EMOTION
TRAINING
INSTITUTE

Needs Frustrated and Needs Fulfilled

Emotion Focused Processing of Competing Motivations

EMOTION TRAINING INSTITUTE

The Society for the Exploration of Psychotherapy Integration

XXXVIII Annual Conference

Lausanne Switzerland

April 21-24, 2022

Conference Theme:

Toward a Common Core of Psychotherapy

EMOTION TRAINING INSTITUTE

Conference Theme:

Toward a Common Core of Psychotherapy

Call for Submissions

Toward a Common Core of Psychotherapy: Call for Submissions

EMOTION TRAINING INSTITUTE

- As a group, we could all make a contribution to this topic
- Working in addictions and eating disorders
- We are working with populations that are considered
- Difficult to treat
- Low rates of recovery
- High rates of drop-out, treatment failure, and relapse
- High cost to the individual, the family, and the society

World Psychiatry
OFFICIAL JOURNAL OF THE WORLD PSYCHIATRIC ASSOCIATION (WPA)

EMOTION TRAINING INSTITUTE

2014 Jun; 13(2): 153–160.

Risks of all-cause and suicide mortality in mental disorders: a meta-review

Edward Chesney, Guy M Goodwin, and Seena Fazel

ABSTRACT

- “A meta-review, or review of systematic reviews, was conducted to explore the risks of all-cause and suicide mortality in major mental disorders. A systematic search generated 407 relevant reviews, of which 20 reported mortality risks in 20 different mental disorders and included over 1.7 million patients and over a quarter of a million deaths. All disorders had an increased risk of all-cause mortality compared with the general population, and many had mortality risks larger than or comparable to heavy smoking. **Those with the highest all-cause mortality ratios were substance use disorders and anorexia nervosa.”**

American Addiction Centers

EMOTION TRAINING INSTITUTE

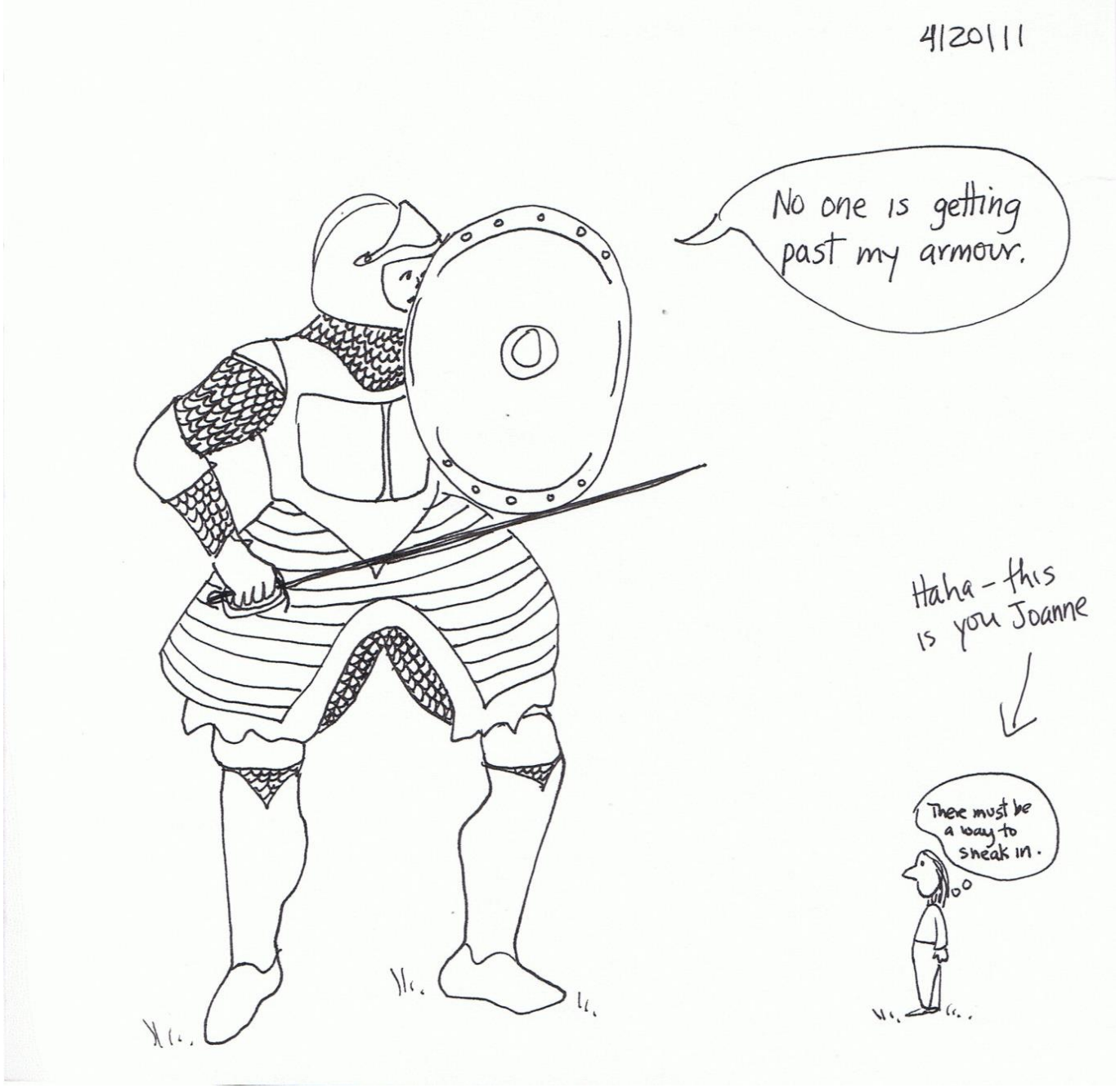
"Many addicted individuals lack motivation to change"

International Journal of
EATING DISORDERS

EMOTION TRAINING INSTITUTE

"Lack of motivation to change is a frequent problem in the treatment of eating disorders."

October 2013 International Journal of Eating Disorders 1(1):38



EMOTION TRAINING INSTITUTE

International Journal of
EATING DISORDERS

EMOTION TRAINING INSTITUTE

"This is of high relevance, as a low motivation to change is a predictor of an unfavorable treatment outcome and high treatment dropout rates."

Call for Submissions

- So if those of us here have success with eating disorders & addictions
- Where motivation to change is so low
- And the consequences of ***not*** changing are so high
- We are surely doing something that could contribute,
- In the broader field of mental health treatment,
- ***"Toward a Common Core of Psychotherapy."***

EMOTION TRAINING INSTITUTE

. . . so what ***are*** we doing?

Needs Frustrated and Needs Fulfilled:
Emotion Focused Processing of Competing Motivations

- In this idea of needs frustrated and needs fulfilled
- And in the concept of processing competing motivations
- I think we are doing something right in terms of the interaction of
- Motivation to change
- and
- Mechanism of change

From Motivational Interviewing

We get Motivation to Change:

- Core principles of MI
- What it means to be “motivated”
- “No such thing as being unmotivated”
- You can’t “motivate” someone. You can only enhance intrinsic motivation

Core Principles of Motivational Interviewing

- Express empathy
- Avoid argumentation & Roll with resistance
- Support self-efficacy
- Develop discrepancy

From Emotion Focused Therapy

For me, I get a Mechanism of Change:

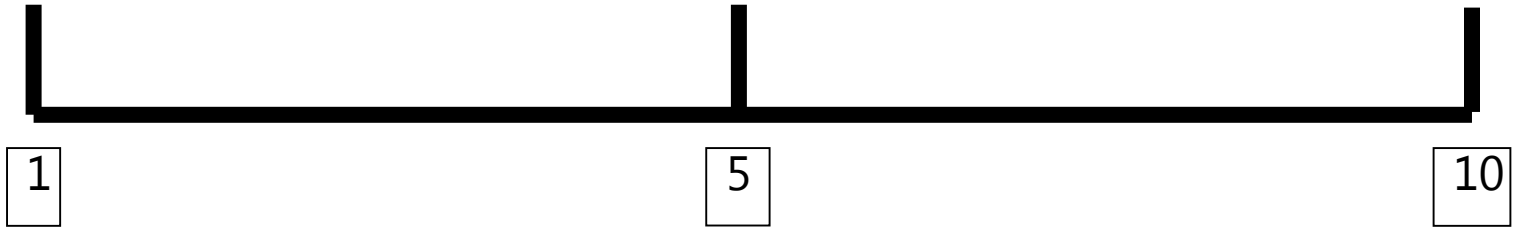
- Painful emotions are an indication of unmet needs
- That arise from past experiences of abandonment, neglect, abuse
- The self avoids the pain, fearing it will be unbearable
- Processing the painful emotions leads to identifying the unmet needs
- Identifying, acknowledging, and validating the unmet needs
- Leads to a significant pivot towards change

Rating Motivation

- When I was working in eating disorders
- I would ask the patients with severe Anorexia Nervosa to tell me how motivated they were to recover

How Motivated Are You?

Q: How motivated are you from 1-10?



I’m motivated!

- Many of them would rate themselves as high
- Then I would tell them how Miller & Rollnick define Motivation:

EMOTION TRAINING INSTITUTE

What Does it Mean to be Motivated?

Being Motivated means being . . .

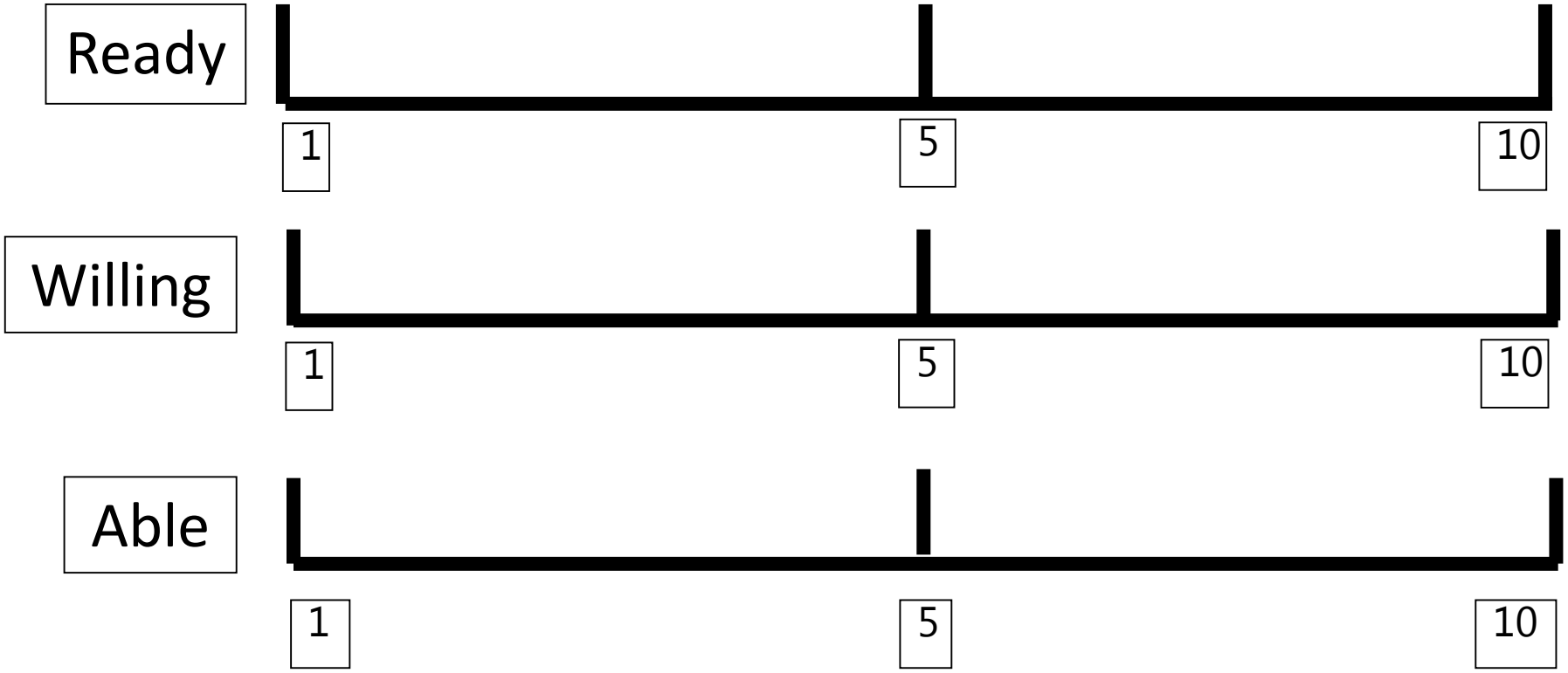
- ✓ Ready
- ✓ Willing
- ✓ Able

Ask again

- And then I'd ask them again how motivated they were
- But I'd get them to rank their motivation separately in the three areas

EMOTION TRAINING INSTITUTE

How *ABLE* do you feel to recover?



How *ABLE* do you feel to recover?

- When rating how “able” they feel
- Of course, we’re talking about self-efficacy

Self-efficacy

- Given that I take on a task,
- what is my confidence that I will be successful at it?

> Why is self-efficacy important?

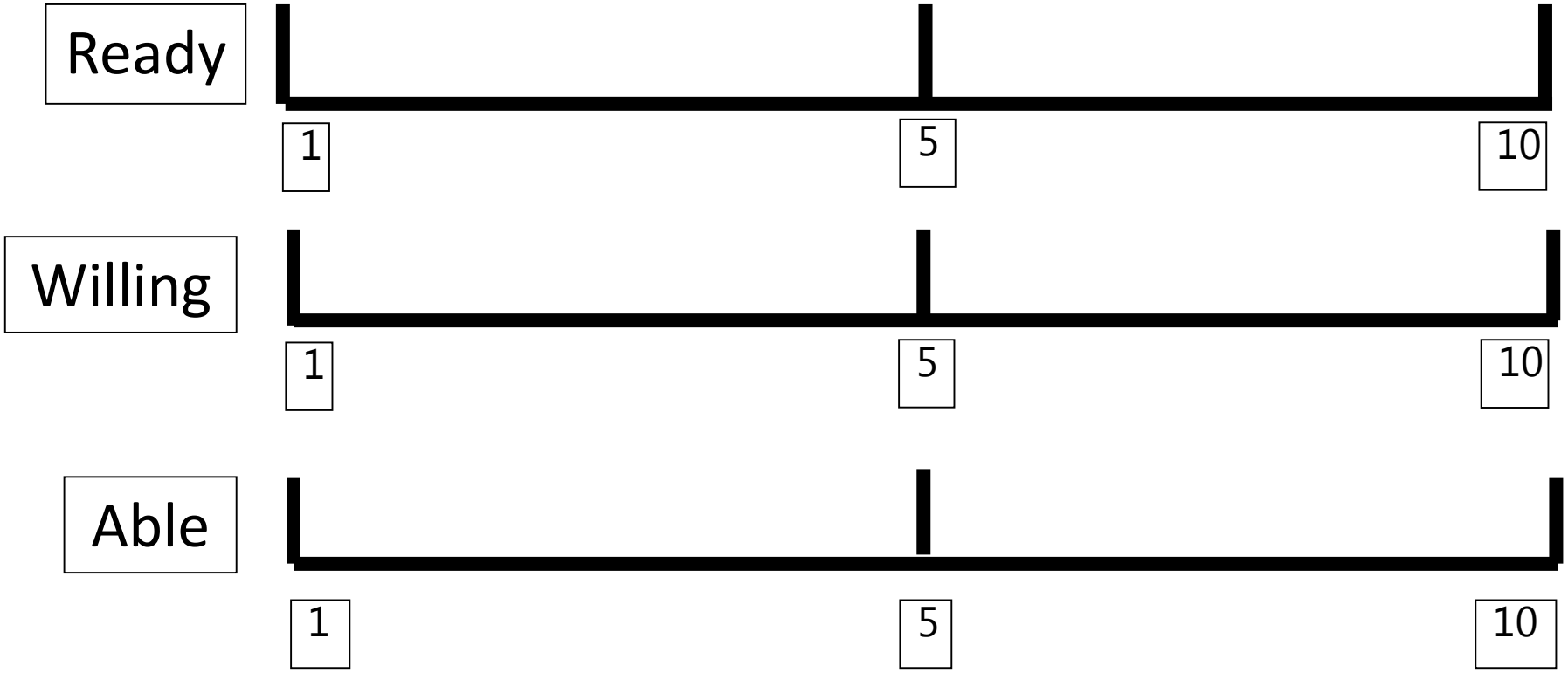
- It is a core principle of MI to support self-efficacy
- In addictions and eating disorders, it is notoriously low
- It predicts outcome very reliably
- And we have not been successful as a field re: how to increase it

Core Principles of Motivational Interviewing

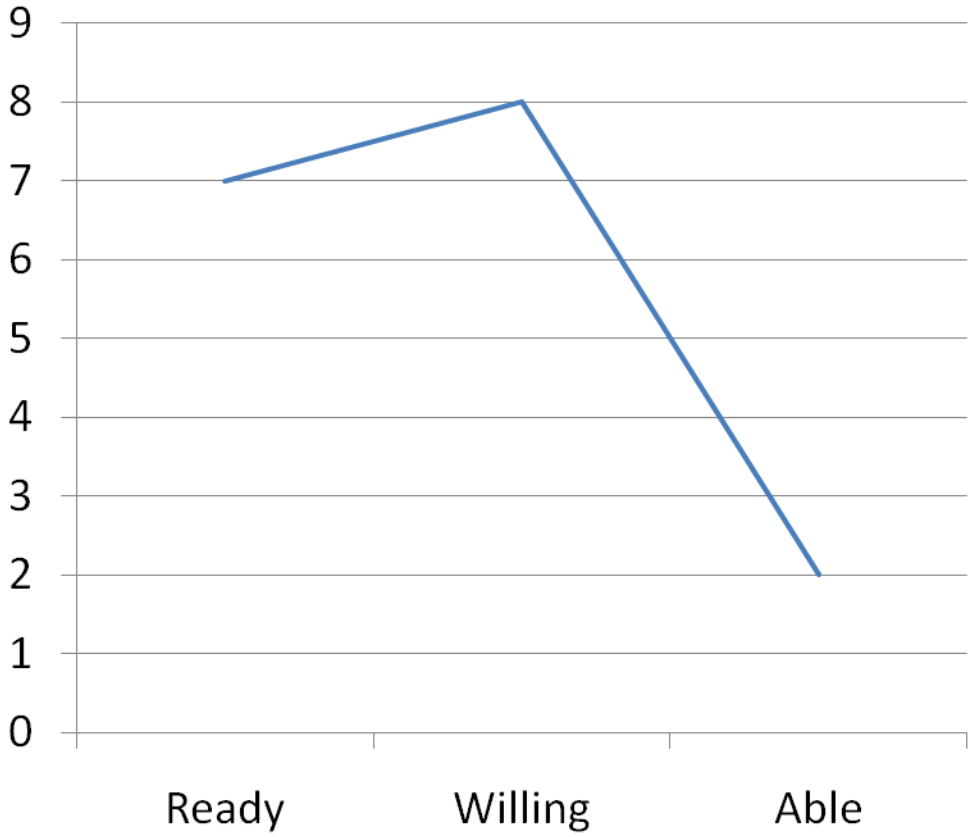
- Express empathy
- Avoid argumentation & Roll with resistance
- **Support self-efficacy**
- Develop discrepancy

EMOTION TRAINING INSTITUTE

How *ABLE* do you feel to recover?



Ready, Willing & Able



A vicious cycle of “I can’t do it”

- I realized I was asking them to do something that they were unable to do
- That I knew they had low self-efficacy with
- And that I knew if they had low self-efficacy, they were bound to “fail” at the treatment
- Because self-efficacy predicted outcome
- So I was setting them up to fail yet again
- Which would surely make their self-efficacy go even lower

“I can’t handle emotion”

- I asked them what they felt so consistently unable to do
- And they answered:
- They didn’t feel able to handle the feelings
- That come back when they gain weight
- And when they stop using symptoms to manage their emotions

Let's bring in Emotion Focused Therapy

- It was becoming increasingly recognized that eating disorders were a way of managing emotions
- But all the treatment that was considered evidence-based was CBT
- So I turned to EFT to bring a way to address emotions directly in eating disorder treatment

Dolhanty & Greenberg – ***Emotion-focused therapy in the treatment of eating disorders***

“EFT is suitable to these individuals who fear emotion and whose symptoms represent attempts to avoid feeling and manage emotional distress.”

- European Psychotherapy/Vol. 7 No. 1. 2007

EMOTION TRAINING INSTITUTE

Greenberg & Pascual-Leone (Juan) – ***A dialectical constructivist view of the creation of personal meaning***

- **"Negative emotions signal that one's needs have not been attained.**
- **Clients' attention to their emotions in therapy**
- and their ability to represent and reflect on them,
- **leads to accessing previously unavailable internal motivation**
- that produces novel responses and can lead to enduring change."

- Journal of Constructivist Psychology, 14: 165-186, 2001

Greenberg & Pascual-Leone (Juan) – ***A dialectical constructivist view of the creation of personal meaning***

"Construction of conscious personal meaning in therapy involves three vital moments

1. the synthesis of **a feeling** or felt sense
2. a moment of **attending** to this bodily felt sense, consciously **symbolizing** it to form a subjective reality
3. a moment of **reflection** in which explanations of the symbolized experience are generated to **produce a coherent narrative and/or conceptualized self identity.**"

- Journal of Constructivist Psychology, 14: 165-186, 2001

EMOTION TRAINING INSTITUTE

And then it came to me . . .

And it blew my mind!

“Emotion Self-Efficacy”

Self-efficacy is better understood *not* as a cognitive variable

But as an *emotional* variable

“Enhance” Emotion Self-Efficacy

- The field has struggled (and often failed) to increase self-efficacy
- But just like we can only “enhance” *intrinsic* motivation
- What if we can only enhance intrinsic self-efficacy?

Enhancing Emotion Self-Efficacy

- We can enhance emotion self-efficacy
- Through the emotion-focused processing of:

1. The painful emotion

2. The unmet need, and

3. The way the individual has behaved to manage (avoid!) the pain of the unmet need

- And by enhancing self-efficacy . . .
- We enhance motivation to change.

No such thing as *Un*motivated

- Miller & Rollnick tell us that there is no such thing as being unmotivated
- That people are motivated to do exactly what they are currently doing
- That our job is to understand how what they are doing now is serving them . . . What function it has

What ***can*** you do?

- So I started to look at what the eating disorder patients *were* able to do
- In other words, what they were currently *motivated* to do – such as starve and vomit
- But I could see that they were also very motivated to recover
- To have a life
- Go back to school
- Build a career
- Find love
- Start a family

You have a competing motivation

- So I called the motivation to stay sick their “competing motivation”
- i.e., the motivation that was not only *competing* with their healthy motivation to change
- To recover
- To be well.
- It wasn’t just competing . . .
- It was winning

More motivated

- As motivated as they were to be well
- There was an even stronger motivation to continue the way they were

These clients are good at what they do

- In EFT the unmet need has a central role in the mechanism of change
- And we can see that the maladaptive behavior is in the service of the unmet need
- The maladaptive behavior shows the strength of the individual
- They have the capacity to manage (even if it is to avoid) the painful feelings associated with their needs not being met

Why can’t you just do what we ask?

EMOTION TRAINING INSTITUTE

Unmotivated?

or . . .

Competing Motivation!

The “Don’t Change” Chair Task 1

- The “Don’t Change” chair task
- Starts with having the person tell themselves to keep doing what they’re doing
- “Don’t change”
- And to threaten / scare themselves:
- “If you do change . . .”

The “Don’t Change” Chair Task 2

- We process the emotions that arise during the task
- In order to reveal the function of doing things the way they have been doing
- What feelings have they been avoiding?
- What were the unmet needs that caused the painful feelings?

Video – The Story 1

- The mother you're going to see sent her first daughter to live with grandparents for 1 year when she was 18 months old
- The daughter has indicated that she has unresolved feelings about it
- Mother tells herself: "Ignore it. She's okay."

Video – The Story 2

- Why does she ignore her daughter's pain?
- It could seem that this mother is *not* motivated to help her daughter
- Instead we ask ourselves:
- "What is the competing motivation preventing the mother from doing what she is motivated to do?"

Video – The Story 3

- How do we identify the competing motivation?
- We explore to discover the painful feelings that the mother's current behavior is protecting her from
- i.e., the pain of the unmet need from her past
- Which she has to protect herself from because it is too painful to bear

The clip

- This video consists of a few short clips from a one-hour session
- The session was video-taped as a professional demonstration
- This was the only time I met with this client
- She does not have an ED or an addiction
- Maybe it might take more than one session with clients who do!
- But I want you to see the basic pattern, which is the same

“Chair Work”

- The client will sit in one chair and imagine the person she is speaking to in the other chair
- She will switch chairs to imagine then *being* that other person
- The titles of the segments will guide you
- Note when the mother (the client) says the name “Tina,” she is addressing her daughter in the empty chair (That is not her daughter’s real name)
- Note that in the full session, she also speaks “as” her daughter, but this is not shown in the clips you’ll see

Get ready to watch the video 1

1. Self tells self: “Don’t acknowledge daughter’s pain”

- The client (the mother) tells herself “Don’t change”
- In this case “Don’t acknowledge your daughter’s pain, i.e., continue to ignore it.”

Get ready to watch the video 2

2. Self tells daughter: “I’m going to ignore your pain”

- She is now sitting in the “self” chair and imagines talking to her daughter.

3. Client tells therapist about own pain being evoked

- The client tells the therapist what is happening inside, and the therapist chooses to have her now imagine her own mother in the other chair

Get ready to watch the video 3

4. Client tells Mother what was painful

- Client is imagining her mother, who died 5 years ago, in the other chair

5. Client, as her own Mother, voices regrets

6. Client reacts to what “Mother” has said

Have you got all that?

1. Self tells self: “Don’t acknowledge daughter’s pain”
2. Self tells daughter: “I’m going to ignore your pain”
3. Client tells therapist about own pain being evoked
4. Client tells Mother what was painful
5. Client, as her own Mother, voices regrets
6. Client reacts to what “Mother” has said

So we start with . . .

1. The client (the mother) telling herself:

2. “Don’t acknowledge your daughter’s pain. Ignore it.”

More on the Video

- The client uncovers a fear of feeling like a bad mother, a bad person, and of losing her identity
- She then makes contact with a deep unresolved sorrow of not having felt loved by her mother
- Being able to speak this to the imagined mother in the other chair allows her to get access to the wisdom within her that her mother loved her and was proud of her
- This frees her from the chains of avoiding the pain of the unmet need of the past and frees her to follow her motivation in the present, which is to acknowledge her daughter's pain

The fortress that we build for ourselves as a child

Becomes the jail cell that imprisons our adult self

From fortress to prison to freedom

- The protection that the client needed from the childhood pain had persisted as a fear of reexperiencing that childhood pain
- Addressing the childhood unmet need unlocks the door
- She tells her imagined mother “I’m so grateful that you see my pain.”
- She is now prepared to see her own daughter’s pain.

From fortress to prison to freedom

- It was not her daughter's pain that she feared
- As a mother, she can take it!
- What she feared was stirring up on her own past pain
- That as a child she had no help with
- And so she had the lingering sense that it would be too much, and she would fall apart if she allowed herself to feel it

Post video comments

- Two interesting points:
- When she was in the “daughter’s chair” speaking as her daughter (the part you did not see) one of the specific things the daughter said is that she needed mom (the client) to acknowledge her pain
- Chinese colleagues have told me before that this approach helps with the thing the client mentioned—that they describe painful experience as being “stuck” and blocked in the body and that this approach helps unstick it

Post video – Identify the parts

- **Self-Efficacy:** Client's perceived low self-efficacy in regard to capacity to handle the pain from her childhood
- **Pain:** The pain was associated with her healthy needs not having been met
- **Unmet Needs:** The unmet needs were to feel loved by her mother, to feel seen and respected by her mother, and to have her mother acknowledge her pain
- **Unmotivated:** Client's apparent low motivation was in regard to helping her own daughter. She was not willing to acknowledge and attend to her daughter's painful feelings about being abandoned by the mother at a vulnerable age
- **Competing Motivation:** Client's competing motivation was to protect herself from the pain of the early experience and unmet need

Post video – Identify the shift 1

- By having the client adopt the “don’t change” stance (rather than urge her forward to do what her daughter needed)
- And uncovering the painful feelings that she fears will emerge if she does acknowledge her daughter’s pain:
- i.e., “You will discover that you’re not a good mother and not a good person” and that will be devastating
- And having her speak the feared impact of this: “You will fall apart”
- The client gets validated in her choice to ignore the daughter’s pain

Post video – Identify the shift 2

- Having feelings validated enhances emotion self-efficacy
- Also (the 1st Law of Emotion) . . .
- We process the feelings that are involved in the “Don’t change” phase
- Other feelings arise (the 1st law of emotion says one feeling leads to another – if you allow and attend to the first feeling!)
- We don’t say: “You should open that up”
- Instead, we validate her fear by saying: “Shut that down! It will be too painful.”
- This actually helps the person be able to “go there” and open up

Post video – Identify the shift 3

- Next: Identifying, acknowledging, and validating the unmet need
- Leads to the self being able to relinquish the persistent wish that the need could have been met in the past
- The self now has access to other ways to have the feelings transformed and the needs met
- e.g., She is able to get access to the wisdom inside her that her mother loved her and was proud of her
- At the end she has no hesitation that she will address the topic with her daughter, and apologize for the original loss and for ignoring it

What happened to the competing motivation?

- The competing motivation wins over the healthy current motivation when it is not in awareness
- The competing motivation is like an echo from the past
- A sense that we still need the fortress that we needed to protect ourselves when we were a child.
- When we process the competing motivation
- It slips into its place in history, and leaves room for the self to follow the current healthy motivation
- And to find healthy (rather than maladaptive) ways to get their healthy needs met

Greenberg on emotional pain & unmet needs

- So let’s be clear about what we’re referring to in regard to needs
- Emotional pain indicates an unmet need

Greenberg – Which needs?

- Core needs that when unmet bring emotional suffering:
- Connection & understanding. Unmet: sad loneliness and insecurity
- Respect, acknowledgment, appreciation. Unmet: shame
- Safety. Unmet: fear

Greenberg – Context of unmet needs

- Context of unmet needs in past: e.g., abandonment, neglect, abuse.
- When the need is not met, the individual learns that it's too painful to feel and to need
- They "protect themselves from the suffering with a sort of paralysis or imprisonment in bad feelings, such as hopelessness, anxiety, or reactive anger."
- They "shut down to avoid feeling the excruciating loneliness of isolation, the fear of abuse, and the shame of invalidation."

Here's our fortress again

- i.e., the self is very capable in protecting the self from those excruciating feelings by building a fortress that consists of shutting the self down and shutting off the pain
- Addictions and EDs are great fortresses – and they work!
- They are highly effective in shutting down and shutting off.

Greenberg – Healthy needs & change

- When the individual can see that the need is healthy, and that they deserve to have it met
- This gives new direction, access to new emotions, and a path to change.

The need in therapy 1

- When the individual is supported to identify their core painful emotion,
- There is an organic and self-actualizing tendency
- toward expressing what the self needed. *

The need in therapy 2

- “It hurt me when you ignored me.”
- Leads to:
- “I needed you to see me.” *

The need in therapy 3

- “It scared me when you hurt me.”
- Leads to:
- “I needed your protection.” or “I needed to feel safe in your presence.” *

The need in therapy 4

- “I missed having a loving mother.”
- Leads to:
- “I needed you to stay.” or “I needed to feel loved.” *

The need in therapy 5

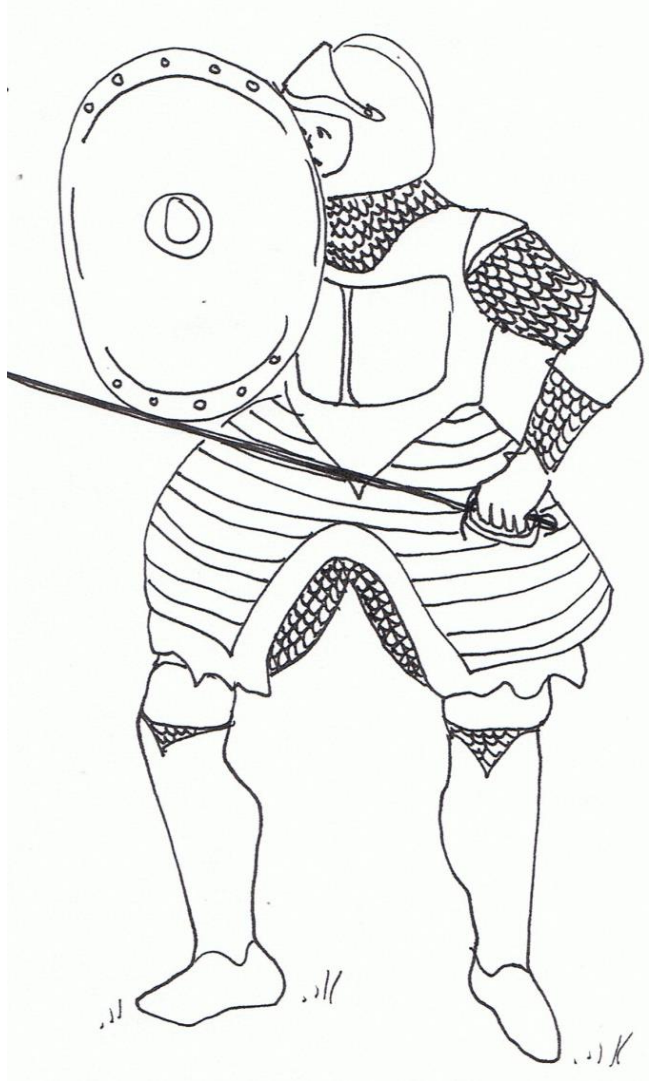
- Let's add an earlier step
- When the client expresses a feeling such as:
- "I feel unworthy." "I'm no good." "I'm a waste of space." "I don't deserve to be seen."
- We guide them to:
- "It hurt me when you ignored me."
- And that leads to:
- "I needed you to see me."
- And that healthy need opens up a portal for change. *

The need in therapy 6

- Think about it
- It is impossible to feel, in the same micro-second, both:
- “I don’t deserve to be seen.”
- and
- “I needed you to see me.”
- Or to feel in the same micro-second
- “I am unlovable.”
- and
- “I needed you to love me.”

The need in therapy 7

- They can both still be part of what the client feels,
- but not in the same micro-second.
- And *there* you have your portal.
- You can feel the life-affirming tendency
- in the assertion of the healthy need.
- Even for that micro-moment,
- A chink – an opening – in the armour that the self is locked in, opens up. *

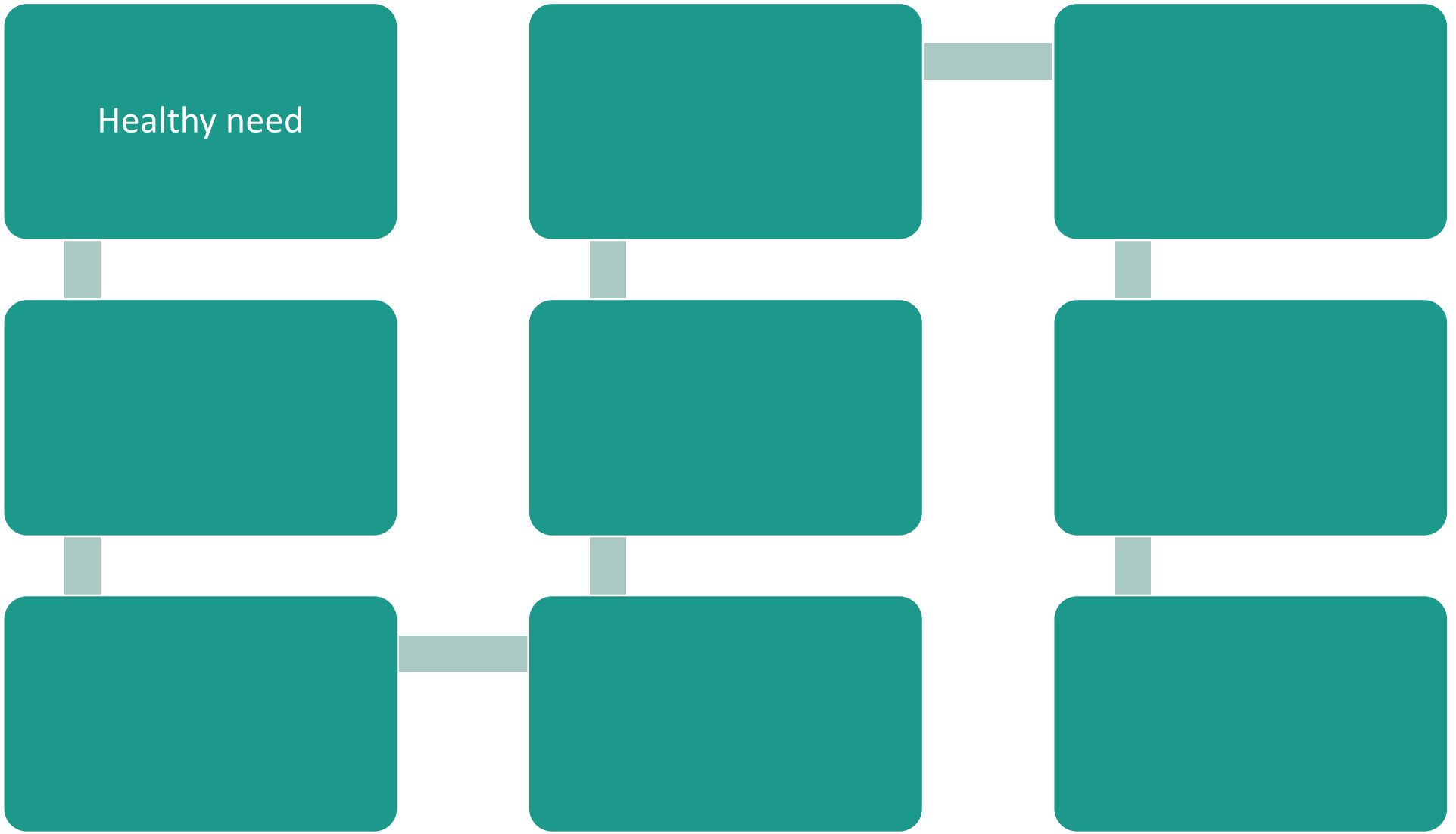


The need in therapy 8

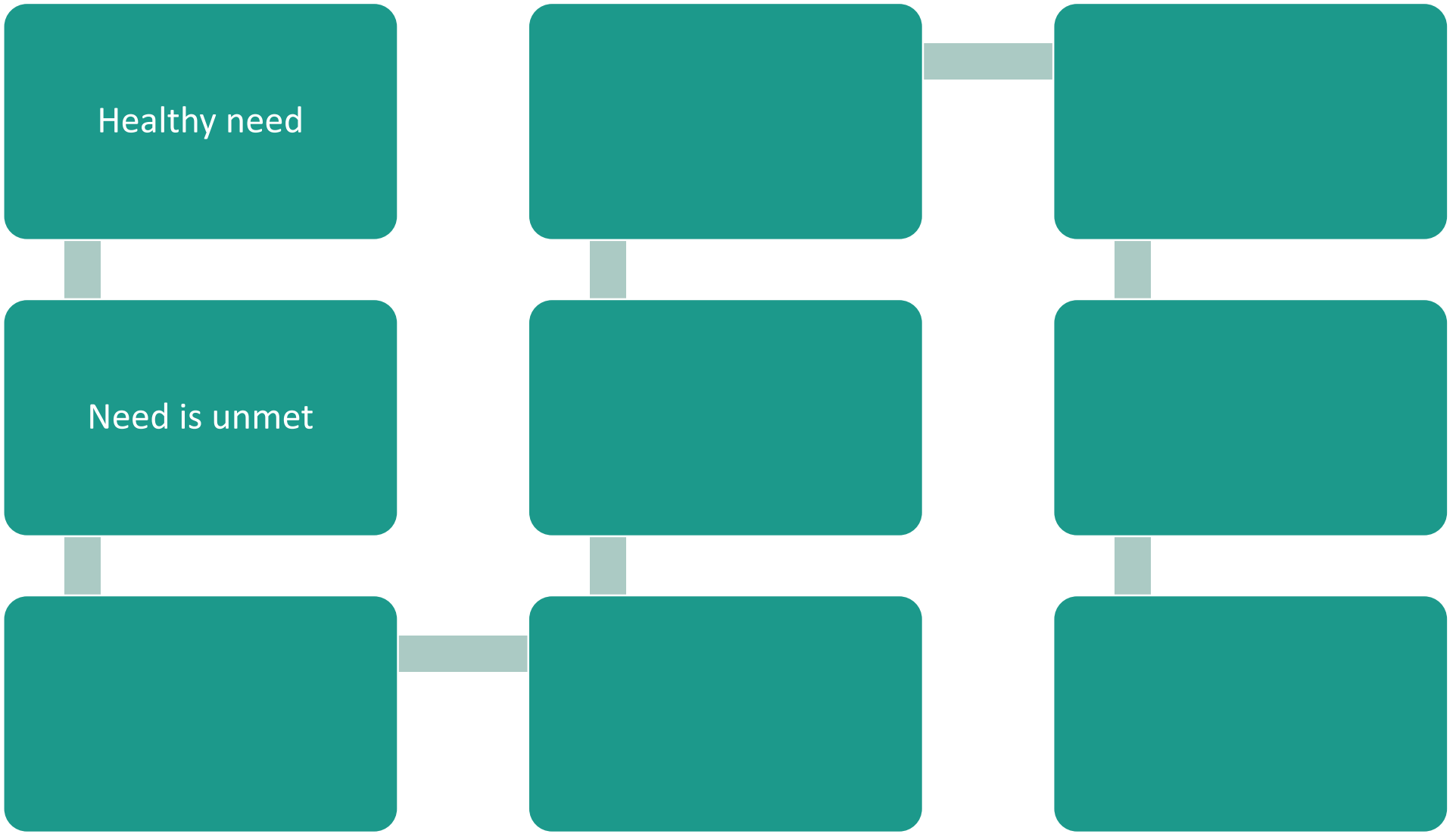
- “I needed” has an implicit assertion of “I deserved.”
- Through the activation and processing of old stuck painful maladaptive emotions
- Followed by the activation of new, adaptive emotions
- The old maladaptive emotions are transformed.
- The feeling of “I didn’t deserve” also begins to be transformed
- With the activation of a feeling of “I did deserve.” *

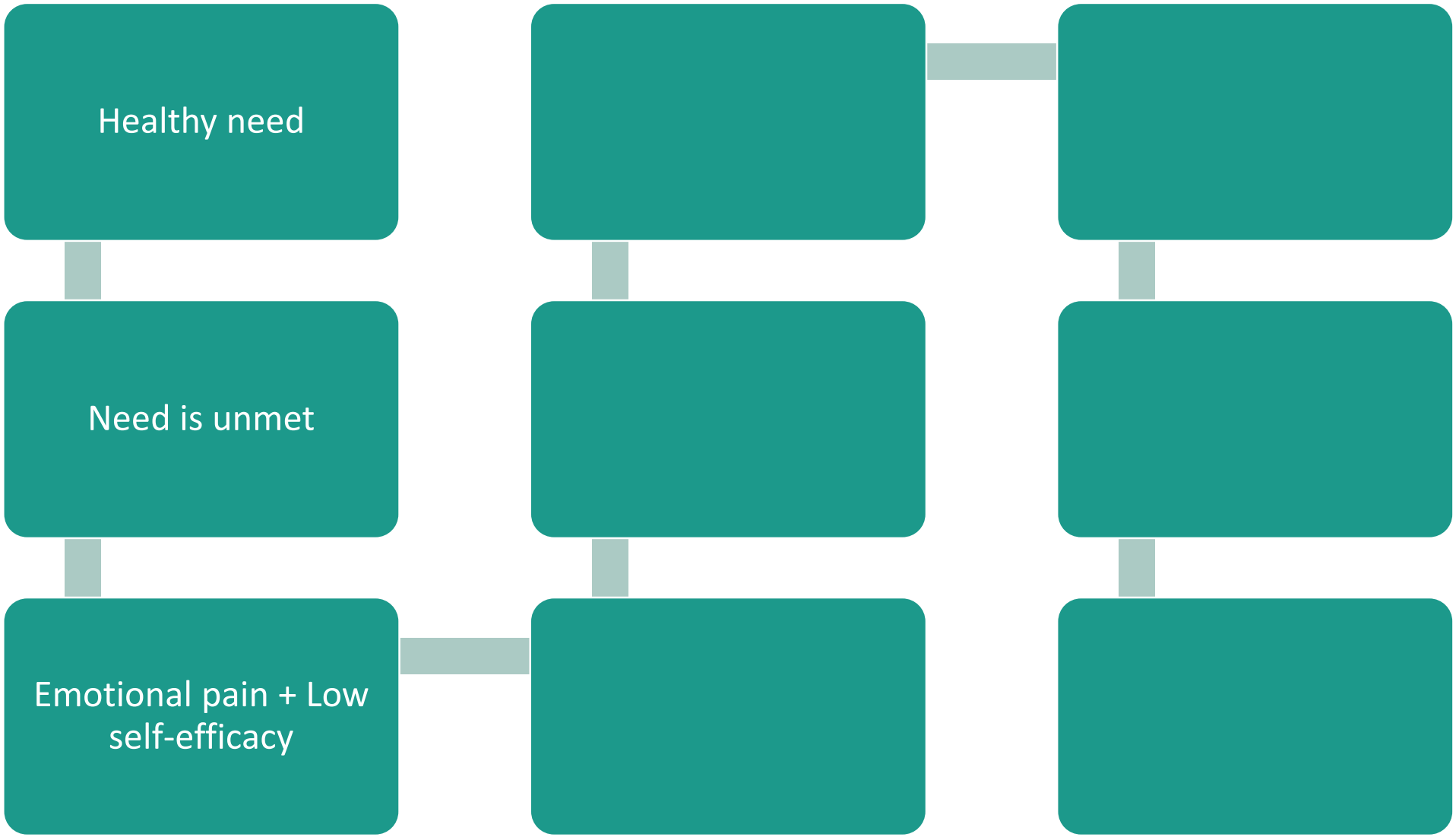
Capacity to address their unmet needs

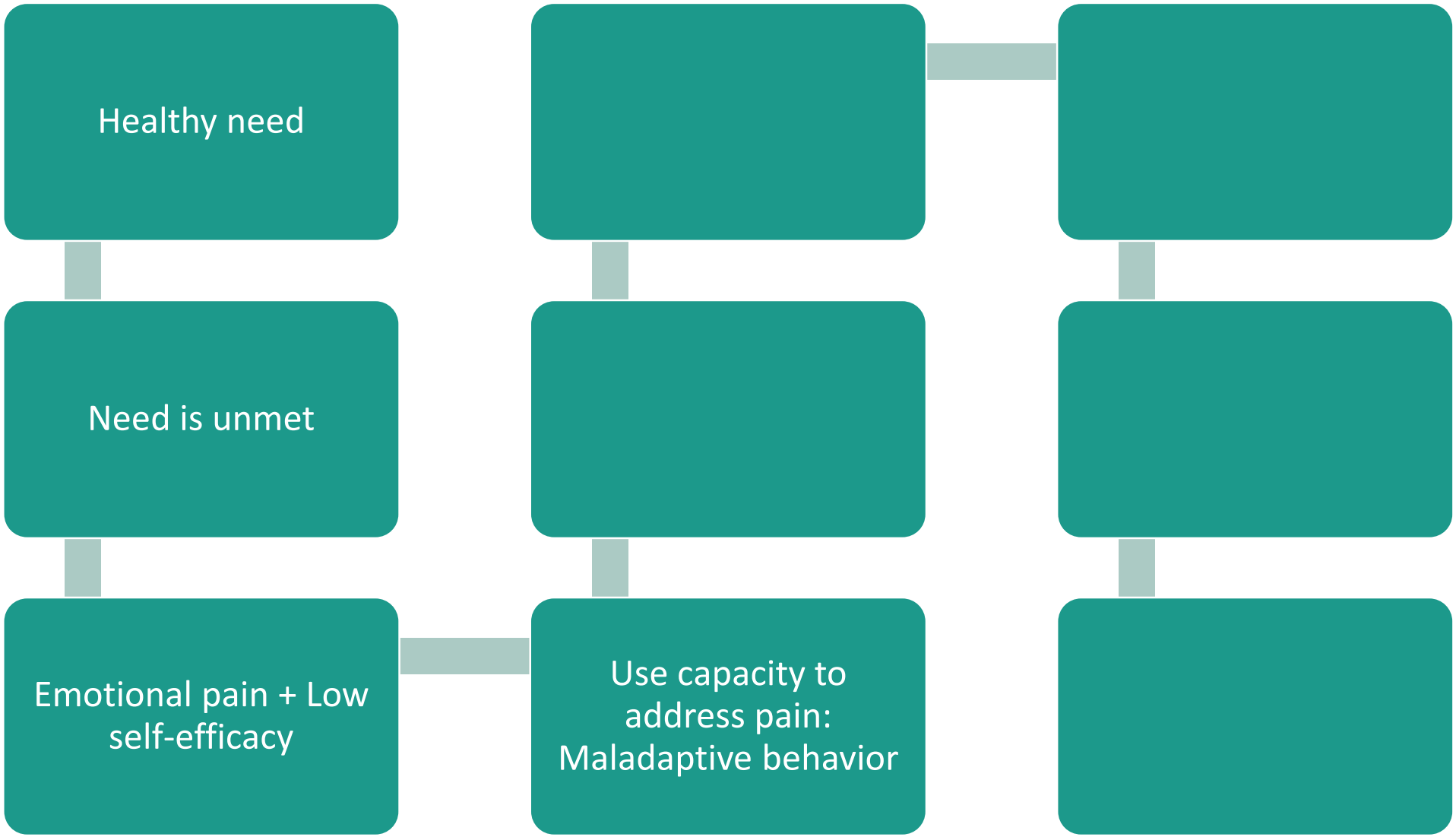
- So now instead of asking someone to do something—recover, i.e., stop what they are doing (like use drugs) or do something that they are not doing (like eat)
- We instead have them discover that what they have been doing represents strength and capacity in the service of healthy unmet needs
- Then we use the capacity and the unmet needs to find the new direction

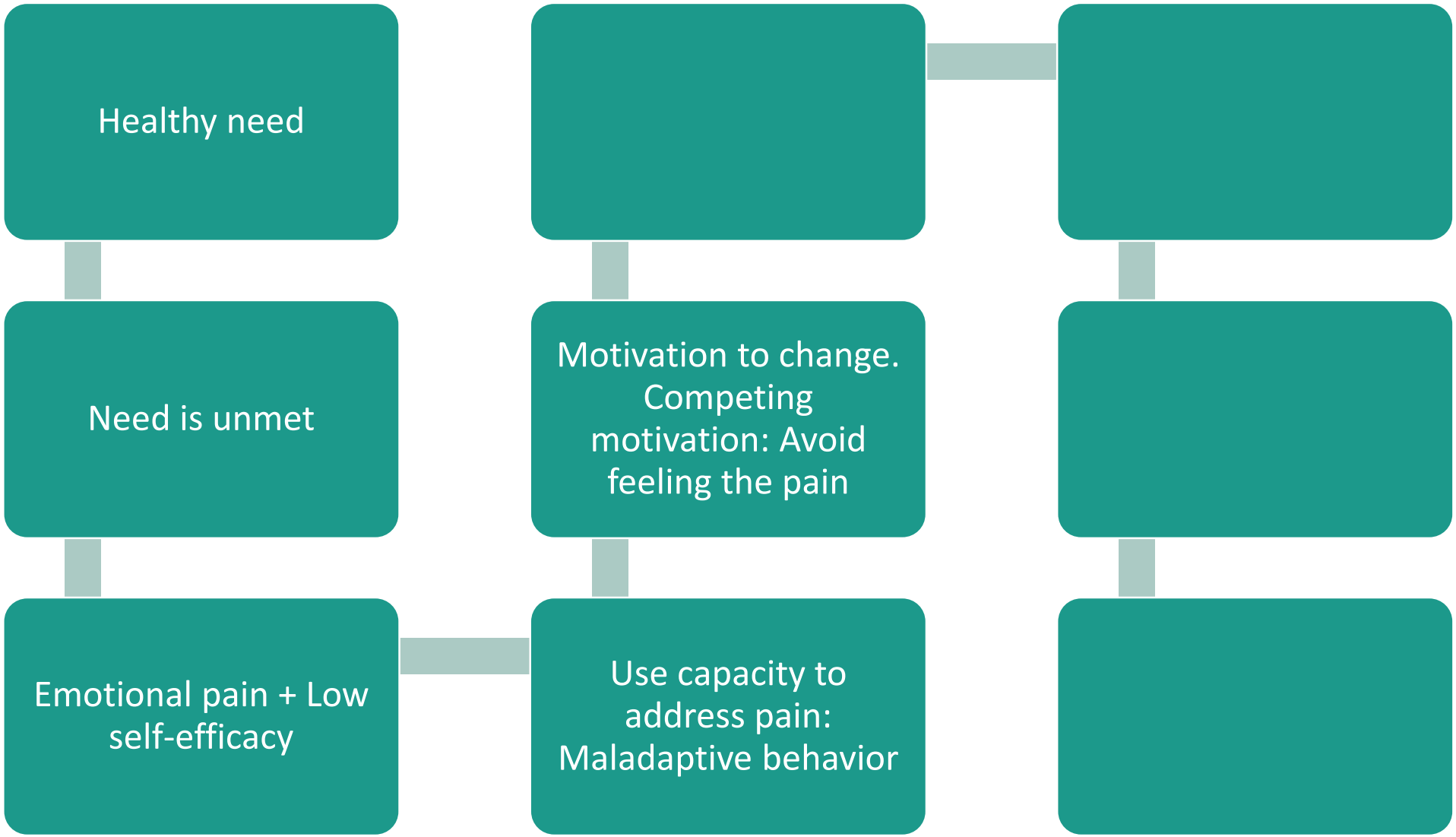


EMOTION TRAINING INSTITUTE









EMOTION TRAINING INSTITUTE

Healthy need

Need is unmet

Emotional pain + Low self-efficacy

Use capacity to address pain: Maladaptive behavior

Motivation to change. Competing motivation: Avoid feeling the pain

"Don't change" concept to identify unmet need and competing motivation

EMOTION TRAINING INSTITUTE

Healthy need

Need is unmet

Emotional pain + Low self-efficacy

Use capacity to address pain: Maladaptive behavior

Motivation to change. Competing motivation: Avoid feeling the pain

"Don't change" concept to identify unmet need and competing motivation

Process competing motivation incl Empathic validation

EMOTION TRAINING INSTITUTE

Healthy need

Need is unmet

Emotional pain + Low self-efficacy

Use capacity to address pain: Maladaptive behavior

Motivation to change. Competing motivation: Avoid feeling the pain

"Don't change" concept to identify unmet need and competing motivation

Process competing motivation incl Empathic validation

Identify agency Enhance self-efficacy

EMOTION TRAINING INSTITUTE

Healthy need

Need is unmet

Emotional pain + Low self-efficacy

Use capacity to address pain: Maladaptive behavior

Motivation to change. Competing motivation: Avoid feeling the pain

"Don't change" concept to identify unmet need and competing motivation

Process competing motivation incl Empathic validation

Identify agency Enhance self-efficacy

Boundaries without judgment

In summary

So we want to:

1. Understand and utilize a client's own ***unhealthy,*** maladaptive behavior to identify their ***healthy*** unmet needs.
2. Use the context of their own choices and maladaptive behaviors to **validate the deprivation and painful emotion** associated with the unmet needs .
3. **Identify the client's innate capacity** to address and ameliorate the painful emotion associated with that deprivation – a capacity that is evident in the very maladaptive behavior they chose. And . . .
4. **Utilize their inherent capacity,** that they've shown in how they've addressed their needs in the past, to find healthy ways **to get their needs met** now in the present.*

EMOTION
TRAINING
INSTITUTE

https://www.emotiontraininginstitute.org/

https://emotionfocusedskillstraining.org/