

When Does Emotion Go Wrong?

When we can access, regulate, and integrate our emotions, they provide an essential guide to living. But emotions, like everything, can go wrong. They're like "best guesses" as to what we should do in a situation, not "surefire winning solutions," says Stanford psychologist James Gross, who's done extensive research on emotional regulation. Demystifying the problems that occur with emotion can again increase confidence that emotion shouldn't be feared by clients or therapists.

For better and for worse, strong emotion tends to restrict our range of attention. A negative emotion, like fear, can elicit irrational beliefs. It can flood us so that we can't think straight or only think in constricted, black-and-white terms. One metaphor that's now taking hold among my neuroscience colleagues is that the brain is a ruthless capitalist, which budgets its resources. Being afraid and trying to calm yourself is expensive in terms of resources like blood and glucose; areas specializing in cognitive tasks, like the prefrontal cortex, get starved.

In simple terms, therapists and clients describe problems in terms of too much emotion, too little emotion, or conflicting emotions. Emotions can be overwhelming and create feelings of disorganization or chaos. Some clients can connect with different elements of their emotional experience, but can't order them into an integrated coherent whole; they use words like *fragmented* and *confused* to describe their inner life. Traumatized clients speak of being hijacked by all-encompassing emotional experiences in traumatic flashbacks. Other clients report feeling flat or cut off from any clear sense of their experience; their inability to formulate or name emotions leaves them aimless, without a compass to steer toward what they want or need. Many clients express conflicting emotions. In couples therapy, they speak of longing to be close and fearing to be close. In individual therapy, they may deny the fear laid out in a previous session, shame at vulnerability now blocking the recognition of this emotion. Specific strategies for regulating emotion can be problematic as well, especially if they become habitual and applied across new contexts. Therapists working with trauma survivors need to validate that, at certain times, it's functional and necessary to compartmentalize or even dismiss emotion. Alan, an Iraq War veteran, tells me, for example, "When you're landing a helicopter under fire, you just focus on the IAI [Immediate Action Item], coping. Get the chopper down. Never mind your fear. Just step past it and focus on the task." This saves Alan's life on deployment. But if suppressing emotion becomes a general strategy, it turns into a trap. Numbing is the most significant predictor of negative outcome in the treatment of PTSD. It also sends Alan's marriage into a spiral of distress that further isolates and overwhelms him.

A clear model of emotional health has five: be able to tune in to your deeper emotions and listen to them; order your emotional experience and make it into a coherent whole; keep your emotional balance so you can trust your experience and follow your inner sense of what you need; send clear, congruent emotional signals to others about these needs; and reciprocally respond to the needs of others. Buddhist teacher Jack Kornfield speaks to these goals in his book *The Wise Heart*, where he suggests, "We can let ourselves be carried by the river of feeling—because we know how to swim."

We all encounter negative experiences and emotions; that's simply how life is. But humans have an invaluable survival adaptation: when we're emotionally stressed and our prefrontal cortex is "faint" from hunger, we share burdens and turn to others for emotional and cognitive sustenance. When we can learn—often with the help of another who's a "safe haven" for us and can offer an extra prefrontal cortex—that negative emotions are workable, that we can understand them and find meaningful ways to cope with and embrace them, they lose much of their toxicity. They can become, in fact, a source of aliveness.

Countless studies on infant and adult attachment suggest that our close encounters with loved

ones are where most of us attain and learn to hold on to our emotional balance. This echoes ancient Buddhist wisdom encouraging practitioners to meditate on the faces of loved ones or on the experience of being held as a way of finding their balance in an emotional storm. Secure connection with an attachment figure, or a surrogate attachment figure—a therapist, for example—is the natural place to learn to regulate our emotional responses. It's when we can't reach for others or access inner models of supportive others in our minds that we resort to more problematic regulation strategies, such as numbing out, blowing up, or rigidly trying to control our inner world and loved ones. The attachment perspective allows a therapist to see past these secondary strategies to discern deeper, more primary emotions—the desperate loneliness and longing for contact behind apparently hostile or dismissing responses, or the sense of rejection and helplessness underlying a withdrawn person's apparent apathy. The attachment perspective asserts what neuroscientists like James Coan are discovering in their MRIs: regulating emotions with others is a baseline survival strategy for humans. Effective self-regulation, behavioral psychology's mantra for years, appears to be dependent on and emerge from positive social connection.

Emotion in the Consulting Room

Emotion matters. When it's dismissed or sidelined, the tasks of therapy lose personal relevance, and thus positive outcomes are limited. Significant change requires "corrective emotional experiences". Nearly all therapy models now agree on the necessity of creating safety in session, if for no other reason than to facilitate open exploration of one's problems. This safety is particularly essential if a client is to engage with and explore difficult emotions.

In the treatment of problems such as depression, across different models, "collaborative," emotionally oriented interventions have been found to predict positive outcome better than more expert-oriented, "coaching" interventions. *Collaborative* means that therapists join clients wherever they are—in their reactive rage or numb indifference—and find a way to validate these responses before exploring any unopened doors or alternative angles. Rogers told us long ago that the more we accept ourselves and feel accepted, the more we're open to change. This means resisting the pressure to fix problems instantly, and rather finding the inherent logic in how one is feeling and acting in any one moment.

Emotion is fast, so it makes sense to slow things down so that emotions can be processed in new ways. In EFT couples research, the initial level of a couples' distress *doesn't* significantly predict outcome, but the level of engagement in the treatment process does.

An Emotional Focus

Experiential therapists learn to use emotion as a touchstone—to stay with, focus on, and return to emotional experience, constantly tracking emotional responses and developing them further. Creating a corrective emotional experience begins with this process. To stay here, rather than to move on to focus on modifying behaviors, creating insight, or offering advice requires a willingness to be relentless in guiding clients past tangential issues. This is infinitely easier if you have a basic knowledge of the science discussed above and a systematic way of working that's been empirically validated with different kinds of clients. All this offers a secure base for intervention, but it still isn't easy to keep reflecting and repeating the themes that show up in each client's emotional responses until the ordered patterns in experiencing and interacting emerge and their consequences become clear. As this process is repeated and tentative fresh meanings emerge, often in the form of evocative images, a new, coherent picture of inner and interpersonal realities is formed. Fragmented and unformulated elements are integrated into a new whole, which opens up new possibilities for action.

Therapies that privilege emotion, such as EFT and Accelerated Experiential-Dynamic Psychotherapy, state that the most powerful way to work with emotion is in the present moment, as it's happening and being encoded in the neurons and synapses. Working with emotion from the bottom up, as it's being shaped, makes for a vivid encounter with key emotional responses. Clients usually start a session by giving a cognitive account of their feelings or going over past emotional stories. But to access the true power of working with emotion, the therapist must bring pivotal emotional moments and responses into the session. This creates an intense spotlight on process, the specific way emotion is created, shaped, and regulated.

Mostly, we act as if emotions simply happen to us; we don't see how we shape our own experience and induce negative responses from others. Viewing experience as an active construction is empowering. Clients are then able to face the ironic fact that their habitual ways of dealing with difficult emotion—ways that may have gotten them through many dark nights of the soul—now trap them and create their ongoing pain. Once difficult emotions become clear and workable, clients can better hear and empathize with the other partner. They begin to own their problematic emotions, move past surface responses into deeper concerns, and take a metaperspective on inner processing and interpersonal responses. But this is only the first stage in personal and relationship change.