Introduction

Nathan C. Thoma
Dean McKay

Since the introduction of the cognitive model for psychotherapy over 50 years ago (Beck, 1963), countless studies have documented the efficacy of cognitive-behavioral therapy (CBT). There is now a wide range of empirically supported protocols designed to target specific diagnoses (Barlow, 2014). However, these protocols are not a panacea. For many patients they do not completely ameliorate symptoms, and additionally relapse in some disorders is not uncommon. One hypothesized avenue by which CBT treatments may succeed more universally is by facilitating clients' deepening of their affective experience. Notably, this is an approach that has traditionally been associated more strongly with therapies other than CBT, such as psychodynamic therapy or existential/humanistic therapies (Blagys & Hilsenroth, 2002; Goldfried, 2013). Yet, in recent years, interest in finding effective means of engaging with emotion in CBT has surged.

Advances in the scientific understanding of the interrelatedness of emotion, thought, and behavior along with the continued evolution of clinical knowledge have led researchers and clinicians alike to strive for therapeutic approaches that provide what has been called *corrective emotional experience* (Alexander & French, 1946; Pachankis & Goldfried, 2007). In particular, a variety of evidence has come to suggest that actively working to intensify contact with emotions within therapy sessions can be effective in reducing clients' suffering outside of session. Such approaches see emotion as a vehicle for change rather than solely as a target for change. Thus, *experiential* techniques—those aimed at actively engaging with emotion rather than focusing exclusively on reducing it—have seen extensive

development, refinement, and empirical testing within the past decade. The aim of this book is to present to practicing clinicians a sampling of the state of the art in experiential approaches to working with emotion that can be applied within a CBT framework. We hope to provide immediate clinical utility as well as whet readers' appetites for further exploration of these promising approaches.

Since the time of Ancient Greece, Western culture has held rationality in high regard, showing a fascination with the potential for reason to guide or even overpower the primitive, brutish forces of the emotions. Plato, one of the founders of Western philosophy, depicted reason as a charioteer steering two horses, which were meant to represent the noble and ignoble passions (Griswold, 2010). Later, the Stoics took such a perspective even further, holding that a person who had achieved moral and intellectual perfection would not even experience emotions such as fear, envy, lust, or even passionate love (Baltzly, 2012). Modern Western cultural epochs since that time, from the Scientific Revolution through the Enlightenment and the Industrial Revolution, have all cherished the value of reason in explaining, predicting, and manipulating the world around us. Clearly rationality has shown itself to be a powerful faculty. It would be tempting to think that rationality could and should be applied to solve all possible problems, including that of taming our unruly emotional experiences within. However, a variety of findings suggest that reason and emotion may not be as readily separable as Western cultural conceptions have traditionally assumed.

To illustrate, take the case example cited in Damasio (1994) of a man with a brain lesion that disrupted his emotion system, while leaving his rational faculties intact. This man, who seemed charming, intelligent, and articulate, was nonetheless incapable of making a simple decision about which date to choose for his next appointment. Without being fully connected to his emotions, the man lost an important compass for navigating even the simplest of tasks.

Emotions provide what Damasio calls "somatic markers," which signify to us what is important or of value (Damasio, 1994). Along these lines, a new paradigm gaining a strong foothold in the cognitive sciences, known as the embodied mind perspective, holds that all abstract reasoning is built out of embodied experience, arising from the senses and grounded in the emotions, rather than existing as a separable faculty that is privy to a disembodied and objective view of the world (see Lakoff & Johnson, 1999).

Emotions are inextricably woven into cognition. They provide a rapid, preverbal system of danger assessment (LeDoux, 1996); mark salience in laying down memories (Panksepp, 1998); influence interpersonal signaling and communication (Sroufe, 1996); aid in social competence (Mayer & Salovey, 1997); and interact with conscious thought to create narratives that situate the self in the world over time (Angus & Greenberg, 2011). From an evolutionary perspective, emotions are seen as fundamentally

necessary and adaptive (Izard, 1991). Emotions provide information that orients the human organism to important needs along with the motivation to interact with the environment to satisfy those needs (Frijda, 1986).

While emotions can be seen as fundamentally adaptive, emotional problems arise when emotions are underregulated, overregulated, or misplaced owing to relating more to past experiences than to the present. Beck (1976) developed an approach to address these difficulties, known as cognitive therapy, based on recruiting rationality to reflect upon reality, gain a more accurate perspective, and thus bring emotion more in tune with the actual situation. Yet, in that a variety of scientific theories have come to view emotion and reason as integral aspects of higher-order cognitive-affective mental structures, some CBT theorists have argued that relying on rational reflection alone is bound to remain incomplete (Samoilov & Goldfried, 2000). Indeed, a common client stuck point in CBT is the oft-heard complaint, "Rationally, I get that it's not true [that I'm a fraud, or failure, etc.], but it still feels true."

Cognitive therapy has clearly moved the enterprise of psychotherapy forward, through codifying a specific method of alleviating suffering, empirically testing that method, and building a substantial evidence base. And clinically speaking, working with clients to build coping skills through increasing metacognitive awareness can be a powerful platform for strengthening emotional resilience. However, a variety of evidence now supports the notion of not only using rationality to tame and attenuate negative emotion but using emotion itself as an entry point into dysfunctional cognitive-affective networks.

Drawing upon Lang's (1977) bioinformational model, Foa and Kozak's (1986) emotional-processing theory proposed that in order to modify excessive fear responses, it is necessary first to activate the underlying fear circuitry in order to make it available for modification. Next, additional information with elements that are incompatible with the existing fear-related information must be added so that new, updated circuitry can be formed. The basic tenets of this theory have been validated at the neurobiological level in animal models in a process known as *reconsolidation update*. In this process, existing, learned fear circuitry is rendered labile and modifiable when it is first reactivated through invoking elements of the originating fear stimulus (see Tronson & Taylor, 2007). This principle has been applied at the clinical level most explicitly in exposure therapy for the anxiety disorders. We propose that the same principle—that of activating emotion in order to enhance the modification of the underlying cognitive-affective mental structures—can be a powerful basis for a variety of interventions across a plurality of emotional difficulties.

Evidence suggests that emotional arousal and expression are related to a positive outcome in a variety of psychotherapies. High emotional arousal at the start of treatment along with between-session habituation has been

linked to positive outcomes in exposure therapy for anxiety disorders (e.g., Borkovec & Sides, 1979; Jaycox, Foa, & Morral, 1998). A meta-analysis of process–outcome studies of short-term psychodynamic therapy (PDT) in mixed clinical samples showed a significant effect for the relationship between expression of affect and outcome at posttreatment (Diener, Hilsenroth, & Weinberger, 2007). In the treatment of depression, midtreatment emotional arousal predicted positive outcome in emotion-focused therapy (EFT) and client-centered therapy (CCT; Missirlian, Toukmanian, Warwar, & Greenberg, 2005). Techniques that evoke and explore emotion have been found to be related to outcomes across both PDT and CBT (Jones & Pulos, 1993).

It appears likely that something more than simply arousing and venting emotions in general is important to maximize therapeutic change. For example, until recently, it was believed that exposure therapy produced change through extinction and habituation within exposure sessions. However, more recent evidence implies that habituation may be less important than building distress tolerance and the acceptance of emotion (Arch, Wolitzky-Taylor, Eifert, & Craske, 2012; Bluet, Zoellner, & Feeney, 2014; Craske et al., 2008). Additionally, accommodation of new meanings derived through the experience of emotion also appears to be important in exposure therapy (Sobel, Resick, & Rabalais, 2009). In experiential therapy for depression, Missirlian et al. (2005) found that clients' ability to make meaning of their aroused emotion added to outcome over and above midtreatment emotional arousal. Further, Auszra, Greenberg, and Herrmann (2013) demonstrated that it is the quality of the awareness of emotion that is experienced, along with the clients' attitude toward it, that relates most strongly to outcome and helps determine whether the aroused emotion will be productive. Measures of in-session emotional processing that center on attending to, accepting, and differentiating cognitive-affective experience are related to outcome in EFT, CCT, and CBT (Castonguay, Goldfried, Wiser, Raue, & Hayes, 1996; Goldman, Greenberg, & Pos, 2005; Pos, Greenberg, & Warwar, 2009; Watson & Bedard, 2006).

Thus it appears that in order to create a *corrective* emotional experience for clients, it is necessary to help clients attend to their emotion, accept it, and draw new meaning from it. While the Rogerian, client-centered conditions of empathy, positive regard, and genuineness on the part of the therapist can help clients feel and express their emotions, evidence suggests that adding active techniques that guide clients through specific emotional-processing tasks can significantly improve outcome both at posttreatment and long-term follow-up (Ellison, Greenberg, Goldman, & Angus, 2009). Yet it also remains important that therapists implement emotionally evocative techniques in a manner that maintains a strong alliance between them and their clients, even in highly structured procedures such as prolonged exposure (McLaughlin, Keller, Feeney, Youngstrom, & Zoellner, 2014). In this book, we present a variety of approaches aimed at helping clients

engage with their emotions, using active techniques that are grounded in empirical evidence and that can be implemented in ways that promote a strong sense of connectedness between therapists and clients.

This book has been divided into five parts. Part I centers on the acceptance of emotion and of all aspects of experience. This part includes chapters on acceptance and commitment therapy (ACT), the integration of mindfulness practice into CBT, and a focus on self-acceptance and self-compassion through compassion-focused therapy. Approaches centering on mindfulness and acceptance have been met with a veritable flood of interest on the part of clinicians in recent years. The chapters herein provide concise, vivid clinical illustrations that exemplify this important work.

Part II elaborates on applications of exposure to emotion. Notably, the chapter on imaginal and *in vivo* exposure therapy provides guidance not only on nuanced ways to enhance client emotional engagement in exposure work but also addresses common emotional challenges that may arise for therapists in the context of administering exposures. Additionally, a chapter is included on the use of exposure within depression, which can be considered a relatively new application, arising from programmatic research. We have reached outside of CBT to include a chapter on affect phobia therapy (APT), an evidence-based model of psychodynamic therapy that incorporates learning theory and deliberate exposure to adaptive affect as a source of healing. Last, this part includes a chapter on behavioral experiments—another mainstay of traditional CBT. We have included it here since behavioral experiments rely on experiences (rather than Socratic questioning) to change beliefs, and thus can be considered an experiential approach to change that holistically engages both cognition and affect.

Part III includes three chapters that all demonstrate applications of a procedure known as *imagery rescripting*, in which clients are first exposed imaginally to traumatic memories and then are asked to behave in new ways within the imagined scene. This procedure adds a new twist to the implementation of exposure therapy and is proposed to work via different mechanisms. The chapters cover the application of imagery rescripting to personality disorders, posttraumatic stress disorder (PTSD), and social anxiety. The latter chapter also fits the imagery procedures into a larger package of experiential and cognitive work for social anxiety.

Part IV features approaches that seek to work with emotions that arise organically in session and then further enhance emotional processing as well as self-regulation strategies. We include EFT, a research-driven, time-limited humanistic therapy that engages clients in exercises aimed at expressing underlying needs and resolving emotional blocks to getting those needs met. Another chapter that incorporates emotion-focused work discusses working with schema modes, an approach arising from schema therapy. Schema mode work can be considered an update to Jeffrey Young's (Young, Klosko, & Weishar, 2003) original schema model, providing a model of conceptualization that is geared toward a particular emphasis on experiential work

within session, such as use of imagery and Gestalt-style "chair work." The chapter on emotional schema therapy elaborates an extension of cognitive restructuring that focuses on patient attitudes toward emotion. Last, the chapter on emotion regulation therapy demonstrates ways of working with generalized anxiety disorder (GAD) and anxious depression. This approach is meant to extend traditional CBT methods of working with chronic anxiety to address the maladaptive emotion regulation strategies that entrenched symptoms such as pervasive worry and rumination can entail.

Finally, Part V brings together methods of working with therapist and client emotional reactions to each other. A chapter on relational techniques discusses an approach from psychodynamic therapy that makes the process of alliance rupture and repair the central focus of the therapy. The authors have conducted promising research on adding such work as a supplementary module when traditional CBT falters because of difficulties in the alliance. A chapter on interpersonal and experiential focus for GAD details an integrative approach that combines psychodynamic relational work and exercises from EFT with CBT. The final chapter covers functional analytic psychotherapy (FAP), an approach that views interpersonal transactions between the client and therapist through a behavioristic lens. Unafraid to advocate for explicit expressions of love, compassion, and caring for clients, FAP exemplifies a warm, lively manner that injects an unmistakable sense of vitality into the act of delivering psychotherapy.

For each chapter, authors elaborate on the theory behind their approach, provide a brief review of the evidence for the approach, and describe its clinical application in a way that paints a picture of what therapists actually do and say, relying on clinical examples when possible. In that the book is meant to be of practical clinical value, we asked authors to emphasize the latter in particular. Authors also included a limitations and future directions section, demarcating emerging frontiers of further clinical and research development. Each chapter ends with a list of additional resources, including instructional books, websites, and DVDs, so that clinicians may use the present volume as a jumping-off point as they seek to expand their clinical repertoire and to further grow as therapists.

We hope that you enjoy reading this book as much as we have enjoyed the privilege of putting it together. We ourselves are thoroughly grateful to the authors for the learning experiences they afforded us as editors of their valuable work.

References

Alexander, F. F., & French, T. M. (1946). *Psychoanalytic therapy: Principles and application*. Oxford, UK: Ronald Press.

Angus, L., & Greenberg, L. (2011). *Working with narrative in emotion focused therapy: Changing stories, healing lives*. Washington, DC: American Psychological Association Press.

Arch, J. J., Wolitzky-Taylor, K. B., Eifert, G. H., & Craske, M. G. (2012). Longitudinal treatment mediation of traditional cognitive behavioral therapy and acceptance and commitment therapy for anxiety disorders. *Behaviour Research and Therapy*, *50*(7–8), 469–478.

Auszra, L., Greenberg, L. S., & Herrmann, I. (2013). Client emotional productivity—Optimal client in-session emotional processing in experiential therapy. *Psychotherapy Research*, *23*(6), 732–746.

Barlow, D. H. (2014). *Clinical handbook of psychological disorders* (5th ed.). New York: Guilford Press.

Baltzly, D. (2012). Stoicism. In *The Stanford encyclopedia of philosophy* (winter ed.). Retrieved from *http://plato.stanford.edu/archives/win2012/entries/stoicism*.

Beck, A. T. (1963). Thinking and depression: I. Idiosyncratic content and cognitive distortions. *Archives of General Psychiatry, 9*(4), 324–333.

Beck, A. T. (1976). *Cognitive therapy and the emotional disorders*. Oxford, UK: International Universities Press.

Blagys, M. D., & Hilsenroth, M. J. (2002). Distinctive features of cognitive-behavioral therapy: A review of the comparative psychotherapy process literature. *Clinical Psychology Review, 22*(5), 671–706.

Bluett, E. J., Zoellner, L. A., & Feeny, N. C. (2014). Does change in distress matter?: Mechanisms of change in prolonged exposure for PTSD. *Journal of Behavior Therapy and Experimental Psychiatry*, *45*(1), 97–104.

Borkovec, T. D., & Sides, J. (1979). The contribution of relaxation and expectance to fear reduction via graded imaginal exposure to feared stimuli. *Behaviour Research and Therapy*, *17*, 529–540.

Castonguay, L. G., Goldfried, M. R., Wiser, S., Raue, P. J., & Hayes, A. M. (1996). Predicting the effect of cognitive therapy for depression: A study of unique and common factors. *Journal of Consulting and Clinical Psychology*, *64*(3), 497–504.

Craske, M. G., Kircanski, K., Zelikowsky, M., Mystkowski, J., Chowdhury, N., & Baker, A. (2008). Optimizing inhibitory learning during exposure therapy. *Behaviour Research and Therapy, 46*(1), 5–27.

Damasio, A. R. (1994). *Descartes' error: Emotion, rationality and the human brain*. New York: Putnam.

Diener, M. J., Hilsenroth, M. J., & Weinberger, J. (2007). Therapist affect focus and patient outcomes in psychodynamic psychotherapy: A metaanalysis. *American Journal of Psychiatry, 164*, 936–941.

Ellison, J. A., Greenberg, L. S., Goldman, R. N., & Angus, L. (2009). Maintenance of gains following experiential therapies for depression. *Journal of Consulting and Clinical Psychology, 77*(1), 103–112.

Foa, E. B., & Kozak, M. J. (1986). Emotional processing of fear: Exposure to corrective information. *Psychological Bulletin*, *99*(1), 20–35.

Frijda, N. H. (1986). *The emotions*. Cambridge, UK: Cambridge University Press.

Goldfried, M. R. (2013). Evidence-based treatment and cognitive-affective-relational-behavior therapy. *Psychotherapy, 50*, 376–380.

Goldman, R. N., Greenberg, L. S., & Pos, A. E. (2005). Depth of emotional experience and outcome. *Psychotherapy Research, 15,* 248–260.

Griswold, C. L. (Ed.). (2010). *Self-knowledge in Plato's Phaedrus*. State College: Pennsylvania State Press.

Izard, C. E. (1991). *The psychology of emotions*. New York: Plenum Press.

Jaycox, L. H., Foa, E. B., & Morral, A. R. (1998). Influence of emotional engagement and habituation on exposure therapy for PTSD. *Journal of Consulting and Clinical Psychology, 66*, 185–192.

Jones, E. E., & Pulos, S. M. (1993). Comparing the process in psychodynamic and cognitive-behavioral therapies. *Journal of Consulting and Clinical Psychology, 61*, 306–316.

Lakoff, G., & Johnson, M. (1999). *Philosophy in the flesh: The embodied mind and its challenge to Western thought*. New York: Basic Books.

Lang, P. J. (1977). Imagery in therapy: An information processing analysis of fear. *Behavior Therapy*, *8*(5), 862–886.

LeDoux, J. E. (1996). *The emotional brain: The mysterious underpinnings of emotional life*. New York: Simon & Schuster.

Mayer, J. D., & Salovey, P. (1997). What is emotional intelligence? In P. Salovey & D. Sluyter (Eds.), *Emotional development and emotional intelligence: Implications for educators* (pp. 3–31). New York: Basic Books.

McLaughlin, A., Keller, S. M., Feeny, N. C., Youngstrom, E. A., & Zoellner, L. A. (2014). Patterns of therapeutic alliance: Rupture–repair episodes in prolonged exposure for posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology, 82*(1), 112–121.

Missirlian, T. M., Toukmanian, S. G., Warwar, S. H., & Greenberg, L. S. (2005). Emotional arousal, client perceptual processing, and the working alliance in experiential psychotherapy for depression. *Journal of Consulting and Clinical Psychology, 73*, 861–871.

Pachankis, J. E., & Goldfried, M. R. (2007). An integrative, principle-based approach to psychotherapy. In S. G. Hofmann & J. Weinberger (Eds.), *The art and science of psychotherapy* (pp. 49–68). New York: Routledge/Taylor & Francis.

Panksepp, J. (1998). *Affective neuroscience: The foundations of human and animal emotions*. New York: Oxford University Press.

Pos, A. E., Greenberg, L. S., & Warwar, S. H. (2009). Testing a model of change in the experiential treatment of depression. *Journal of Consulting and Clinical Psychology, 77*(6), 1055–1066.

Samoilov, A., & Goldfried, M. R. (2000). Role of emotion in cognitive-behavior therapy. *Clinical Psychology: Science and Practice*, *7*(4), 373–385.

Sobel, A. A., Resick, P. A., & Rabalais, A. E. (2009). The effect of cognitive processing therapy on cognitions: Impact statement coding. *Journal of Traumatic Stress*, *22*(3), 205–211.

Sroufe, L. A. (1996). *Emotional development: The organization of emotional life in the early years*. New York: Cambridge University Press.

Tronson, N. C., & Taylor, J. R. (2007). Molecular mechanisms of memory reconsolidation. *Nature Reviews Neuroscience*, *8*(4), 262–275.

Watson, J., & Bedard, D. (2006). Clients' emotional processing in psychotherapy: A comparison between cognitive behavioral and process experiential therapies. *Journal of Consulting and Clinical Psychology, 74*, 152–159.

Young, J. E., Klosko, J. S., & Weishar, M. E. (2003). *Schema therapy: A practitioner's guide*. New York: Guilford Press.