

USABP/IBPJ FORUM

The Future of Emotions

Les Greenberg & Raja Selvam

Moderator Liam Blume



Les Greenberg



Raja Selvam

Our forum brings together two distinguished pioneers in the field of emotion: Dr. Leslie Greenberg, creator and co-developer of Emotion-Focused Therapy, and Dr. Raja Selvam, creator and developer of Integral Somatic Psychology.

Dr. Greenberg is the recipient of the APA Award of Distinguished Professional Contributions to Applied Research and the Carl Rogers Award. A pioneer in the important work of applying research on emotions to the process of psychotherapy, he is co-author of the major books on emotion-focused approaches to psychotherapy. His publications include 102 peer-reviewed papers, 89 book chapters, and 17 books, of which his most recent is *Changing Emotion with Emotion: The Practitioner's Guide*.

Dr. Raja Selvam is the developer of Integral Somatic Psychology and author of *The Practice of Embodying Emotions: A Guide for Improving Cognitive, Emotional, and Behavioral Outcomes*. He is also a senior trainer at Somatic Experiencing International and has trained professionals for 27 years in two dozen countries on six continents.

— Liam

Les and Raja, if you were to apply a retrospective lens, what drew you into the field of emotions?

— Les

I was an engineer before I became a psychologist. I transitioned from engineering to psychology, and in that process, I took a course on perception. We

wore inversion glasses that, after a few minutes, turned the world upside down. When I took the glasses off, the world was still upside down. It really hit me that our brain constructs the world, and that what we see out there is really not necessarily what is out there. It's what our brain makes of it. It confirmed my drug experiences in the 60s and 70s that you can alter perceptions of reality by some sort of different processes.

— Raja

I come from another field as well. My first PhD is in the field of marketing from Northwestern University in Chicago. In retrospect, my emotional difficulties brought me to psychotherapy as a client, and from there it was a natural progression to become a licensed clinical psychologist.

— Les

What drew me to this field was seeking greater social relevance. I come from South Africa, and even though I was an engineer who was not very politically oriented, I was involved in fighting against the apartheid government.

When I moved to Canada, I needed greater social relevance. I moved from studying outer space to studying inner space. What really motivated me was that in my final year of engineering, I solved a math problem that no one else in my class had solved, and I didn't know how I knew how to solve it. I became fascinated that I know more than I can say, a notion presented by Michael Polanyi in *Personal Knowledge* and *Tacit Knowledge*. I didn't know that pursuing the mechanism of knowing more than I can say would lead me to emotion and into psychology. I had more of an investigative motivation than a helping motivation, though I was also interested in working with people.

I have a funny story; I became an engineer because I liked working with people. That may sound like a contradiction, but I wanted to be a nuclear physicist. I went to a guidance counselor who told me that because I liked working with people, I should become a nuclear engineer, because engineers work with people more than background physicists.

— Liam

With regard to the future of emotion in mental health, what are some ways you would like to see forward movement? Is there something that really stands out for you?

— Raja

Given my orientation and knowledge of the recent literature on embodiment and embodied emotions, I would like to see as many modalities as possible work with the body. We now know – through research paradigms of embodied cognitions and embodied emotions – that cognition, emotion, and behavior depend on the body. I would like to see as many modalities as possible focus on embodiment,

in that they would pay more attention to the body in whatever way possible. That's one of the reasons I joined the USABP Board – not to represent certain body-oriented modalities, but to bring the science to all modalities. I want all modalities to know, beyond USABP members and its Alliance of Somatic Educators, that they can be more efficient in their work if they include the body.

I would also like to see more modalities make emotion the central part of their work. When I was doing research for my book, I was so glad to run into Les' work because, in a sea of cognitivism and behaviorism, he'd already made emotion the focus! I'm quite grateful to you, Les, for that.

Science is now catching up, and the research on embodied emotion shows that if you don't embody emotions, or if the emotion is blocked in the body, the brain is not efficient at processing cognitions, behaviors, or emotions. So I would love to see more of the body, more of embodied emotion, in as many modalities as possible, so that we can all better serve our clients.

— Les

My focus has been on emotion. I moved from being very cognitive, conceptual, and rational as an engineer towards the appreciation of emotion. Then, through the appreciation of emotion, I moved to appreciation of the bodily felt sense. There are different ways of conceiving of the body, but I'm always struck by how we live from our bodies, and that – even in tacit knowledge – we attend to the world from the body. There's always something going on in the body that is the basic source of information. So, I also hope to see the body more included.

I want to make the point that I think emotion and the body are more important than cognition, behavior, and interaction. The primacy of emotion is important, and emotion includes the body. I hope this perspective will become more and more acceptable.

Liam, you told me that the APA does not favor anything that has *somatic* in its title in terms of their support of Continuing Education (CEs). That is a deep tragedy! Emotion used to be in that role – emotion was regarded as an epiphenomenon. I hope to contribute to seeing emotion as a phenomenon in itself, as is the body. My hope is that it will be recognized!



***“The world affects the body, and emotion
is an assessment of the impact a world situation has on a person.
Given that, I refer to all these terms
– mood, affect, emotions, feelings, etc. – as emotions.
I like to broaden the definition of emotion all the way to just feeling good or bad.”***

— Liam

There are many here who are glad to hear you affirm this! There are a lot of different terms for emotions – “mood,” “affect,” “emotions,” “sensorimotor emotions”... Would you talk about how you use these terms?

— Raja

I’ll jump into that. There are different ways to define emotions. The definition I like is along the lines of what Les just shared. The world affects the body, and emotion is an assessment of the impact a world situation has on a person. Given that, I refer to all these terms – mood, affect, emotions, feelings, etc – as emotions. I like to broaden the definition of emotion all the way to just feeling good or bad. How is a situation affecting my welfare? Is it bad? Or good? We can make emotions available all the time, as opposed to having a certain list of emotions – primary emotions, secondary emotions, etc. When people come to us and say, “I feel bad; help me,” feeling bad is a good enough place to begin using emotion. That’s an example of what I call *sensorimotor emotions* – terrible term, but I just came up with it and now I am stuck with it.

— Les

I agree with your definition that emotion is evaluation or appraisal of a situation in relation to our needs. It’s saying how the world is impacting us, whether our needs are being met or not. At a clinical level, I use the words interchangeably – emotions, feelings, affect, and sensation – depending on which seems to best fit the context.

I did a search years ago and found that over the years, more philosophers than psychologists used these words interchangeably. Some said, “Affect is this.” And another said, “That’s emotion, but affect is this.” There’s a fuzzy boundary and confusion. I use this analogy or metaphor from Damasio: a tree. Think of the tree – there’s the roots and the main trunk of the tree, which is the affect system. The affect system refers to the physiology and to the fundamental evaluation, “Is it good or bad for me?” Then the main branches of the tree are the categorical emotions like anger, sadness, fear, shame. The tree’s small branches and leaves are the way feelings are used in English in a more differentiated fashion – like, “I feel embarrassed,” “I feel in awe” – that’s what Damasio proposes. But

that leaves out the sensory feelings. So I've added the bark of the tree. The bark of the tree is rough or smooth, which incorporates sensation as one of the four elements. So, affect is generally the whole system; emotion is the categorical; feeling words are more social-cognitive; and sensory feelings are the bark. That's how I use these terms formally, but in clinical practice, I use the words as they best fit the context.

I don't want to hog the microphone, but I want to go back to the future. Raja talked about the hope of the body becoming central. I also want to add the idea that the best way to change emotion is with another emotion. I hope this will become empirically validated. Up until now, it's been, "You change emotion by changing cognition," or "You change emotion by changing motivation, or interaction, or physiology." I'm saying that one of the best ways to change an emotion is with another emotion. I really hope for that to become a more central understanding.

— Raja

Here, we slightly differ. My experience is that the best way to change emotion is to develop more capacity for the emotion by expanding it in the body so that it becomes more bearable. The benefit is that it improves the brain's capacity to process the situation cognitively and behaviorally, which in turn helps change the emotion.

— Les

That's interesting. I read your book recently, and I do think that increasing the capacity to tolerate emotion is important. But in the 60s and 70s, as you know there was a movement towards "come to accept your feelings" and "it's good to feel your feelings." My key development was recognizing that, yes, you have to increase the capacity to tolerate emotion, but some emotions are traumatically-based and maladaptive. Yes, you have to arrive at them before you can leave them. But, you also have to leave them, and that means transformation.

For example, we have to take people to their core shame. You have to feel shame to change shame. But then you also have to change it, and you change it by feeling other emotions – like feeling pride. Pride will change shame, or empowered anger will change shame. So it's not only a matter of increasing one's capacity – which is very important, and is

the first step – but then, we also need to step into something new. Both acceptance and change are what I see as important.

— Raja

In the 60s, and even today, the focus is not on developing a greater capacity for emotion. The focus has been on the cathartic expression of emotions, and that does not necessarily develop a greater capacity. The reason why I say we need to develop a capacity is not for the sake of developing the capacity, but for the change it can lead to. It improves the brain's ability to process the emotion and the situation – cognitively, emotionally, and behaviorally. This can lead to change, or at times to another emotion. For example, when I work with shame, it sometimes leads to pride. But sometimes, it leads to the resolution of the issue of shame itself. Sometimes it leads to change in behavior, sometimes to change in cognition, which in turn leads to change in emotion. There are quite a few ways to change emotions, not only by bringing in another emotion. But you are the pioneer in this field. You have made emotion the focus of therapy, and now, neuroscientists say it is emotion that determines cognition and behavior. You know the recent developments, and you know better than anyone all the ways to change emotions.

— Les

This is really interesting. I really liked you saying that developing a greater capacity for emotion helps to process cognitively and behaviorally in a better way. I'm saying that another emotion has to arise. You're absolutely right about the distinction between catharsis and expanding capacity. But if you are afraid of being on a horse, you fear horses. From a behavioral perspective, you get up on the horse and have a successful experience, and then you can ride a horse. The issue is, if you get up on the horse and you're still afraid, you won't change your fear of horses. Getting up on the horse and feeling joy, or feeling excitement, that's what changes the emotion. It's not only that you have a greater capacity to think more broadly; you actually have to feel another emotion to change the original emotion.

— Raja

I totally agree with that. I just wanted to say that the embodiment of emotions not only helps to better process the situation cognitively and behaviorally



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when I’m sad, I have sad memories.
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When you have a new emotion, then you begin to make new meanings.”***

rally. but, most importantly, emotionally as well. For example, in your case, it could be that when they get on the horse, they feel a sense of safety. That’s what we would expect. Depending on the clients, when embodied, some go there on their own, and sometimes you have to bring them to it.

— **Les**

How do they go there on their own? Implicitly or explicitly, they have another feeling. We can agree to have a slightly different...

— **Raja**

I’m in agreement. The question is, do they arrive at the emotion on their own, or do you focus on cultivating it in them? It depends on the client. Other than that, we are not in disagreement at all.

— **Les**

When they arrive at it on their own, what they’re arriving at is a new feeling that changes the old feeling. That’s the point I’m trying to make.

— **Raja**

That’s the point – from shame to not feeling shame one way or the other. That’s good enough for me.

— **Liam**

Les, you have talked about processing all the way through arriving and leaving. A corrective emotional experience also means making meaning. Does that resonate with you in terms of process?

— **Les**

I see making meaning and changing the narrative as the final consolidating step, not as the originating step. People in narrative therapy say change the story: reframe, and cognitively restructure. I say that you have a meaningful change in meaning only if you have a change in emotion. Certainly, changing emotion leads to making a new meaning. There’s evidence that when I’m angry, I think angry thoughts; when I’m sad, I have sad memories. This is the evidence that emotion influences cognition. When you have a new emotion, then you begin to make new meanings.

— **Raja**

What Les is saying is absolutely right. Neuroscience is saying it’s emotion that determines every aspect of cognition and behavior in every moment. Les has been further on the psychological path than neu-



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roscientists. We now have the science and practice coming together.

— **Liam**

Les, can you incorporate action tendency into where we are in this discussion?

— **Les**

The one thing that’s true neuroscientifically is that you can’t locate emotions in the brain. You can’t locate a site. Initially there were attempts to do that, but if you think about it, it was a stupid question. Where is emotion? Where is anger in the brain?

Anger at somebody who cuts me off on the highway is different than anger at my child, or my wife, or someone insulting me. What is most fundamental about emotion is the *action tendency*. Fear organizes my body for flight. Fear is not behavior; it’s an action tendency.

When I was an engineer and came into psychology, I definitely thought emotion was what you feel. The biggest shift for me was to understand that emotion is actually the action tendency – *it’s not the feeling*. The action tendency is fundamental. If you feel shame, the action tendency is to shrink into

the ground. Then, if you feel empowering anger, the action tendency is to thrust forward to protect your boundaries. You can’t shrink in shame and thrust forward in anger at the same time. That’s one emotion changing another emotion at the most basic level by changing the action tendency. It’s not replacing the old emotion, because part of my theory is that the transformation takes place by synthesis. The shame action tendency... the anger action tendency... and the neurochemicals synthesize. Like blue blending with yellow makes a third color – green; two emotions blend and make a third emotion.

— **Raja**

Neuroscientists are now finding that we cannot separate the brain physiology – of cognition, emotion, and behavior. In every emotion there’s an implicit meaning, an implicit evaluation of the world in relation to me, and there’s an action tendency. You cannot separate them out. It’s good to separate them out for analytical or clinical purposes, but we have done it for so long that we believe that they are actually separate. People have gone looking for different functions in different brain areas, and

have come up with maps. But currently, neuroscientists are saying they cannot be separated from each other. How do you separate a child's bonding experience with the mother from the action tendency to want the mother? The child's love for the mother has the action tendency to want the mother, and whether the child has language or not, one can see the mother is a favorable object the child wants to move toward.

— **Les**

I agree. The only thing is that the word *cognition* is undifferentiated. Cognition, through cognitive therapy, has come to mean thoughts and beliefs in language. That's not cognition. Cognition is attention. It's memory. It's perception. And then, there's language. The meaning appraisal in emotion is not in language. In 1/50th of a millisecond, without any conscious thought, I appraise, "Is this novel?" or "Is this dangerous?" Emotion is our primary meaning system. My brain has a global apprehension; it reads global patterns and gives me a reaction without my thinking about it at all.

— **Liam**

Do you think the future of working with the inner experience of a client rests on a constructionist approach or an evolutionary perspective? There are many debates about where we are, how it's all happening.

— **Raja**

Are you talking about a Lisa Feldman Barrett-type of constructivism? As a clinician, I find value in all the perspectives. I'm not dependent on academic publications in order to make tenure. I find validity in all valid research findings. Lisa Feldman Barrett says all the research done on the evolutionary path is wrong. I think she's completely wrong on that one. There is considerable research about the work of Ekman and his predecessors. I don't care where emotions come from – emotions are generated, and I'm working with them. I see the evidence and don't get into disputes. Les, what do you think?

— **Les**

I agree with you. As an academic, she has a point, but I disagree with her totally. I developed something I called a "dialectical constructivist perspective," which says that when there's a feeling, the way we make sense of it creates what it's about to become. It's an integration. She basically says

that it's all constructive in the end, and I'm saying there's a complex interaction between the two. But it's important that, as a clinician, you want to know what implications this has for practice. If you're a constructivist, you don't pay attention to the body. If you're a social constructivist, everything is in language, and everything is generated by the brain in its imagination capacities.

— **Raja**

She is actually based quite a bit in the body. Her book is very dependent on how body sensations are gathered – primarily through the body physiology, which includes brain physiology. She also uses the idea that you abstract from those sensations in a higher order body map – what Damasio calls emotions.

— **Les**

The problem is that she accepts arousal and valence only in the physiology. She denies that anger, sadness, fear, shame, or their elements are separate. She uses the body in a primitive fashion with only arousal and valence, and doesn't acknowledge there's much more complexity going on in the body.

— **Raja**

Absolutely. I agree.

— **Liam**

I also hear her talk about the brain as predictor.

— **Les**

The brain is a predictor. But your basis for prediction is the bodily felt sense of what it seems is going to happen. That bodily felt sense is beyond thought and conceptualization. Just as firefighters can tell when a building is about to collapse, based on the smell of the smoke or the visual color of the fire, information is integrated and synthesized in the body, rather than through thought. The brain does predict the future, and we definitely live by that, but emotion is guiding those predictions.

— **Liam**

Let's turn to some participant questions. Sabrina asks, "Is the ability to increase the capacity to tolerate emotions akin to developing greater ego strength or in-the-moment consciousness or mindfulness?"



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That’s one of the motivations for me to pursue this line of work.”

■ **Raja**

All of the above. When we develop more capacity for emotions, our ego becomes more functional in the world. We will not act out because having more capacity gives the brain more time to think about the situation – cognitively, behaviorally, and so on. It definitely increases mindfulness. In fact, on all the spiritual paths, one of the basic qualifications for enlightenment is the ability to tolerate emotions. That’s one of the motivations for me to pursue this line of work.

■ **Les**

Tolerating emotion, which is what the cognitive-behaviorists talk about, is similar to increasing your capacity? Raja, I’m asking you that question...

■ **Raja**

No, cognitive-behavioral therapists are trying to use either cognition or behavior to change the emotion. Tolerating emotion is the ability to feel the emotion in the body without forming symptoms – cognitively, behaviorally, or emotionally.

I’ll give you an example. I worked with a woman this week in Chicago, who, when she sat down for the demonstration, said she wanted to work with anger. Somehow, I had a sense that was not her issue. She was using anger defensively without being aware of it. Developmentally, she was born prematurely, in an incubator, had several near-death experiences, and her relationship to fear was not good. As she came into her body and felt the fear, we made it more tolerable by expanding the fear of dying from the chest to the abdomen and so on – until she could sit with it. This led to a big change in the physical symptoms she has been living with for a long time. She just sent me an email: “My thinking has changed. My thinking is now not so focused on today’s emergencies. I’m thinking about the future.” Because she now has the ability to sense and tolerate the emotion of fear – she got in touch with it, and feels safe – she has emotionally changed.

One of the surprises for me has been in observing how, as more places in the body are able to consciously experiencing the emotion, how quickly not only emotions, but also behavior and cognition change.

— Les

I agree with you totally. I had this insight reading your book about the difference between what you mean by expanding the capacity to tolerate emotion, versus what DBT teaches about tolerating emotion. The DBT behavioral way of tolerating really means not getting too emotional, whereas what you're talking about is the capacity to sit with it and go into it.

— Raja

Yes, dive deeper into it! Sometimes people ask me if it is just tolerating? No, it's *welcoming* into the body. When I got involved in this field of body-oriented psychotherapy, I found that Reichian and neo-Reichian strategies – you're familiar with these from the 60s and 70s – focused on how the body blocks emotions, how it wants to defend. My focus is on working with the defenses to uncover the emotions in the body, which leads to a greater capacity to tolerate them. For example, if you carry a 50-kilogram bag, is it more strain for the shoulder to carry it with one arm? Or is it more strain to carry it with two arms? You have less strain if you carry it with two arms. That's the intuitive logic I give my clients who sit there thinking, "I came here to get rid of my anxiety – why are you asking me to spread it from my chest to my belly?" A lot of education is involved in this process.

— Liam

A question to Les from Mark Ludwig: "Can you elaborate on the psychological mainstream's resistance to the centrality of emotions as you mentioned?"

— Les

First, Western rationality privileged control of the process. The majority of psychologists were men, and men had a much more difficult time with emotion and with process – with the fact that things change moment by moment. Emotion is process-oriented. But all over the world, emotions are dreaded. I've traveled a lot in Eastern countries where they deal with the fear of emotions differently. In the West, it's through control or rationality. In more spiritual or Eastern traditions, it's distancing and observing the emotion, and letting it come and go. These different ways of approaching emotion are all based on the fear of emotion. The issue is that emotions happen to us! We don't make them happen, and because of that loss of control, people are

very frightened of them. That's what we're dealing with in helping people tolerate emotion.

— Raja

The field of psychology has added to this through its emphasis on behaviorism and cognitivism, on making meaning as the way of change. Without doubt, a change in meaning leads to behavioral and cognitive change. But it runs counter to Les' lifetime experience, and to the latest neuroscientific findings in affectivism, which show that it is emotion that determines cognition – rather than the other way around.

— Les

I grew up as an engineer, highly rational, but I knew I had feelings. I had feelings as a function of my family history and of my identity. But I had nowhere to put feelings, so I was living a dichotomous true-self/false-self or public-self/private-self. I knew I had feelings inside, but they didn't have a place in the public rational domain of other male engineers. I felt those feelings were determining what was going on in my life. I started off with meaning as central, and it took me time to get to the fact that my emotions produce my meanings.

— Liam

A question from Rick Lepore: "Do you see helping someone increase sensorial awareness as a way to cultivate connection with emotions?"

— Raja

This is a very important point that I really want to emphasize. Tracking body sensations in detail has become very popular in the last 20-35 years. It came through Vipassana and the Vipassana-based practice of mindfulness-based stress reduction. We know now that when I track bodily sensation – constriction here, strength here, or tingling here, they regulate me. When I sense my heartbeat is fast and become aware of it, there's an automatic feedback loop that reduces it. It's a great way to regulate whatever state I'm in. However, what has unfortunately happened – which I have to correct in every training I do – is that people are taught that experiences of emotion in the body are the same as sensations in the body. This is a complete myth. I've written an article about it on my website called *How to Avoid Destroying Emotions When Tracking Body Sensations* (<https://integralsomaticpsychology.com/how-to-avoid-destroying-emotions-when-tracking-body-sensations/>).



“However, what has unfortunately happened – which I have to correct in every training I do – is that people are taught that experiences of emotion in the body are the same as sensations in the body. This is a complete myth.”

Damasio says that emotions can be generated in different ways. They can be generated in the brain through neurotransmitter action, either through instinctual circuits honed by evolution, or through the longer circuits involving culture. They can also be generated through higher-order body maps of sensations that arise from physiological reactions to the situation. When the body is afraid, instead of staying with the higher-order body map of fear, if I go in and say, “Oh it feels bad here; it feels tingly here,” focusing on such sensations, I would drop down to lower-order body maps, and the emotion would go away.

I learned this in the early 90s when long-term Vipassana practitioners came to me for anxiety attacks. Somatic Experiencing had just become popular. They came to me thinking they could get cured. I would ask, “What causes your anxiety?” and they would answer, “Panic... I can’t afford to pay the alimony...” and so on. I would continue, “Where do you sense the emotion in the body?” By then, I had read *Molecules of Emotion* by Candace Pert, where she says emotion is in the body, where it spreads

very quickly. From a body psychotherapy point of view, we tend to block emotion, so I wondered, what happens if we undo the blocks and spread the emotion? Will it create capacity? That was the emergence of my emotional embodiment work in a rudimentary form. So I would ask, “Where do you sense emotion in the body?” and they would point at their chest. I would go on, “Please pay attention to it a little bit... where else?” And they would quickly come into a peaceful state. When I asked what they were doing, they said that they were taught to go to the body and track sensations where they had a difficult emotion – track the qualities of constriction and so on. They were going completely *away from the emotion* and the context that generated their anxiety. Since then, I’ve been warning people about it, even in Somatic Experiencing. The moment people are taught to track body sensations, it’s like God handing them a torch. By going to the body and tracking body sensations, they can quickly torch their emotions along with all the cognitions, memories, everything. I’m glad I got a chance to make this point!



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— **Les**

Wonderful articulation. I’d love to get this paper. I haven’t heard this point articulated that well. I agree; I see people destroying emotions by paying attention to their bodies, the tickle here and the tension there, but I haven’t been able to articulate it like that.

— **Raja**

I have to live with it all the time because I’m teaching a body-oriented course on trauma. In my course, I never ask students what they’re sensing in the body, or where they sense the emotion in the body. Only in the final integration stage do I have them notice sensation in order to see the benefit it has on the body. I’m very specific about it.

— **Les**

This brings to mind Gendlin and Focusing. Do you think about that at all? He talks about the feeling of all of it.

— **Raja**

I’m a fan of Gendlin, but I’m not a fan of the focus on sensation in Focusing, for this reason. Fo-

cusing has a tendency to track bodily sensations, because it brings the body back to a neutral state. I don’t like unpleasant emotions, and I don’t think you do either. So if you give me a tool to quickly go away from my emotions, to regulate my body and breath, I will use it.

— **Les**

I think Gendlin’s initial intention was not to track body sensations, because he always talks about feeling all of it, but you’re right; its often misused in that way.

— **Raja**

Gendlin was a pioneer in embodied cognition.

— **Liam**

Les, maybe you could share your thoughts about trans-diagnostic therapy or the concept of being trans-diagnostic, because that’s one of the other pieces you talk about.

— **Les**

In the medical context, the only way you could get a research grant was to study a particular diag-

nostic group. There are treatments for depression, for anxiety, for eating disorders, and so on. In reality, we've always had the same treatment for all groups. Different diagnoses are not particularly helpful in knowing how to intervene. I can intervene the same way with someone who has anxiety as I do with someone who has depression. The same intervention can be used with all kinds of groups. A trans-diagnostic treatment is a particular way of thinking about how to work with the cause of problems, such as blocked emotions. It doesn't matter what diagnostic grouping you are in; what's important is having a case formulation for a particular client. What is their core emotional processing difficulty? Then you intervene based on that, not on the diagnostic group. That's a trans-diagnostic treatment.

— Liam

The issue that emotions are located in the amygdala keeps coming up over and over.

— Raja

There's no doubt that the amygdala seems to be involved in strong emotions, including fear. But I don't believe that emotion is generated more in one place than another. The functional specialization perspective tries to locate emotions in different body parts – in Chinese medicine, it's in different organs. In neuroscience, it's in brain parts, like the amygdala or hypothalamus. This has its limitations. I believe in the more dynamic systems perspective, that the entire physiology is involved in the generation and experience of emotions and cognitions. There might be some specialization, but there's simply too much focus on the amygdala. When people talk about the fear of dying, you know where they experience it? In the heart! Or, in the gut! They feel it everywhere. Often, they say, "I feel it everywhere – in my brain and body, all over!" I have a hard time believing that it's somehow located in one place. I've become skeptical about functional specialization. However, research is important, and when it comes to severe dysregulation, targeted medication can be useful.

— Les

My view is that the amygdala does play a role in appraising situations and making evaluations, especially of safety. But there's a deeper issue, which is that brain and neurological research is in its in-

fancy. I don't know if you've heard of the phenomenon that happens when they put dead fish in an fMRI machine. It results in all kinds of activities. A dormant, dead organism shows all kinds of activity. We don't know what's really going on in the brain, but everybody turns to the brain because this is the high-level hard science. We have to understand that these are theory games. I have a colleague who showed that depending on the make of your fMRI machine, it gives you different results.

Even with personal medical issues, the information you get is tentative; it's not definitive. They picture theories; they help us think about things in different ways. I do think the amygdala probably plays an important role, but it's not where emotion is by any means.

— Raja

In his book *Looking for Spinoza*, Damasio attributes the emotion processing function to the amygdala, and the execution function to the brainstem with the autonomic nervous system base nuclei. Candace Pert, a molecular biologist, says that sometimes emotion seems to arise from the body first, not the brain. Eastern psychologists say all the impulses are coming from the subtle body, the quantum level body. Interestingly, the APA, who will not let somatic psychology in the door, has approved EFT, the energy psychology method – the Emotional Freedom Technique – and Thought Field Therapy. It's a such a simple technique, and it really works, and has over 30 outcomes studies all over the world. I hope that in the future of body psychotherapy we also include energy psychology.

— Liam

One more question. What is the relational dimension in the change process? A la Fosha, relational holding is the catalytic context in which emotions can be expressed and release their transformative potential.

— Les

I agree with that, basically. I'm a proponent of an approach that includes relationship work. The relationship is the sine qua non of therapy, and of getting to emotion. If you're not safe, you're not going to be able to process your emotions. And there's something about validation by another human being, being seen by another, being witnessed and accompanied by another. That's a very important aspect of the change process, and of facilitat-

ing access to emotion. So, empathic and compassionate forms of relating are very important.

— Raja

The ability of a person to access an emotion, tolerate an emotion, and express an emotion – these are different functions in relation to emotion – is mostly dependent on the support they receive from the environment, especially as a child. In therapy, one has to be a bit careful. Sometimes people are trying to develop a relationship while they are experiencing acute symptoms. We need to be with a client long enough longitudinally for them to trust us, to develop a relationship. It also depends on the attunement of the therapist – the more support you bring a client, the faster you can get them to an emotion. What I find very important is the ability of the therapist to sense in their body the emotion that the client is going through. It's empathy in an embodied form. It's very important for raising a securely attached child. I find that in general the more I can sit with the emotion of the client, and sense it, it somehow helps the client to come to it faster. So sometimes you sit with it a little longer; you suffer from it, but then you get paid for it, so it's okay with me!

— Les

I want to take off on this notion of “you sense it,” because for many years I've done this. We teach empathic attunement to affect, and some people have this ability to sense what the other is feeling, and others are completely mystified about it. I used the phrase “sense it” in a cognitive way, but I've come to understand that sensing is the fundamental process. It's a sensory experience at a bodily felt level.

— Raja

There's a lot of research now about how we are constantly exchanging information. The body is exchanging all kinds of information in measurable frequencies through the electromagnetic spectrum. James Oschman has compiled findings about this body-to-body exchange of information in a number of modalities – even involving research by the Pentagon, for whatever reason! But we also have the ability to sense each other, to get information from each other, over long distances through quantum mechanical means. I'm no longer surprised when I'm feeling sick one day in

San Francisco, and immediately I get voicemails from my sister and my wife at the same time, asking, “Are you okay? Is something wrong?” We have this ability, and we don't use it in therapy because everybody is afraid of countertransference. This is a wonderful thing that we need to bring into therapy. I teach a lot about it, and call it *interpersonal resonance*. Of course, we have to be careful – we have to vet the information, and be careful how we apply it. Even information from our five senses can be faulty, right?

— Liam

Let's go into research. What should future research address on the topics of emotions and treatment? If you had all the money in the world, what would be your next research project?

— Les

I would definitely try to show what Raja is calling *increase your capacity*, so that if you feel your emotions and process them, you feel better. That's one. Second, I would want to show that emotion transforms emotion by a process of synthesis. In other words, show that empowered anger helps undo shame, and that you end up with a new feeling of strength or confidence. I come from a Piagetian background studying child development. Piaget showed that development and transformation occur by synthesizing existing resources – not by learning or interpretation or modification. A child learns to walk by synthesizing standing and falling. They develop schemes for standing and schemes for falling, and then they synthesize them. We form the concept of an oval by synthesizing the concept of a square and a circle, and it's by joining things we already have within us that a new form appears. That's transforming emotion with emotion. I would like to see research that demonstrates that, but it's very difficult to achieve.

— Raja

It turns out that if you block any part of the body from being involved in emotion, such as if you block emotion from the face by having somebody actually bite on a pen while they're watching a video clip of a movie laden with emotion, the brain doesn't light up, the emotion centers don't light up, the association centers don't light up. It turns out they're not processing the situation well. Two weeks after this experiment, those in the constrained group didn't

remember the details of the situation cognitively, couldn't specify the emotions, and had a hard time remembering the situation. The reason for this is that facial muscles are a very important part of the emotional physiology. In fact, if there's one paper that gave me the confidence to go ahead with the theory and the practice of embodying emotions, it was that paper by Niedenthal.*

Other research involved showing clips of people experiencing emotions of attraction – like loving and liking – while at the same time instructing the research subjects to adopt aversive postures, such as leaning back or crossing their arms over their chest. Clips of aversive emotions were also shown, and the research subjects were told to lean forward, so the posture contradicted the emotion. The same results! If the body is not congruent and involved in the emotion of the moment, then the brain doesn't process it well. The situation itself is not processed well; people forget the emotion as well as the cognition and behavior. This is the science of embodied emotions. That's why, being a body psychotherapist, I said, "Hey! Let me make sure that as many places in the body are involved in emotion by working with the defenses in the body." I would like to see research not so much on the blocked body and compromised emotion, situation, and brain, but on this in particular: As we expand an emotion in the body, does it lead to better emotional, cognitive, and behavioral outcomes? I would like somebody to do it in academia, but I think I'll have to do it, because when I went to the International Society for the Research on Emotion Conference, nobody was interested in this type of research. They were not interested in the body, other than theoretically. They were so far away from the body that I gave up. Outside of a very small circle – especially in clinical work – they are not interested in doing this type of research. I would like to see somebody do it, but perhaps I'll have to do it.

— Liam

Les, you speak of a future with unified, emotion-focused cognitive-behavioral therapy. Do you remember writing about that? What will convince CBT advocates that this makes sense? What will change in the work that's done?

— Les

What will convince them is research evidence, because third-wave cognitive therapy says anything that has empirical evidence is actually a third-wave cognitive therapy. They need empirical evidence of the kind they respect, which involves clinical trials, which I don't think is real science. It's more politics than science. I think that's what will create change in the work, because now everybody says, "Yes, we work with emotions." But I've been on a panel with Judith Beck from cognitive therapy, and what she means by working with emotions is totally different. So segueing off what Raja is saying, what would be different if cognitive therapists worked on helping people expand their capacity or tolerate their ability to feel their emotions? It's deep diving into the emotion – being able to be aware of the emotion, and name the emotion. They would do a lot more of that; they wouldn't be trying to down-regulate emotion by putting a name on it. They see things in terms of down-regulation, and I see things in terms of acceptance, which often involves up-regulation. That's what the difference would be. Then they wouldn't focus on rational analysis, and errors in thinking. They would focus on processing experience, which is becoming more and more of a catch-all phrase. What is meant by "emotion processing" has to be specified more clearly, and that doesn't mean down-regulating emotion.

— Liam

I want to jump to another important piece of today's conversation. You both speak of your approaches in working with emotion as complementary or trans-diagnostic. What are the systemic and multicultural aspects to consider in treatment involving emotions? What are the sensitivities?

— Raja

There are differences and there are commonalities and variations, but honestly, I don't emphasize the differences. I'm not worried about going to a culture and being really careful about the differences, other than certain basics.

— Les

I would agree, I've travelled a lot. At first I was scared, because there's this emphasis on cultural

* Niedenthal, P. N. (2007). Embodying emotion. *Science*. 316 (5827): 1002–5. doi: 10.1126/science.1136930

sensitivity. There are different rules of expression in different cultures, but at core, we're all pretty much alike emotionally. So when you go to the core, emotions stay the same.

In China, people feel shame and fear and loss and sadness just the same as in North America, or in Africa, or in Australia. The rules of expression in China may be different, and you need to be aware somewhat of the different kinds of expressive rules. There's research that shows that if you have Japanese-born Americans and they're interviewed by a white American, the Japanese are more assertive. If they're interviewed by a Japanese-American, they're less assertive. You're responding to the context, and you understand the rules of these different contexts.

— Liam

Let's drill down for a second into experience versus expression. Les, maybe you could start, because you write about that distinction. I'm thinking about the expressive enactment of the emotion.

— Les

When I first started out, I had them lumped together, which is somehow accepting your emotion. But then, it became very clear to me that awareness of what you feel is not the same as expressing what you feel. Expressing is a form of doing. You put your body where your mouth is. Awareness is important in naming and labeling, but awareness is a form of knowing.

And so there's a form of knowing and a form of doing. Research illuminated the difference: we showed that higher arousal of emotion and treatment predict a good outcome, because when you're highly emotionally aroused, it's an indicator that you're dealing with significant, painful material.

That's good, because it predicts positive outcome in an emotion-focused therapy. It takes a lot of work to rate tapes. We developed questionnaires that asked people what emotions they felt in a session. We had a list of 16 common emotions. Then we asked how aroused they were, on a scale of 1 to 7.

I wanted to see self-reports of clients' emotional arousal in predicting outcome, and found that there was zero predictive validity. I was disappointed, and began looking into what was going on. For example, one client was sitting in a session in

a closed fashion, saying, "I was given up for adoption when I was two years old." She was not talking about or expressing the emotions at all, so there was no arousal. But on the self-report measure, she said, "I felt extreme shame, extreme anger, extreme sadness, extreme anxiety." That really made the distinction between the fact that you could know what you feel, and you can be feeling a whole lot, but you don't show it at all.

When you don't show it, you didn't have good outcomes. But when people begin to weep or express emotion in some form, that tends to predict good outcomes. So you can see the real distinction between being aware of what I feel versus actually showing what I feel. And then in couples therapy, I emphasize a lot that showing the face of emotion to your partner is what impacts your partner.

It's not about talking about emotion. This gets into the conversation between talking about versus experiencing emotion. But I think the distinction between expression and awareness is very important, and you work with it in therapy. Sometimes you ask people, "What's that like?" in order to explore what their tears are expressing. In other situations, during enactments – like in two-chair dialogues – you guide the person to directly voice what they are feeling.

So just to summarize it, in couples therapy, saying to the therapist "I love my wife" is very different than turning to my wife and saying to her "I love you." These are different neurochemical and physiological processes in action.

— Raja

Years ago, studying psychoanalytic theory, I read that as children develop, they bring two affect systems together, what was called the facial affect system and the visceral affect system. It's a marker of development. Children who don't do that are prime candidates for forming psychosomatic symptoms in the body.

When I was writing my book, I looked everywhere for the reference, and could not find it. So I experimented with myself. I've had a lot of early traumas, in an environment not supportive for emotions. I tend to form bodily symptoms. I remembered assisting at a training while I was going through a breakup and suffering. That's all I could remember. So I thought, "Let me see whether I can bring it into my face and my throat as a facial expression

and a vocalization,” and that opened the whole thing. I could feel the sadness in my body, as opposed to just feeling the physiological symptoms. Everything melted, and I had dreams that were relevant, so I made this experience the basis of an ISP intervention.

I use it all the time these days to quickly help people get in touch and deepen into their emotions, but also to open up the body so that the emotions can spread. I ask clients to imagine somebody else expressing that emotion with their face and through vocalization, but not with words. Or I say, “Imagine yourself doing it,” or “You do it and I will do it with you.” I make sure that the vocalization is congruent with the suffering being expressed. Sometimes, the early efforts are more accessible through vocalization than through facial or verbal expression. This has become a very important intervention in the practice of embodying emotions. I use it a lot, especially when people are suffering from psychosomatic symptoms and their medical evaluation has come up with nothing.

And it makes sense from that perspective – if you block the face and the throat, your brain is not processing the situation. Niedenthal at the University of Wisconsin, Madison, has done research on this very topic.

■ **Les**

I have a comment. I see emotion as a construct from bodily-based experience. The idea of blocked emotion sometimes troubles me. People treat it like there’s an emotion that’s sitting there blocked, and then it’s expressed. I do it myself! We talk about the blocking or self-interruption of emotion, but

it’s important to understand that it’s a construct of many things. The expressive form is one aspect, the bodily senses another aspect, the context is another aspect, and the meaning I make of it is another aspect. All these are brought together to create the feeling I’m about to have. And that feeling can be different tomorrow. So it’s a process in which things are always being synthesized. This is where I disagree with Feldman Barrett, who says this is just arousal and valence. There are elements of anger there, but there isn’t anger yet. It still has to be formulated or formed in order to become the anger that it’s about to be.

■ **Raja**

It’s a myth that emotions are blocked in the body. It’s the generation of emotion that’s blocked.

Similarly, people believe that in trauma therapy, there’s a lot of energy in the freeze. There’s no energy in the freeze. The autonomic nervous system is in standstill. That’s more accurate.

■ **Les**

That’s a good distinction.

■ **Raja**

What a pleasure it has been to be with you, Les. I’m a fan of your work, and all the more grateful that you were a pioneer in making emotion the focus of therapy. It is indeed a pleasure to interact with you.

■ **Les**

It’s lovely to be with you. It’s a lonely place to be a proponent of nontraditional emotion. Good to meet a like-minded spirit.

