise on them. Emotionally sensitive practitioners learn aspects of clients' emotional development from their history – in effect learning about their emotional schemas. Leahy (2011) offers a comprehensive system for assessing and working with 14 emotional schemas, shown and defined in Table 6.1.

Table 6.1 Leahy's emotional schemas

Emotional schemas	Typical questions
VALIDATION	*Do the important people in your life understand and accept your feelings?*
COMPREHENSION	*Do your emotions make sense to you?*
GUILT	*How okay is it for you to have the feelings you have?*
SIMPLISTIC VIEW	*Can you hack it with feelings that are vague at times?*
HIGHER VALUES	*How do your feelings relate to what is most important in life to you?*
CONTROL	*Do your feelings often feel out of control?*
NUMBNESS	*Do you often feel numb about things?*
NEED TO BE RATIONAL	*Do you think you should be rational and logical in most things?*
DURATION	*Do you often worry about how long a bad feeling could last?*
CONSENSUS	*Do you think that when you have bad feelings, so do most others?*
ACCEPTANCE	*How easy or difficult is it for you to accept uncomfortable feelings?*
RUMINATION	*When you are down do you find the same thoughts and feelings going round and round your mind?*
EXPRESSION	*Do you think that you can express most of your feelings openly?*
BLAME	*Do you think most of your bad feelings are caused by other people?*

Ray explained that his inability to feel came from his 'unemotional family'. Both his parents were 'people of few words' and usually those few words were about the practical side of life. Furthermore they looked down on people who displayed

emotions as silly and weak. Showing true northern disdain, his father had once responded to one of Ray's teenage feelings by asking him, 'What does tha' know about selling horse muck through parlour window?' – roughly translated as 'Your opinion counts for little'. Emotional blankness also extended to family crises. Ray was the one boy from his village who had to travel to secondary school by train. As an outsider the other boys mercilessly bullied him. He remembered stepping off the train scratched, bruised and dishevelled after his first day at the school. His mother met him at the station but made no comment whatsoever on his condition. It is unsurprising that Ray concluded, 'Nobody cares about what I think and feel. I just have to *crack on* with my life.' Luckily he could protect himself from bullying but it was the start of an emotionally and interpersonally quite lonely phase of life.

This history mainly influenced Ray's ability to express his emotions – in Leahy's (2011) terms he was limited by an emotional expression schema, believing that *It is not safe for me to express my feelings openly.*

For clients to do emotional work there has to be an empathic and safe therapeutic relationship. Before Chrissie's therapist could begin to assess and work with her emotional schemas, however, a therapeutic incident – such as those discussed in Chapter 3 – arose that put a safe relationship under immediate threat.

Chrissie's counsellor scrutinised his notes in preparation for their second session. He noted that Chrissie had displayed three emotions in the first session – anxiety, anger and sadness. These emotions ran high and shifted constantly during the session. The counsellor reasoned that as Chrissie had stated that her main concern was worry about the upcoming marriage it would be appropriate to offer that as a starting point in the second session. Chrissie readily agreed. She then revealed catastrophic thoughts such as *Jim* [her first husband] *destroyed my trust in my judgement forever*, and, *I'm heading for relationship hell again.* The therapist drew up a nice clear 'vicious cycle' diagram of this and expected positive feedback from the client. Instead Chrissie delivered a stream of invective along the lines of 'That's just rubbish … CBT shit with arrows … why don't you listen to me and stop telling me how I should feel?!' It was all the therapist could do not to respond in kind. The session ended in confusion but at least with agreement on the therapist's suggestion to 'Give each other a few days to think about what happened and what we should do about it'.

The next day Chrissie sent an apologetic email acknowledging that she had 'really lost it and gone off on one'. She confirmed wanting to stay in therapy and indeed asked if it were possible to meet again as soon as possible as she'd like to apologise in person and explain some context about how she had been feeling that day. This meeting went ahead a day or two later. Chrissie explained that

(Continued)

(Continued)

in fact that she had always had a problematic temper and the more stressed she got, the worse her temper became. She had inherited this temper from her mother, a 'difficult woman' who had in fact phoned to 'badger' her shortly before she came to the previous session. Chrissie commented, 'In one sense, my whole life has been a journey round my mother.' She had known that Jim, her first husband, was 'bad news' but his one virtue was that he could always 'top' Chrissie's temper with his. This had, however, turned 'destructive in the end'. Her new man was gentle – but even they were arguing now, 'So it seems like I carry some really bad karma'. Oh – and her wonderful new man, by the way, had trained as a person-centred counsellor and was highly sceptical that CBT could help her!

We can see that our intrepid CBT practitioners are involved in working with negative emotions but if they thought it was going to be a straightforward matter of identifying an emotional focus with a distinct cognitive profile on which to base their interventions – it is starting to look a bit more complicated. Ray reports a lack of feeling rather than depression as his main problem, and has not shown any real tendency to report negative thoughts or beliefs. Admittedly flat affect is often closely related to depression so perhaps sad mood is a prime focus. Chrissie originally reported anxiety as her problem but it seems now as if anger is also in the frame.

CBT theory has actually always acknowledged that a variety of emotions can be prevalent in emotional disorders (Emery, 1999) but it has been slow to give a general therapeutic role to the processing of emotions (Wills with Sanders, 2013). We can however draw further help here from an idea that has been better articulated in emotion-focused models – that of primary and secondary emotions (Greenberg, 2011). Primary emotions are relatively unadulterated and so, even when unhealthy, they may be processed in ways that lead to therapeutic gain. Secondary emotions are more problematic because the secondary element, e.g. fear of anxiety, and subsequent avoidance may prevent the processing of underlying primary emotions. It can be hard to pick one's way through the complex twists and turns of problematic emotions and this probably necessitates a lot of trial and error. Finding an appropriate focus for work with emotions, however, can be facilitated by the skills of identifying the bodily felt elements of emotions and by finding the right descriptive word, phrase, metaphor or 'handle' for them.

Focusing on the bodily felt sense of emotions

A floodtide of findings from research in neuroscience and on emotions in recent years has greatly enhanced our understanding of how our brains are emotionally wired and the intimate connection between the brain and body processes. The autonomic nervous

system plays a particularly prominent role in regulating arousal, and this arousal is felt first and most strongly in the body, especially in the 'core' of the body – the guts, stomach, heart, chest, throat and shoulders. There is particularly striking evidence suggesting that heartbeats become unhealthily disorganised by emotional distress and healthily recalibrated by emotional healing (Servan-Schreiber, 2005; see also the HeartMath website, www.heartmath.com). The brain–emotion–body connection is reflected in the everyday language of emotion – *heartfelt*, *shaken to the core*, *weight on our shoulders*, *nervous throat* and so on. These feelings, however, may be relatively non-conscious and vague, and our more conscious brain may be aware of them only as murky stirrings. The urgings of negative emotions can be intensely strong and there are good arguments for rolling with them rather than resisting them – mainly because the more they are resisted the stronger they seem to become.

CB therapists have not always been encouraged to explore the inner world of embodied emotions but a newer stance is emerging in the practices around accepting and developing mindful awareness of feelings and thoughts in third wave approaches to CBT. Additionally, learning emotional methods from other models enhances CBT practice (Wills with Sanders, 2013) and shows a technically eclectic approach in the tradition of Aaron Beck, who commented, 'If it is effective, it is cognitive therapy' (Leahy, 2006).

Bodily awareness of emotions can be helpful in and of itself but it can also be extended into other areas such as expressing emotions by naming them, using metaphors and images in conjunction with bodily awareness to promote emotional change, and developing more deliberate techniques for processing emotions. All these therapeutic activities have matching therapist and client skills. These are shown in Table 6.2, and descriptions of using these skills in client case studies follow.

Table 6.2 Matching therapist and client skills in emotion-focused work

Therapist skills	Client skills
Facilitates expression of feelings	Expresses feelings
Helps client understand the flow of feelings	Accepts the flow of feelings
Teaches mindful attitude to feelings	Accepts and tolerates feelings
Helps client to use thinking to regulate feelings when appropriate	Uses cognitive skills to regulate when appropriate
Clarifies link between feelings and actions	Uses emotions to drive adaptive behaviours
Clarifies links between feelings and values	Uses feelings to live by highest values

Mindfully accepting emotions

Approaches based on acceptance of negative emotions have been associated with mindfulness practice – one of the most exciting developments in CBT. This is generally not seen as a spiritual practice within CBT, though it may offer useful links for those who – like myself – do have an interest in spiritual practice. Here, however, I will examine a limited but highly practical application: helping clients to manage

anxiety. This involves using the AWARE strategy described by Clark and Beck (2012, p. 142). This strategy is a five-step process that involves the client learning to:

1. **a**ccept the anxiety
2. **w**atch the anxiety
3. **a**ct with the anxiety
4. **r**epeat steps 1–3
5. **e**xpect the best.

The reader is recommended to read the full version of the strategy. Looking carefully at the steps, we can see, however, that the AWARE exercise invites clients into a new relationship with anxiety. Anxiety is often regarded as something to be avoided at all costs; ironically this can empower it. Acceptance opens clients up to what emotions have to teach them. Once accepted, anxiety is 'watched' and acted with rather than suppressed. Clients can thereby 'ride the waves' of anxiety, shifting from 'worried suppressers' to 'detached observers'. The last step adds a cognitive finale, suggesting that it is wise to expect the best because what one fears the most rarely happens.

The AWARE strategy can be used in various ways – for example, as a behavioural experiment to test the effects of staying with emotions rather than trying to make them go away. Clients often think that emotions will get out of control if they do not suppress them. In the experiment they can find out the effects of suppression and avoidance – seeing for example whether they do make anxiety rebound more strongly. Another way of using AWARE is as a regular exercise for practice at home. It is usually helpful to introduce it in a session by asking clients to close their eyes and get into a relaxed state by using *progressive muscle relaxation*[1] and then to read out the AWARE strategy script in a gentle voice. This exercise often has a helpful impact on clients, and going through it with them raises the chances they will be able to practise at home without undue problems. It is also helpful to reinforce the method by continually coming back to it in sessions, especially if the client is feeling anxious or an anxiety attack spontaneously arises during the session. It can also be used in conjunction with exposure tasks. Some clients report that AWARE has been a mainstay tactic for dealing with anxiety symptoms more mindfully.

Chrissie's apologetic email to us had really stuck in her counsellor's mind – especially the phrase 'going off on one'. In subsequent sessions he noticed how well the phrase described Chrissie's style of communication when she was discussing her anxieties as well as when she was angry. It represented a forceful way of describing her experiences. The counsellor also noticed how this style of communication affected him – making him feel on edge – as if Chrissie were somehow passing the anxiety on to him. The counsellor put it to Chrissie that 'going off on one' could be a way of avoiding the anxiety, and

[1]Many written and free YouTube downloads on how to do this can be found by using this phrase as a search term on the worldwide web.

there might be an ironic 'white bear' suppression effect (i.e. trying NOT to think of a white bear makes it difficult not to think of one) that made the anxiety worse. Chrissie surprised her counsellor by taking this potentially difficult feedback on board and responded well when they tried the AWARE exercise together in the session. Chrissie began to use this exercise regularly and also explored mindfulness exercises in sessions and at home using self-help texts and CDs. She began to report feeling much less anxiety and coping better at work and in her relationship. Job done – well, not quite!

Focusing practice

When we talk about 'visceral' emotions we acknowledge not only that these feelings are fundamental and deep but that where we feel them is likely to be located in the part of the body we know as the 'viscera' – which the dictionary tells us is 'the soft contents of the principal cavities of the body; esp., the internal organs of the trunk'. There is a sense of softness and opening here and, by association, a liquid responsiveness. When we experience important life events our viscera may well make sounds, even 'sing' or 'scream'. We can often get an internal sense – *a felt sense* – but we can sometimes hear and see such body reactions, both in ourselves and in others. I have come to believe, like Gendlin (1996), that we can enhance our therapy practice with relatively simple interventions such as asking clients, 'When you are talking about this, what seems to be going on in the middle of your body?' We can expect roughly half of clients to respond by searching for emotional experiences within themselves but the other half may simply be puzzled. Even the latter eventuality is useful information – this client cannot experience a 'felt sense' *yet*. This may be because the person does not feel safe enough to feel and or reveal that yet. After all, what they only half experience may still leave them feeling vulnerable.

The therapist's main role here is to encourage clients to maintain an inward focus and to avoid distracting them by being 'too busy'. Gendlin (1996) advocates a light touch for doing this and, if clients cannot 'go there', to just gently return to what they and clients were 'talking about' and then wait patiently for the next opportunity to explore and experience the feeling. Emotion-focused therapists like Greenberg (2002) seem happy to offer a little more guidance and direction, as suggested in previous references to the 'zone of proximal development' (see Table 6.2).

Focusing technique also encourages clients to 'give feelings words', in the words of Shakespeare's *Macbeth*. These words, phrases and images can act as 'handles', and naming them can offer opportunities for further development in the experience of emotion. Creative devices such as metaphors and narrative development may also be used to extend this work. This extension of feeling and meaning progresses by a kind of oscillation between words and feeling: the sequence often takes the form of 'Is that the word for the feeling? Not quite. How about this word? Still not quite but closer.' The range of therapist and client skills used in these exchanges are shown in Table 6.2, though it is important to note that there is no strict matching across the columns – any skill in one column may match up to any one in the other. The whole process of

matching therapist and client contributions is shown in the dialogue that flows and counter-flows in the next client case study.

Ray made good progress in therapy. He and his partner decided to separate but managed this in an amicable way. Ray's depression gradually lifted and therapeutic meetings were reduced to occasional sessions to 'check in'. About a year later and some months into a new and seemingly promising relationship, Ray had a sudden sharp downturn and asked for an urgent appointment. His new partner had revealed some 'baggage' from an old relationship that Ray found very hurtful and difficult – not so much the baggage itself but that he had found out by chance what he felt his new partner should have told him. He retreated into paralysing sadness and could hardly explain what he felt – another source of distress because he reckoned he was now better at expressing feelings. The following dialogue took place.

Practitioner (P1): So remember that we have talked about being able to use your emotions sometimes: what are you feeling inside down there now?

Client (C1): Every bit of me just wants to walk out.

P2: That's what you feel driven to *do* – what are you feeling?

C2: I cannot believe that she did not tell me this when we had our 'clear out' right at the start of the relationship … (*Now the counsellor simply pointed down to his body*) I don't know what you mean … (*The counsellor makes another body signal and asks Ray to 'speak from there'*) … I guess I feel pretty twisted up inside … (*asked what was twisted*) … like a hot thing that could explode … anger, I'm angry!

… (A little later in the dialogue) …

P3: Remember that old image we had of you when you feel emotionally overwhelmed and you want to walk away, hide away actually … *the bear in the cave* … and now it seems like the bear is fighting off a rage.

C3: Yes – I'm scared if I go into a rage, it'll finish off the relationship for good … and I am unsure if I have the right to tell her how to live her life – is that being over-assertive?

By getting Ray to 'stay with' (P2/C2) and enhance via imagery (P3) his '*felt sense*', the practitioner accelerates therapeutic movement and new space is gained – the 'stuck' feeling is freed up and is now flowing – but there are dangers. The anger released could indeed be destructive. Ray may be overwhelmed by it in the session or later with his partner so we need now to find

the healthy form of adaptive anger. Ray's statement at C3 probably conceals a self-critic – 'You should not be angry' – and this probably inhibits his capacity to allow anger and to find a healthy version of it. The counsellor attempts to 'soften the critic' by responding to Ray's fear that he has no right to be assertive in relation to his new partner's emotional life, by suggesting that what is at stake is not just the partner's life but also 'their life' together, and asks Ray if he feels the right to have a view on that. Ray thought he did and so can now be more accepting of his anger. He now surprised the counsellor by remembering from a previous discussion the quotation from Aristotle at the start of this chapter. This facilitates a calmer and more reflective discussion about the rights and wrongs of this situation and how Ray might go about being assertive to set the things right.

It is instructive for us to pause for a moment and reflect briefly on how else the exchanges in these last case studies could have developed in CBT work less oriented to emotional awareness and emotional intelligence. Chrissie's anxieties concerned predictions about how her marriage might go wrong. We could easily see these predictions as catastrophisations based on evidence from the past rather than present-day realities. It is, however, all too easy to imagine her responding to cognitive restructuring by saying she could see that she was catastrophising but still felt worried; after all, a marriage is a very significant life event and probably worth at least some worry. By helping her to use the mindful AWARE exercise we have taken her fear seriously and had some discussion about how to act on the realistic part of her worry – developing a long-term plan not to 'end up in relationship hell'. We have also introduced her to some skills that are likely to have benefits across many areas of her life. Technically, we may also have enhanced the effects of any cognitive interventions that might follow. With Ray, instead of assuming that he feels just depressed, the counsellor invites him to express what else might be there and we are somehow not too surprised when anger emerges. Aaron Beck's development of cognitive therapy began by challenging the old psychoanalytic idea that depression was retroflected anger (Beck, 1967). It is true that, despite drawing attention to the benefits of expressing anger (Beck et al., 1979, p. 171), Beck's more general suggestions for dealing with it in therapy run more in favour of cooling anger down and helping the client to feel empathy for the person with whom they feel angry (1979, p. 180). Yet, on re-reading the debate about retroflected anger, it now seems to me that Beck's argument was really contesting both this view of anger in the context of it being anger against the self, and the further assumption that depressed clients have a 'need to suffer' (Weishaar, 1993) – a psychodynamic concept no longer current even in that model. In Ray's case, he does feel hurt, i.e. both sad *and* angry. Helping him to use anger to clarify what he wants and to energise himself to seek what he wants (after due reflection) seems a more positive approach than either focusing on his evident negative thoughts about himself or attempting to help him to put aside his anger and approach his partner in an entirely reasonable way. Some passion surely seems in order when in pursuit of saving a passionately felt relationship – and so it proved.

Suggestion *Focusing*

1. Find some space, physical and mental. Listen to the breath in your nostrils. Whenever your mind wanders, and that's what minds do, come back to the sound of your breath.
2. Sit comfortably, breath steadily from your diaphragm and relax.
3. Scan your body all over. Get the general feel of your body and then begin to notice different parts of it. Are there knots of feeling? What are they telling you?
4. Gradually come to focus on what is your major concern as you sit there right now.
5. See if you can put words to what you are feeling – give it a clear descriptive word. If it is hard to find words, go back to the body sensations and ask them what they are saying. Keep going back between the sensation and the words that are forming. Sometimes this will come to a crescendo feeling of 'Yes that is it.'
6. Keep checking if the words are right. Let the words and the meaning flow and change if that is what they seem to want to do.
7. Keep receiving the sensation and feeling words and phrases. Let them flow and keep telling you what you are feeling and what you need.
8. Let the experience come to a close: Is it okay to close now? Afterwards check (especially with clients): Was it really okay to close? What will you do if these feelings crop again before we meet again (safety procedure)?

CHANGING EMOTIONS THROUGH EMOTIONAL EXPRESSION

Clients can often benefit from bringing their verbal expressions of emotion in line with their embodied emotions. Though verbalisation and 'intellectualisation' of emotions can play a role in avoiding the full experience of them, language can also play a crucial role in 'sealing the deal' for successful emotional work. There is an ancient spiritual principle that certain things can only be fully understood when they are finally and correctly named (Whitehead & Whitehead, 2010). It is not that there is only one true word that properly describes emotions in any universal sense; it is more that for *this person in this situation and at this time* there may be a word that captures the essence of their being more closely than any other. There is also something inherently healing in the effort to find the words or phrase or metaphor or narrative that can do this. Emotions are in this sense constructed by the person experiencing and seeking to articulate them. Finding the 'true name' in spiritual narratives is often associated with the idea of 'quest' – a kind of heroic struggle or journey that tests the person on the quest. Thus this co-creative process between client and therapist has a

satisfying element of empowerment, and challenges the notion that clients are passive victims of their emotions.

Chrissie needed to work on naming a troublesome emotion just a few weeks before her wedding as she sought help with an overwhelming panic. She described looking across a room at her fiancé and thinking, 'I don't really love him. I am about to make the biggest mistake of my life …' It was when she found the word *terror* to describe her feeling that she finally could put words to the depth of her anxiety. This however seemed to help her to 'lance the boil' and to find the courage to take the risk that she felt was really right for her.

Ray similarly became preoccupied with finding 'handles' and metaphors that linked with his situation. We left Ray struggling to find out how to feel the anger that was 'right' in the sense of the words of Aristotle that opened this chapter. During this process he became so frustrated with the situation that he did something unprecedented – he got angry with his counsellor – furiously saying to her, 'You said that I should feel my feelings but if this is feeling my feelings, well – f--- that for a game of soldiers!' The counsellor later confided to him that when he said that, she had thought to herself, 'And if this is what teaching you to feel your feelings is like, then f--- that for a game of soldiers too.' This mutual recognition of an 'only too human' set of thoughts and feelings led to amusement between them and to a liberating discussion about the fact that perhaps life actually is a bit of 'a game of soldiers'.

DEALING WITH SECONDARY EMOTIONS

Insufficient attention may perhaps have been given to the fact that the original premise of cognitive therapy was *not* focused on the idea that clients had *solely* negative thinking but that they often had *two* streams of thinking running in parallel with each other – either of which might underlie either the dominant emotion or any other emotion they might be feeling (Weishaar, 1993). Quite often we see people in therapy who may be feeling an unexpressed primary negative emotion that if expressed might be successfully processed: for example, a person who feels highly understandable sadness at the end of a relationship. This person may be unable to express that sadness fully because they fear being overwhelmed by the tidal wave of emptiness that could follow in its wake. They therefore end up expressing a less threatening emotion such as anxiety about the future – in this case because it is an externalising feeling – or even anger at the person who has 'abandoned' them. The clue to this situation is often in how the anger and/or anxiety feels to the therapist; secondary emotions often feel like the person expressing them is going 'over and over … old ground' and thus is 'not going anywhere' that is actually helpful to the client. In effect what we have here is a competing set of thoughts and feelings that might be experienced by the client as 'two voices in my head'. This is a difficult experience and can even feel slightly schizoid to

the client. In this situation it is often therapeutically helpful to 'give both of these voices air time': ideal methods for doing so are found in 'empty chair' and/or 'two-chair' work, pioneered by Fritz Perls, which is now very much part of emotion-focused therapy (EFT; Greenberg, 2011). Work that gives emotions a voice and uses symbolic chairs is also used in compassion-focused therapy (CFT; Gilbert, 2009a).

Ray recognised that his struggle to find a 'right' anger about the fact that his new partner, Tonya, had not told him about the baggage issue partly reflected his own struggle to deal with anger about himself. When he became stressed or down about himself he became very self-critical. His counsellor had raised the idea of being self-compassionate but they also identified a belief that blocked him from doing this – 'I'd like to go easier on myself but if I did then I'd be guilty of just making excuses.' Statements like this are good indicators of a conflictual split and suggest that two-chair work might be useful. When the counsellor put him into a chair scenario, Ray called his critic 'Roundhead' and in the other chair – the one who makes 'excuses' – 'Cavalier'. Battle was quickly joined between the two and the English Civil War was being symbolically fought out across the therapy room floor.

C1: (*as Roundhead*): You're just so cheap – in your fancy clothes and big words. You just make excuses because you can't be bothered to be disciplined and work hard. It's people like us that have to do the hard work – you swig your wine and live the life of Riley. Don't come looking to me for sympathy.

P1: Okay, come over to this other chair and tell him, *really* tell Roundhead, what it's like to be talked to like that.

C2: (*Cavalier to Roundhead*) That's harsh – give me a break! All I am doing is trying to help us enjoy our life a bit more – I mean, don't be so relentless – can't you see you're driving us down – you will make yourself ill and I don't want that – you are my brother! … (*Roundhead*) That's all very well, yeah we can talk about that but can we also talk about why I have had to pull you out of a hole so many times … (*Cavalier*) You know I wasn't well – I was never so strong as you or as handy with my fists. You know I really am grateful for how you have helped me over the years.

We can see that there are two sides of an argument here and that neither side seems completely right, yet it is always interesting to ask the client about which side appeals to him. Ray thought that Roundhead expressed the 'suck it up' attitude to emotions he'd learnt in his gritty northern family and was impressed by its strength, but Cavalier had all his sympathy. In this dialogue some kind of constructive engagement has, however, got under way and raised the hope of some agreement, and with that the prospect of a more rounded and integrated internal feeling within Ray. In P1 the counsellor maintains the emotional level and tension by switching relatively quickly from chair

to chair. We can note the tone of voice in both practitioner – '*really* tell' conveys urgency and the need to communicate emotion as well as words – and client – 'that's harsh' conveys the emotional effect of the other's words.

It is also of interest how the idea of a brother was drawn into this dialogue. Ray explained that this related to family history. The 'Roundhead' attitude reflected the rather austere and stoical style of parenting Ray had experienced. We have already noted how in some ways this served quite well – certainly in how it helped him nurture self-discipline in the sporting context. The fly in the ointment for Ray, however, was more that his parents did not seem to extend the same attitude towards his younger brother.

There were times when this 'two-chair' work more resembled 'empty chair' work. 'Empty chair' work is more associated with attempts to transform the effects of abuse and neglect and will be described in the next section alongside another helpful idea from EFT – transforming emotions with emotion.

TRANSFORMING EMOTIONAL EXPERIENCE

Therapies oriented towards emotional processing, often in conjunction with at least some element of cognitive processing, as in the eye movement desensitisation and reprocessing (EMDR) model (Shapiro, 2001), have exerted major influence in the therapy field in recent decades. We noted earlier in this chapter that decreasing negative feelings does not necessarily lead to increases in positive emotions, and interest has grown in developing methods to achieve a more radical sense of 'transforming' negative emotions. EMDR has been used especially in PTSD with striking transformative results at times (Servan-Schreiber, 2005). A more generic approach to transforming trauma is presented in the case study of '*Bes*' in the first edition of this book (Wills, 2008a, pp. 116–21) and also on the book's companion website for this edition. Another form of transformative processing, using an 'empty chair' framework, is presented here in the work with Chrissie. This work focused on the idea of changing emotion with emotion and being able to 'shift' out of emotions.

Chrissie settled and was getting towards the point when her move to a new area would mean that she had to finish her therapy. She said that as a final piece of work she wanted to look at how her anger problems related to her past and present relationship with her mother. She seemed to have 'airbrushed' any mention of a father out of her accounts of her early life. It was only when the counsellor questioned this that Chrissie revealed some significant but previously unrevealed aspects of her childhood. Chrissie's birth father had died when she was 5 and she seemed to have almost no memories of him – one of them was, tellingly, of ripping up a photograph of him. Her mother had remarried but Chrissie described her stepfather as 'more evident in his absence than in his

(Continued)

(Continued)

presence' and 'a worm'. She pulled out an old photograph from her handbag. In it she could be seen aged 15 or so accompanied by another teenager, Jo, her stepfather's daughter by his first marriage. Jo was smartly dressed and strikingly coiffured whereas Chrissie was in a dowdy raincoat and with an almost 'pudding basin' haircut. 'That says it all, doesn't it?' Chrissie remarked, 'He did not want me and he wouldn't give Mum any money to buy me nice things.' The visual confirmation of this interpretation was shockingly brutal – and the counsellor felt his breath catch as he looked at it. Chrissie added, 'That's why I feel so mad with Mum – she never seemed to fight for me and just accepted his meanness.'

Chrissie's accusation against her mother is a classic indicator of 'unfinished business' with a key significant other in one's interpersonal life. The themes of neglect and trauma suggested, however, that opening this out could be deep and disturbing work. Chrissie seemed to insist on wanting to 'go there' but the counsellor felt that she should first consider the case for *not* doing so. The debate focused on 'going there now' or 'going there later' – an important issue given the fact that Chrissie also faced imminent transitional life changes: marriage, new job, new town and, just as importantly, the end of therapy. The factor that influenced their joint decision to 'go there now' was in the end Chrissie's insistence that she was 'as ready as I will ever be' and her question 'If not now, when?' Chrissie put her mother in the empty chair but initially things seemed to fall rather flat. She told the other chair of her hurts and resentments but in a noticeably flat voice and with a seeming lack of passion. At the end of the session, she reflected, 'No, I am trying but I cannot seem to get my anger really up and I keep thinking that it wasn't her fault: it was *him* – my stepfather – as ever hiding behind her.' She also remembered that her mother had on occasion fought her daughter's corner, even winning the odd concession. She saw also that her mother had been in a very vulnerable position after Chrissie's natural father had died. They decided then to have another try – this time with her stepfather in the chair. Again, however, Chrissie seemed to baulk. She turned away from the other chair and addressed the counsellor:

C1: … I can't do this, it's too mean: he is sick and old now – dying actually – and anyway he will not change.

P1: It is not really about how he is *now*. You are really talking to the man as you remember him *then* and how he lodged in your mind – that is what *can* change …

After a little more discussion, Chrissie tries again but finds that she is so choked up with feeling that she cannot speak.

P2: Take a breath, take your time … speak from what is finding it hard to speak …

C2: Oh my God, I just feel so … so … ragged … so orphaned … so shamed …

P3: Tell him – this is how I ended up feeling because of what you did …

At P1 the practitioner helps the client to engage with the task by providing material for her to resist her interrupting thought that it would be 'mean' to express anger towards, even symbolically, a sick old man. The counsellor essentially reminds Chrissie that the target at this time is healing her internal process – her stepfather and his motivations are separate issues and may or may not be addressed at another time. She is coached in how to undertake the emotional task in P2 and then given direction by the counsellor's prompt at P3. A little later she is able to direct a full stream of anger at the empty chair, culminating in the words, 'You systematically stripped me down … and people expect that I should feel sorry for you now – they really have got to be joking.' After this Chrissie felt exhausted and at her next session, which turned out to be her last, she said she felt 'cleansed' – for now at least – of *some* the pervasive shame that she had felt for so long. She was aware that there could be more to do but thanked the counsellor for letting her go so far. It is not known at this time what has happened to her since or whether she chose to go on working with these issues.

CONCLUSION

Before moving to our final concluding thoughts on working with emotions in CBT we need to note that we have read of two clients, a man and a woman, who in these instances began by taking the opposite routes in dealing with emotions than are usually described by 'genderised' accounts of emotional functioning (Power, 2010), partly because cases that defied gender stereotypes were deliberately chosen. It is probably still more socially acceptable for women to internalise anger as sadness and for men to externalise sadness as anger with others – ironically not borne out on our case studies – showing that stereotypical responses can be changed. Emotionally intelligent strategies seem to offer both genders better ways forward and hopefully this could become a unified emotional project for men and women to take together and, when appropriate, to help each other with.

Servan-Schreiber (2005) makes an overwhelming case for how emotional intelligence can contribute to massive gains in both physical and mental health. There appears to be momentum building up behind emotionally focused psychological therapy at present, but it is noticeable that emotional intelligence and emotionally focused therapy by no means ignore the crucial contributions made by cognitive and behavioural change. To some extent, however, the impact of new emotional approaches is such that CB therapists cannot just ignore them. We should be open to what we can learn from these approaches and this could be as simple as merely learning to ask clients, as suggested on page 121, if they are feeling their problems in their bodies. Changes in those body feelings can then be regarded as giving us good information about how well our work with them is going. As before, we have used a continuum to suggest a range of skills stretching between those associated with relatively non-directional methods linked to mindfulness and acceptance, and more directional methods such as 'empty chair' and 'two-chair' interventions from emotionally focused therapies. I am hopeful that the coming years will see increased cooperation between CBT practitioners and those who practise models that at first sight may not seem to

be easily compatible with CBT. I believe that therapists from all models should be open to learn from each other, and I think that there may be rich prizes available for such efforts. I hope I may have inspired readers at least to try emotionally focused methods to enhance their practice of CBT.

PRACTICE TIP AND SUGGESTION

Format: individual exercise or group discussion

In Chapter 1 we considered a set of principles associated with the practice of CBT and you were asked to think about the extent to which you felt able to 'sign up' to them as principles to guide your practice of helping people with psychological problems – in whatever context of helping people you work or would like to work. Below I have taken a set of principles associated with the practice of emotionally focused helping and rewritten them as a series of brief 'practice tips'. As in Chapter 1 you are invited to consider each principle or tip and, first, consider how enthusiastically you would be able to 'sign up' for them. Second, can you also identify any reservations that you might have about using them personally, as a helper, with your particular clients or in a particular helping agency in which you do actually work or would like or aspire to work? Compare and contrast some of your responses with those of other people in the group.

Principles for working with emotions in CBT

1. Therapists are well advised to observe and appraise the way their clients express and use emotions.
2. Therapists are well advised to observe and appraise the way they themselves express and use their emotions.

Observing and appraising emotions facilitates

1. increased awareness of emotions
2. increased acceptance of emotions
3. more flexible and helpful expression of emotions
4. more flexible and helpful use of emotions
5. more flexible and helpful ways of regulating emotions
6. more potential for the transformation of emotions and healing
7. more potential for strengthening the self
8. more potential for using emotions to generate new meaning
9. more potential for generating corrective emotional experiences in the therapeutic relationship.

FURTHER READING AND RESOURCES

Books

Elliott, R. et al. (2004) *Learning emotionally focused therapy*. Washington, DC: American Psychiatric Association.

Greenberg, L.S. (2002) *Emotionally focused therapy: coaching clients to work through their feelings.* Washington, DC: American Psychiatric Association.

Greenberg, L.S. (2010) *Emotion-focused therapy*. Washington, DC: American Psychiatric Association.

Power, M. (2010) *Emotionally focused cognitive therapy*. Chichester: Wiley.

Servan-Schreiber, C. (2005) *Healing without Freud or Prozac*. London: Rodale.

DVDs

Greenberg, L.S. (2004) *Emotion-focused therapy for depression*. Washington, DC: American Psychiatric Association.

Greenberg, L.S. (2007) *Emotion-focused therapy over time*. Washington, DC: American Psychiatric Association.