

What Is Emotion, Anyway?

Science suggests that emotion is anything but primitive and unpredictable. It's a complex, exquisitely efficient information-processing system, designed to organize behavior rapidly in the interests of survival. It's an internal signaling system, telling us about what matters in the flood of stimuli that bombard us and tuning us in to our own inner needs. Research with brain-damaged subjects shows that without emotion to guide us, we can't make even the most elementary of decisions; we're bereft of preferences and have nothing to move us toward one option rather than another.

Emotional signals, especially nonverbal, such as facial expression and tone of voice, communicate our intentions to others. Our brain takes just 100 milliseconds to detect and process the smallest change in a human face and just 300 milliseconds to mirror this change in our own body, so we literally "feel" another's emotion. The fact that we can rapidly read intentions and coordinate actions has offered our species a huge evolutionary advantage. The ability to read six basic emotional expressions and assign the same meaning to these expressions is universal.

There's a consensus among experts that these basic emotions are anger, sadness, joy, surprise, shame, and fear. In anger, for example, the stare becomes fixed, eyes widen, and the brows contract; the lips compress and the body tenses. The impulse is to mobilize and move toward the object of the emotional response, so as to take control or eliminate the obstacle. When a client sits in front of me and tells me she has no idea how she feels, it helps me immeasurably to know that, in all probability, she's feeling her own version of one of these six core emotions.

We have evidence that just naming emotions—literally putting feelings into words—seems to calm down amygdala activity in the brains of subjects viewing negative emotional images or faces. So it may help us "trust" emotion and see it as a positive tool in psychotherapy if we can keep in mind the elements that make up an emotional experience. First, there's a cue from the environment. This is followed by an initial general perception (such as "bad") and orientation to this cue and physical arousal. The meaning of cues and sensations is further evaluated in a more reflective cognitive appraisal. All these things prime a "move"—a compelling action tendency. These reactions all happen inside the skin, but they don't stay there. Emotion isn't silent or hidden.

The signals that accompany this process create what psychologist and author Daniel Goleman calls a "neural duet" with others. Much of the time, this process is implicit and instantaneous. Mike turns away when Emma asks him about his day; Emma picks up this cue and her brain frames it as "bad" and "dangerous"; Emma's heart rate speeds up, and her body tenses; she scans for what this means and hits on "I'm losing him, he doesn't want me"; she moves closer to Mike and, in an intense voice, says, "You never want to talk to me, anyhow"; Mike hears anger, so he closes down and shuts her out.

Once the cue has occurred, all these elements are shaped by Emma. In this distressed relationship, she constantly monitors Mike's responses and is exquisitely sensitive to any potential rejection from him. At the first sign of rejection, her mammalian brain lights up in alarm. Neuroscience researcher Jaak Panksepp calls this alarm "primal panic." The neural circuit used here is the accelerated pathway through the thalamus to the amygdala; information about the responsiveness of an attachment figure has enormous survival significance, so the slower route through the reflective prefrontal cortex is bypassed. The meaning Emma makes here—that she's unloved and Mike is cold and mean—reflects experiences that remind her how dangerous it can be to reach for others. She moves close to lessen her sense of threat and pushes for a different response from her husband. He sees her as intrusive. When he moves away, he confirms her deeper fears, and so helps to shape

her ongoing experience.

Emma's is trying to regulate her emotion. Regulation isn't something we do to emotion; it's just part of the process. As Dutch psychologist Nico Frijda puts it, we're continually shifting the balance between letting go and restraint. We have reactions to our initial sense of what's going on, and we try to cope with them as they're happening. This translates into different levels of emotional experience. At the end of this drama, which takes six seconds at most, Emma explodes in reactive anger. If we were to stop the frame at her first visceral response, we'd call her emotion *fear*. Her overt anger is a response to her sense of threat.

An emotionally focused therapist would see her anger as secondary and the fear as her primary emotion. If she could slow down and pay attention to her fear, her action tendency might be different; for example, she might ask for reassurance. She could also, conceivably, have reacted to her own fear by moving into numbing, especially if she'd accessed thoughts of hopelessness and helplessness as part of her search for meaning. But she doesn't register her fear. When she talks about this drama, she looks angry and blames her husband for his coldness.

Not only do we have different levels of emotion, we have reflexive emotions—emotions about our emotions. Clients often have deep anxiety about the catastrophe that awaits if they stay with their primary softer emotions, like sadness or fear. The general list of negative expectations can be framed as responses to the open-ended sentence, "If I become open and vulnerable, I'll find that I'm. . . ." The answers—which can be summarized as the 4 D's—are: defective, disintegrating, drowning, or dismissed. This list seems to cut across gender, class, and culture.

Clients express these fears as follows: "If I feel my softer, deeper emotions, this means that I'm weak or inadequate; others will see me this way and reject me"; "If I feel this, I'll become more and more distressed; I'll lose myself"; "If I feel this, the emotion will never go away—it'll go on forever, and I'll drown in it"; "If I feel this, no one will respond or be there to save me."

Emotions "are of the flesh, and they sear the flesh," said Frijda. Until recently, the parallels between emotional pain, such as rejection, and physical pain, like burning your arm, were thought to be purely because of shared psychological distress. Now it's clear that there's a neural overlap in the way we process and experience social and physical pain. Tylenol can reduce hurt feelings, and social support can lessen physical pain. As predicted by Attachment Theory, emotional isolation and the helplessness associated with it seem to be key features of this emotional pain. Our need for connection with others has shaped our neural makeup and the structure of our emotional life.

Once we can name implicit core emotions, track them through our clients' nonverbal communication, and thus create an integrated emotional experience by identifying all the elements and placing them in an attachment context, it isn't difficult to work with clients who are usually inexpressive or unaware of their feelings. When clients can touch their core emotions, implicit cognitions about the self, others, and the nature of life emerge and become available for review. For example, withdrawn partners often share deeply held negative beliefs about the inadequacy of the self. So we can understand the nature of emotion, its key elements, its different levels, and how it connects to action, cognition, and interaction, but sometimes being around strong emotions feels just plain dangerous.