

CHAPTER 9

WORKING WITH EMOTIONS—YOURS AND THEIRS

LEARNING OBJECTIVES

1. Discuss the importance of focusing on emotions in the counseling process.
2. Define emotional intelligence and describe a model of working with emotions based on emotional intelligence.
3. Identify how a feeling vocabulary can be used in counseling practice.
4. Explore the four main feeling states and their function in human experiences.
5. Discuss the role of the counselor's feelings in the therapeutic relationship.

INTRODUCTION

Probably one of the biggest concerns for counselors who begin to practice in the area of grief counseling is how to work with strong emotions as they arise in clients. Although we have earlier shared that not everyone will grieve through the sharing and expression of their feelings, many clients will experience strong emotions as part of their grief. In this chapter, we explore the role that emotions might play in the grieving process, and how counselors can help their clients to benefit from working constructively with their feelings.

Many bereaved clients will feel overwhelmed by their feelings, and they will come to counseling in hopes of learning to contain their feelings. The good news is that clients can often learn how to manage their feelings and regulate their emotions through the counseling

process, but the hard part is that they learn to do this by first having to focus on them. In their everyday world, bereaved individuals are often given much advice and receive many messages that minimize their experience, probably with the intent of helping them to manage their feelings. In the counseling process, however, we often do just the opposite, and a lot of time is often spent exploring and gaining insights from feelings rather than trying to avoid or minimize them. Thus, what may occur is that we might, at first, intensify the feelings because we pay attention to them, and even focus on them instead of trying to diminish and contain them for the sake of social propriety. The identification of and work with feelings can be very rewarding and empowering for clients, ultimately moving them into deeper work that allows them to recognize their strengths and potential for growth.

There is some discussion about the difference between feelings and emotions. Typically, feelings are viewed as faster than emotions in terms of response (referring to the response time of the feeling and how fast it arises in real-time stimulation), and it takes someone less time to recognize feelings because they are instant reactions to stimuli that occur in the present moment. Emotions tend to be viewed as a longer-term effort, after an individual has had an opportunity to reflect upon feelings that have surfaced, and meaning or significance has therefore been assigned to the felt experience. Feelings are closer to sensory stimulation; thus, if you touch something, you feel it almost instantaneously, which is a fast reaction. An emotion could represent a deeper experience because it might affect more aspects of you, and you may become more invested in it because you have delved into and reflected upon the experience more, but that is only because it is now also attached to your cognitions and interpretations more. For example, depression will have more of an impact on you than just an isolated feeling of sadness. We find these distinctions are mostly academic, though, and for the purposes of this chapter, we use these two terms interchangeably because both feelings and emotions are important in our discussion, and the work with feelings and emotions in the counseling setting is going to involve the same process.

THINKING CRITICALLY ABOUT FEELINGS

Individuals who live in Western-oriented societies tend to think of feelings as primitive, irrational, weak, pathetic, and an indication that someone is out of control. Stop and think for a moment about how many derogatory terms and phrases are there to describe someone who readily expresses emotions and what these phrases imply:

“He lost it.”

“She was hysterical.”

“He went nuts.”

“I need to get a grip.”

The implication is clear: If you express strong emotion, you are out of control, and you need to regain your composure quickly. Stoicism and rationality are espoused as true virtues; for example, “He’s holding up so well,” or “She is staying strong for the kids.” Individuals who deny their emotions and function solely from an analytical, rational perspective are seen as

smarter, more competent, and desirous. Feltham (2010) ventures to address the issue of emotion in counseling by stating that the most effective counselors tend to be those who are more naturally intuitive and emotionally responsive, both characteristics that are more acceptable to feminine socialization patterns. He concludes that most counseling theory is generated by men and places cognitive processing at the top of what is most desirable in counseling practice. He also states:

There is a prejudice against raw emotion and direct knowledge, and a demand for theoretical justification. Crying remains an uncomfortable phenomenon and is rare in public and in educational institutions, as is expressed anger. Direct, heartfelt responses to the common human experiences of loss and heartache receive relatively little attention in counselling training. (p. 184)

We have previously discussed the importance of the counselor's focused and compassionate presence within the counseling relationship. Genuine caring and compassion are feeling oriented, and clients are very likely to "know the difference between a counselor who really cares deeply and one who either struggles to do so or who is primarily cognitively rather than emotionally oriented" (Feltham, 2010, p. 184). Similarly, Levitt, Butler, and Hill (2006) and Timulak (2010) state that the counselor's ability to perceive, share, and explore emotional content was reported by clients as the most valued components of their therapy work. Watson and Bedard (2006) compared outcomes in clients who received process experiential therapy (PET) versus those who received cognitive behavioral therapy (CBT) and found that clients who had received PET, with its focus on emotional content and expression, were more deeply engaged in the therapeutic process and more likely to positively engage with their emotions readily afterward. Similarly, Fisher, Atzil-Slonim, Bar-Kalifa, Rafaeli, and Peri (2016) found that the client's emotional experience was one of the most important determinants of the therapeutic process, which then predicted greater improvement in functioning. These statements are not meant to indicate that counselors who are more cognitively focused are less effective, but to emphasize the importance of being open to the exploration of feelings as part of the counseling process. Likewise, the ability for counselors to access their own feelings and intuition is important in order to be able to effectively engage with clients' feelings and emotional states. As counselors, we will be touched and moved by the pain and suffering of our clients, and we do share a common human lived experience with them (Matise, 2015). However, showing emotions, especially openly with clients, can be interpreted by some as a sign of weakness or lack of professionalism (Curtis, Matise, & Glass, 2003). However, it can also be argued that showing our true feelings with clients is a form of congruence and genuineness, when filtered through the lens of the client's best interests. Disclosing our personal reactions to our client's stories can also be a valuable form of self-disclosure that serves as validation and normalization of our clients' feelings. It is important to place feelings into the appropriate social and cultural context—and in most modern Western societies, feelings are devalued and stigmatized, so it is important to look critically at how intellect and cognition are privileged, and emotions and intuition are devalued—and yet *both* these entities are important aspects of the whole human experience.

FUNCTIONAL FEELINGS

In the therapeutic setting, feelings can be seen as valuable indicators of what is most important to the client's process. They give an indication of what Gendlin (1978) referred to as the "felt sense" of the client in a situation, and when you are able to identify and focus on the client's feelings, you are probably working very directly with the places of most concern and difficulty to the client. Indeed, emotion-focused therapy was developed with the understanding that attending to clients' emotions and the meanings attached to them are the primary sources of new information that can be used in the construction of new meanings and eventual working through of painful events (Paivio, 2013). You may recall our earlier discussion of the use of immediacy in the counseling process in Chapter 6, "The Basics of Counseling Practice." Immediacy includes working in the here and now, with the feelings that are currently arising in the session. Schneider (2016) states that working in the here and now, noting feelings that are present in the client during the session, enables the most potential for insights, growth, and change in clients that can then be applied outside of the therapeutic environment.

In the counseling session, it is important to help clients to learn to befriend their feelings and to try to learn from them. Although not everyone experiences strong feelings in response to significant life events, when intense feelings arise and we try to block them, we can end up feeling more anxious. Suppressing strong feelings takes a lot of energy and it can "backfire" when the defenses that function to contain the feelings are overloaded in some way.

When this happens, the suppressed feelings can end up being released in a flood that can be overwhelming to the person and to the people in proximity to that person (Practice Example 9.1).

We need to be able to experience feelings appropriately—in a way that is constructive, in the proper environment, and with the ability to reflect upon them as well. It is important to connect compassionately with feelings as they arise in order for defense to soften; approaching feelings in this way will eventually lessen the anxiety that the suppression of feelings creates. Feelings tend to "live" in our bodies, and we often experience a physical sensation when strong feelings are present. Sometimes, we will experience a "charge" with an emotion, which can be felt as a strong physical association with a certain feeling. We interpret this "charge" as the feeling attempting to get your attention that something important is happening and needs your focus. People often remark about feeling nauseous or their stomach being upset, being jittery or shaky, hot or cold, clammy, or heavy in their chest. You may have heard of the "fight-flight" response to stress, which is the way our bodies respond when we feel acutely stressed, frightened, or threatened. There is a direct link between how we feel and how our bodies respond, and we can often rely upon the signals in our bodies to help us identify our feelings and to channel them in ways that are healthy and constructive. In many ways, it is much easier to be "in our heads," but experiencing life from a cognitive orientation alone means that we are denied the full and rich depth of being a complete person, which involves an integration of our thoughts, feelings, and physicality.

EMOTIONAL INTELLIGENCE

For the last century, we have become very focused on developing our intellectual abilities. With the introduction of the Stanford-Binet intelligence test in 1916 (SB5; Fancher, 1985), the Wechsler Adult Intelligence Scale (WAIS) in 1939, and the Wechsler Intelligence Scale

PRACTICE EXAMPLE 9.1**LEARNING HOW TO EXPERIENCE INTENSE EMOTIONS**

Pam's husband died a year ago of a progressive neurological disease after being diagnosed 2 years prior. Pam often arrived late to her sessions because she was so busy at work. She would talk openly about her husband's illness and their relationship, but if she began to get emotional, she would immediately divert herself into another topic. When the counselor asked how she felt, she would reply, "Well, you know . . . how anyone in my situation would feel . . ." and would then move onto something else. It was apparent that Pam was afraid of her feelings and was very uncomfortable discussing them.

One day, Pam came into her session and told the counselor about a situation at her bank. She was applying for a line of credit to make changes to her home now that she no longer needed to worry about accessibility for her husband's wheelchair in the living spaces of the house. The officer at the bank, not knowing that her husband had died, asked if the home was her property or in joint ownership with her husband, as his name was still on her accounts. Pam described being overcome with grief and sadness at that moment, unable to stop herself from sobbing in the bank in front of many people. The bank officer tried to usher her into a private area, and she felt humiliated as he did so. Her comment to the counselor was, "I don't like having these emotions, and this incident just proved why."

Pam's counselor took this opportunity to reflect back to Pam that intense emotions can be scary and difficult, but perhaps if she could "dose" herself with her feelings at times, they would not be triggered in such a big way again. Pam then asked for guidance about how to do this.

for Children (WISC) in 1949 (Frank, 1983), people focused on "IQ" as an indicator of who was smart, who was most likely to succeed, and who would be revered socially. Although Wechsler especially tried to look at more global capacities, such as the ability to solve real-life problems and to navigate successfully within one's environment, the focus was still mostly on rationality and cognitive reasoning. Emotional components of the human experience were seen as secondary, and possibly a hindrance, to the measure of cognitive potential that was present in each individual.

The value placed upon cognitive excellence and rational problem solving has become generalized to expectations about a person's character, ability to navigate social situations, and a general belief that people who are "smart" by these standards are those who should be revered, emulated, and given deference. In reality, these expectations do not exactly work out in terms of personal success, social integration, and in the cultivation of empathy and compassion for others. We can all think of individuals in various professions who are brilliant in terms of their intellectual capacity, academic accomplishments, and rational problem-solving abilities, who, nonetheless, have a great deal of difficulty managing their personal relationships and getting along with others, or are not able to work with others in settings that require teamwork. So, intellectual prowess is admirable, but it leaves something missing in

terms of relating to others. Dr. Sheldon Cooper, in the popular show *The Big Bang Theory* (Galecki et al., 2008), provides a good example of someone who is intellectually brilliant but who struggles socially, having a great deal of difficulty navigating relationships with colleagues and individuals who try to be his friends. Although television shows are meant to be entertaining, they are a reflection of popular culture and often provide good examples of how our social emphasis on intellectual intelligence and cognitive processing are not the measures of a person who is necessarily successful in life.

The point of this discussion is that we live in a society that highly prizes intellectual capacity, while dismissing social and emotional capacities, which are not only important but also necessary assets for a person to live in harmony with others and to be able to engage in relationships that are meaningful and reciprocal. Most of our relationships with others are predicated upon our ability to care, to empathize, and to respond to others in mutual and meaningful ways. Most attachment behaviors are also demonstrated through emotionally mediated behaviors, such as attunement and empathy (Kosminsky & Jordan, 2016). Grief is often viewed as a wound to our attachment system, and the responses to separation and a wounded attachment system are often emotional ones. Thompson (2012) identifies that an effective practitioner must have the ability to tune into the client's emotions and then to help the client to make the link between these emotions and their experiences of loss.

The first use of the term “emotional intelligence” is usually attributed to a doctoral thesis titled *A Study of Emotion: Developing Emotional Intelligence* (Payne, 1985). In essence, emotional intelligence (EI) is the ability to identify, express, understand, manage, and use emotions (Kotsou, Mikolajczak, Heeren, Grégoire, & Leys, 2019). Other authors have explored the concept of EI (sometimes referred to as either EI or emotional quotient or EQ; Goleman, 1995; Mayer, Salovey, & Caruso, 2008). Instruments were developed to measure various aspects of EI, including the Emotional Competency Inventory, the Emotional Quotient Inventory—Short Form (Parker, Keefer, & Wood, 2011), and the Emotional and Social Competency Inventory (Bradberry & Greaves, 2009). There are also several self-report and self-assessment scales available to the public via the Internet (Mayer, Roberts, & Barsade, 2008).

Goleman's exploration of EI is probably the best known and popular because of the publication of his popular book of the same name (Goleman, 1995) and the release of a secondary book titled *Social Intelligence* (Goleman, 2006). According to Goleman, to be successful requires the effective awareness and understanding of yourself, including your feelings, intentions, and responses, as well as the ability to understand the feelings and responses of others. The awareness of EI and its cultivation are important in grief counseling because it is very important for both counselors and their clients to develop a capacity to work with emotions that fosters competence rather than flooding because of emotional overloading.

Working intelligently with emotions that arise in clients is a process that involves assisting clients to:

1. Identify the primary emotion(s) that is/are currently present
2. Be able to name and/or describe the intensity of the emotion(s)
3. Find a way to work with emotions in a healthy manner
4. Seek to understand the message or meaning that comes from the emotion(s)

It is amazing to realize how little attention has been paid to the emotional content of our experiences and how readily we try to suppress or deny feelings rather than learning to work with them constructively. Many clients do not really know how to begin identifying their emotions and readily get stuck when asked what they are currently feeling. For example, a counselor might see a client clenching his fist, tightening his jaw, and becoming red in the face, only to find the client will respond to a question about how he is feeling with, “I don’t know . . . just upset, that’s all.” Learning to identify feelings may involve some education for our clients as to how to accurately describe what they are feeling and what to do with the feelings that they recognize in themselves. A good place to start might be to share with clients a “feeling vocabulary list” to help them to learn to identify what they are feeling (Exhibit 9.1). We often try to simplify things by suggesting that there are four basic feeling states: sad, mad, glad, and scared. You can then brainstorm different words that could be used to describe varying aspects of each of these feeling states. We often suggest that you begin with words that describe the least intense sensation of that feeling “cluster” and gradually progress to the most intense description of that feeling. For example, feeling words to describe *mad* might include *irritated*, *annoyed*, *frustrated*, *angry*, *enraged*, and *furiously*.

There are many different ways to help clients to work constructively with their emotions. Sometimes, just naming the feeling and talking about it can be enough for a client to address what is being brought to the surface by that emotion. As mentioned in the previous section, emotions sometimes carry a “charge” with them that we experience physically. Clients can sometimes feel intimidated by this intense sensation, afraid that in exploring their emotions, they will lose control over them, or they will say or do something that is not congruent with how they view themselves. Choosing a way to work constructively with different emotions should be based on the client’s personality and comfort level with the counselor, and this process can be facilitated by drawing from the strengths and interests of the client, that is, if the client likes to write, draw, paint, enjoys music, and so on. We discuss more specific ideas later in Chapter 11, “The Clinician’s Toolbox: Therapeutic Modalities and Techniques in the Context of Grief” (see also Practice Example 9.2).

Some ideas about helping clients to identify and work constructively with their feelings are as follows:

- Help clients express their feelings—invite them to explore their feelings, talk about their feelings, and give an affirmation about their right to have feelings:
“That must have been a very stressful time for you. As you remember the events, how do you feel about what happened?”
- Alert the client to the importance of nonverbal clues as indicators of feelings:
“You tell me you are pretty well over it, but I notice the tears in your eyes right now.”
- Help clients to begin identifying feelings and their intensity when they are in the sessions with you:
“You have said that you were a bit upset by what happened, but as I watch the expression on your face, I wonder if you are really pretty angry about this.”
- Help clients to sort out confused or conflicted feelings:

EXHIBIT 9.1

FEELING VOCABULARY LIST

Abandoned	Demoralized	Frightened	Laughed at	Rotten
Abused	Depressed	Frustrated	Left out	Run down
Accepted	Desolate	Furious	Lonely	Sad
Affectionate	Despair	Futile	Lonesome	Satisfied
Afraid	Desperate	Glad	Longing	Scared
Agitated	Despised	Glorious	Loved	Selfish
Alarmed	Despondent	Good	Loving	Sensual
Alienated	Destroyed	Grand	Lousy	Serene
Alone	Discontented	Grateful	Low	Sexy
Amazed	Discouraged	Gratified	Mad	Shaky
Amused	Discredited	Great	Maligned	Shocked
Angry	Disgraced	Guilty	Miffed	Sickened
Anguished	Disinterested	Happy	Miserable	Skeptical
Annoyed	Disliked	Hateful	Mistreated	Slandered
Anxious	Dismal	Hatred	Misunderstood	Spiteful
Appreciative	Displeased	Helpful	Needed	Startled
Ashamed	Dispassionate	Helpless	Negative	Surprised
At ease	Dissatisfied	Hesitant	Neglected	Suspicious
Awful	Distressed	Hindered	Nervous	Swamped
Awkward	Distrustful	Hopeless	Numb	Tearful
Baffled	Disturbed	Horny	Obsolete	Tense
Battered	Done for	Horrible	Offended	Terrible
Belittled	Doubtful	Humble	On edge	Terrified
Belligerent	Downhearted	Humiliated	Oppressed	Threatened
Below par	Downtrodden	Hurt	Optimistic	Thrilled
Bewildered	Dread	Hypocritical	Ostracized	Tormented
Bitter	Dreadful	Ignored	Outraged	Transcendent
Blue	Ecstatic	Ill at ease	Overlooked	Trusting
Bored	Elevated	Impaired	Overwhelmed	Uncertain
Bottled up	Embarrassed	Impatient	Panicky	Uncomfortable
Branded	Empty	Impotent	Passionate	Uncooperative
Broken	Enraged	Imprisoned	Perplexed	Underrated
Calm	Enthusiastic	Inadequate	Pleased	Understood
Capable	Envious	Incapable	Powerless	Uneasy
Cast off	Euphoric	Incompetent	Pressured	Unhappy
Cheapened	Exalted	Ineffective	Proud	Unimportant
Cheerful	Excited	Inept	Put down	Unloved
Competent	Excluded	Inferior	Puzzled	Unqualified
Confident	Exhausted	Inflamed	Reborn	Unsatisfied
Conflicted	Exhilarated	Insecure	Rebuked	Unsure
Confused	Exposed	Insignificant	Regretful	Upset
Constrained	Fantastic	In the dumps	Rejected	Uptight
Contented	Fearful	Intimidated	Rejuvenated	Wanted
Criticized	Fine	Irritated	Relaxed	Warmhearted
Crushed	Fit	Jazzed	Relieved	Washed up
Debased	Foolish	Jealous	Resentful	Whipped
Defeated	Forlorn	Jilted	Restless	Worried
Deficient	Forsaken	Jittery	Revengeful	Worthless
Deflated	Frantic	Joyful	Ridiculed	Worthy
Dejected	Friendly	Jumpy	Ridiculous	

PRACTICE EXAMPLE 9.2

LEARNING TO WORK WITH EMOTIONS

John's 22-year-old daughter was killed in a tragic accident 6 months ago. John's pastor had met with him several times to help him to come to terms with his daughter's death. John tended to focus on what he could have done differently to prevent his daughter's death, from helping her with the car maintenance to offering to drive her places instead of her driving alone. His pastor had often tried to get John to talk about his feelings, but he did not know how to describe what he felt, and it all seemed jumbled up into a knot in his stomach.

John decided to seek the assistance of a grief counselor to get more insights on his grief. In one of the sessions, John described the "knot" in his stomach. The counselor asked John if he could imagine what this knot would say if it could speak. As John tried to do this, he became visibly upset. With tears in his eyes, he said, "I should have done SOMETHING," to which the counselor replied, "It's horrible to have loved your daughter so much and to feel so powerless about her death." John began to sob. He told the counselor that he had a tremendous amount of guilt over his daughter's death. Over the next few sessions, John found it helpful to focus on how his body felt as a way to identify his own feelings and what he needed to do in order to work with them and his overwhelming grief.

"If I were to draw a chart of how you are feeling, what percentage of your feelings would be angry, what part hurt, and what part afraid?"

- Help clients to gain an understanding that they can have more than one feeling at a time and that it is normal to have dichotomous feelings occurring at the same time (e.g., happy and sad, excited and scared):

"I hear that you are looking forward to seeing your family again, but I also sense a part of you might be dreading this visit too . . . what do you think?"

- Use feelings to help reconnect clients with the deceased person(s), if that would be beneficial:

"Pretend that you are your wife and I will pretend to be you. Can you think of what she might be feeling if she were with you right now?"

Once a client has identified how they are feeling and explored the feeling in the session, there is usually a "message" that is behind the feeling. It may be simple, such as anxiety that results from realizing that you are now alone at night after your spouse died and you need to do what is necessary to feel safe and connected to others when you are home. Or it might be that what is happening has brought up previous experiences that have left you feeling abandoned or highly vulnerable, and you need to be in touch with someone from your past to work these issues through, if possible. As a counselor, remember that you are always listening with your intuitive "rabbit ears" (Yalom, 2009), both for the content that is being said in

words and the experience that is occurring through the nonverbal cues and emotional tone of what the client is saying as well.

WORKING WITH DIFFERENT EMOTIONS

Important guidelines for counselors to have in place are that they need to: (a) be aware of their own emotions when they come to the surface, (b) cultivate an ability to work constructively with these emotions, and (c) be able to apply the same “rules” about honoring emotional content and material in their lives as they expect from their clients. These things will affect how a counselor will be able to facilitate emotional work and process with clients (Practice Example 9.3).

When you begin to sense that there is a lot of emotion present in the client, it might be helpful to try to slow the session down. Empathic responses or immediacy may be used, depending on what the client is experiencing. The client may only stay with the feelings for 5 seconds, but in staying with these feelings, even if for a very brief time, there may be a sense of competency and relief afterward. Emotions are often intensified in the sessions, and clients are invited to go to a deeper level, closer to their core feelings. Stay with the feelings as long as the

PRACTICE EXAMPLE 9.3

COUNSELOR SELF-AWARENESS IN WORKING WITH EMOTIONS

Wendy was a new counselor in a downtown counseling agency. She had been assigned a client whose family had been killed when a tornado ripped through their house while she was away on a business trip. The client would often talk very fast, dart her eyes around the room, and repeatedly talked about “horrible things that can happen” to people without warning. Wendy would anxiously anticipate her sessions with this client because she felt so helpless and overwhelmed by the client’s story.

In supervision, Wendy described her feelings when in sessions with this client. Her supervisor reminded her of the need for her to care for herself and to ground herself before this client’s sessions, and they practiced ways that Wendy might be able to do this.

The following week, when the client returned, Wendy began feeling the same anxiety that had arisen in the previous sessions. She felt her heart rate increasing and noticed that she was breathing in fast, shallow breaths as the client talked. She consciously began to breathe more slowly and deeply, and she became aware of her body sitting in the chair. Inside her head, she said, “I want to be here and be present.” As her breathing slowed and deepened, her client began to talk more slowly as well. At one point, they both looked at each other, and Wendy said, “This is so very hard for you, and I can feel how anxious you are as you talk. Let’s take some deep breaths together, and then maybe you can tell me what one thing we need to focus on to start today.” While her sessions with this client always remained intense, Wendy no longer felt paralyzed by her own feelings and was able to be more present and focused with the client.

client tolerates it and stays connected to them in the session. Once the client begins to shift out of the feelings, talk about what the client felt and put it into a context. A good suggestion for follow-up with clients after they have gone deeply into emotional work is to first validate that it is hard work and then to ask what the experience was like for them. Often, working in this way with emotions brings a sense of exhaustion, but also a sense of clarity. After exploring feelings, a shift may occur in the client's perceptions, although it may not be apparent right away.

If your client is struggling with intense emotions, try to normalize the feelings and assure them that these feelings will not continue with this same intensity and magnitude forever. One helpful statement might be, "It is very difficult and intense right now for you, but it will not always be this way down the road." If the client has attempted to keep emotions under control by suppressing them for a long time, initially experiencing the emotions may carry the fear of being overwhelmed, rendered nonfunctional, or paralyzed by these feelings. Remind your clients that they have the choice about how they want to handle their emotions and provide modeling in the session that allows them to focus on the emotions and then get some distance from them in alternating waves. Normalize clients' concerns that feelings (especially those that are intense or carry a physical "charge") can be scary and that this is difficult work.

As we discussed earlier in the section on resistance, you must be respectful of people's defenses, and your goal is not to insist that people emote, but to recognize when clients need your assistance in working constructively with the emotions that are present. You, as the counselor, need to be able to help the client find what they need, both internally for control and externally for the release of the emotional material. There are times when clients need help in containing their emotions (different from suppression), especially when they are overwhelmed or feeling unsafe (Kennedy-Moore & Watson, 2001). The issue of containment is explored more in Chapter 10, "When Grief Goes Awry," where we discuss how trauma and grief overlap. Also, some specific therapeutic modalities that may help clients to work constructively with their emotions are discussed in Chapter 11, "The Clinician's Toolbox: Therapeutic Modalities and Techniques in the Context of Grief." We recognize that once clients begin to focus on their story and what has brought them to counseling, feelings often rise to the surface readily. It is hoped that this chapter helps you, as the counselor, to be open to your clients' experiences of emotional material and be able to facilitate your clients' process with quiet confidence and compassion. Remember that most people want a deeper connection with their inner self and that usually occurs by working with emotions.

SUGGESTIONS FOR SPECIFIC EMOTIONS

Because we believe that feelings/emotions serve a purpose, it might be helpful to look at some of the ways that feeling states might be reinterpreted as informative and positive to clients and their experiences, and also to provide some practical suggestions for counselors in working with emotions.

- *Fear*—functions to help in self-protection, and it often arises when we do not feel safe. It is important to sort out old fears from what has happened in the past versus anxiety about what is happening in the present by listening to what has happened

in the past and how it is being interpreted by the client in the current situation. For example, if a client has had a difficult situation with other helping professionals, the anxiety that is present in the session may be related to fear of how you might respond rather than to something more general in their life experience. It is important to remember that we become afraid for a reason, and the first consideration when a client is fearful is to ensure that they feel safe, first with themselves, then with you in the session, and then in their current environment and experiences outside of the session. There is a difference between fear and generalized anxiety. Fear is usually associated with something specific, even if the trigger for the fear may seem elusive at first. Anxiety tends to be more generalized and does not usually have a specific focus, although the anxiety may transfer to various situations when it is intensified.

When people are afraid, they may have a sense of “going cold” inside, and their hands and feet may also feel cold or numb. Some people are agitated by fear (hyperarousal) and others are paralyzed by it (hypoarousal), so people may speak very fast and seem keyed up, or they may actually come across as very contained, disconnected, and shut down. It is only with time and gentle exploration that you may have a deeper understanding of the source of the fear, or the background to the anxiety that your client is experiencing. Breath is associated with fear, and you will often notice that when clients become more anxious, breathing may become more rapid and shallow, or they may actually hold their breath without even realizing it. It can sometimes be helpful for the counselor to breathe along with clients as they share their stories, and if the counselor notices that they are not getting enough air when following the client’s breathing pattern, it might be an opportunity to say something like, “Let’s just take a deep breath together and slow things down a bit, okay?”

When clients feel anxious, they often have a hard time hearing you or taking in what you are sharing with them, and they may not remember much of what has been said in the session. Keeping things slow and calm, and repeating things or writing things down that are said a few times might be helpful. Be very clear when you speak and make sure the client is able to hear and understand what you are saying by checking in several times during the session. People who are habitually in fear often dissociate, meaning they are physically in the room but seem to have become absent psychologically and/or emotionally. The task then is for them to stay with it, work gently and quietly at the source if possible, and reframe the experience as necessary. Frequent dissociation in the sessions may mean that the client has a history of trauma and the need to “leave” the room is protective. Unless you are trained as a therapist in this area of work, you could risk more harm than good if you push a client who is re-experiencing traumatic material as a result of the sessions. This issue is discussed in greater detail in Chapter 10, “When Grief Goes Awry,” but this would be a time when you as the counselor need to be able to identify if a client’s needs may be beyond your professional scope or abilities.

If you sense that your client is feeling overwhelmed by anxiety, you may also wish to help the person become more grounded in their body or in the room with you, so first start with the breath, maybe counting breaths together for a minute to start. You can then go through a “body scan” with the client, identifying feeling the feet on the floor, their weight in the chair, the arms on the chair or on the lap, feeling the tips of their fingers, and the sensation of breath from the nose, and then suggest that the client look around the room and name out loud several things that the client sees, such as the lamp, chair, and picture. You can repeat this process as needed to help your client feel safe and supported by you and to help the client to feel physically and emotionally present in the session. Once the client is feeling more grounded, you can take the opportunity to talk about what you just did and why—and offer it as a tool that they can use if the anxiety returns and is overwhelming when not in a session. Relaxation CDs, digital downloads, and meditation apps may be of help for clients to use when they are trying to go to sleep at night, or at times when they are on their own and feel intense anxiety or panic. It might be a good idea for you to be familiar with specific relaxation techniques that you can recommend to your clients, especially those that involve progressive relaxation and engage the body with the relaxing imagery or instructions.

- *Anger*—serves the purpose of a warning light and gives energy to get past blocks. Anger tells you that something is wrong, and it often comes up when a person feels violated or treated unfairly in some way. It can also be protective when a person feels threatened or vulnerable. It is very important that clients understand that anger is okay and that it is a natural part of the grieving process for many people. If you think of being robbed of something that is precious and irreplaceable to you, one of the first reactions you might experience would be anger toward someone who could do such a thing. Grief is no different, because when you lose someone you love, or when you experience a significant loss, there is often a feeling of being robbed, a feeling of being deprived, and a constant reminder of the unfairness in how events have unfolded—and anger would be a natural response to any of these scenarios. Care must be taken to disentangle anger from violence, and if your client has experienced violence associated with anger in the past, this emotion might be a scary and difficult experience.

A good image of constructive anger is to describe it as a life force that can be empowering and highly informative of when a client needs to attend to what is happening in a very conscious way. Anger is like the mushroom that pushes through the concrete in the sidewalk—we sometimes need this energy in order to get through the blocks that are present and preventing us from moving forward. Constructively channeling anger is what has been at the core of some very well-known advocacy groups and support organizations, such as Mothers Against Drunk Driving, so it is important to understand that a person can experience anger as a positive and healthy emotion.

Anger sometimes looks like fear because people may shut down out of fear of their anger. Often, the person who is angry turns red in the face, clenches the fists, tightens the jaw, and may physically shake. The counselor can help to facilitate an understanding of where the anger is coming from and help the client direct it and focus it in order to release it. Verbal expression of angry feelings may be enough. Sometimes, however, it is helpful to engage the body to physically release the anger in order to clear it to get to the underlying issues. People often feel better afterward. Writing or scribbling in a journal with heavy strokes, throwing paint at a canvas, breaking eggs with your hands in the sink, kneading and pounding bread dough, digging vigorously in the garden, hitting pillows, tearing paper, or yelling into a pillow may also help release it (these are all suggestions that have come from our clients!). The release is only really helpful if the client can then talk about the feeling and what is underneath it afterward; physical release without meaning being attached to the activity may not provide the client with the clarity and understanding that is needed afterward. Use of language is very important with anger as well. We have smiled as some of our most prim and proper clients choose very strong language to express some of their feelings, knowing that they would never talk like this outside of the session! Using strong language can be a form of release as well, so be aware of the possibility of expanding your feeling vocabulary in ways you might not have expected as a grief counselor!

- *Sadness*—is often more socially acceptable than anger, especially for women. In sadness, a person tends to retreat inside; sometimes, clients seem to “melt” into themselves when they express their sadness. It might be helpful for the client to have something to hold, such as a pillow, a small blanket or throw, or a stuffed animal. If clients experience deep, intense sadness, they may begin to sob heavily and rock back and forth. You are the supportive witness to their experience, and the importance of your presence should not be underestimated. Most people are very self-conscious when they are crying in front of another person, so rather than staring at the person when they are crying, we would suggest that you drop your gaze a little from their face to their shoulder or knees and wait patiently. You can breathe with the person silently. You can gently let the client know that it is okay to cry and okay to feel this much. Let people breathe deeply in and let the sadness out with their breath. Beginning counselors may feel a great urge at a time like this to jump in and “rescue” the client, but this may be the only time and place that the client can actually enter fully into the sadness without having to worry about what someone else thinks or feels as a result of the expression of such profound emotional pain.

After experiencing deep sadness, the client may want contact, and it is very important to be clear about what the client wants and needs (not what the counselor wants and needs!). In my (D.L.H.) client office, I keep a soft chenille throw over the back of my chair. If a client goes into a place of deep sadness, I will sometimes take the throw and wrap it around their shoulders as a gentle form of contact that is nonintrusive to the client’s process. I also have a soft pillow that they can

hug against their body as a form of self-soothing. There is a tendency to come out of this type of expression slowly. It is important to reassure clients that they will have time at the end of the session to “regroup” before finishing the time together. It is also the counselor’s responsibility to ensure that the client has returned to a sense of normalcy before leaving the office and driving a car. Some of our clients choose to go for a brief walk to regroup after an intense session before getting into their car and driving away.

One final suggestion for clients when they are experiencing strong emotions outside of the sessions is to find ways for them to recognize their feelings and work with them, but to also be able to contain them and bracket their feelings when necessary. Clients can have “grief drawers” in their homes, in which they can store pictures, music, memorabilia, and linking objects. When clients realize that strong feelings are arising, they can open the drawer and use these items to facilitate some of their grieving process (Harris, 2015). Some clients may light candles when they are actively involved in this work—when the candle is lit, they focus their attention and emotional energy on the contents of the drawer and the associated feelings that arise at that time. When they are done, they can blow out the candle, put the things back into the drawer, and close it shut. Clients may choose to write about this experience in a journal and share it with you when they come for their next session. Clients can use music to do something similar—when a particular song is done, or the CD is finished, they actively move away from the emotional processing and consciously move into another room as a form of bracketing the experience. Clients need to know that they can enter deeply into their emotional experiences with competence and feel empowered by their emotions rather than crippled by them. Learning how to go deeply into and then to come back out of the intensity is a valuable skill that can be helpful in this process.

WHAT ABOUT THE COUNSELOR’S FEELINGS?

Our students often ask us if we have cried with our clients and how we feel about the counselor sharing his or her feelings with the client. On the surface, there is generally a perception that crying in professional settings is an indicator of lack of professionalism or a sign of weakness on the part of the counselor. The answer may be that it can be a good thing and it can also be an indication of the counselor’s need to attend to personal issues that may need to be addressed (Curtis et al., 2003). Levitt et al. (2006) cite many clients’ positive responses to their counselors’ disclosures of their own feelings and indications of being touched by their clients’ stories (Practice Example 9.4).

As counselors, we are human beings and we connect with our clients at a deep and empathic level. To hear stories of pain, suffering, and deprivation and not be affected would be highly unrealistic, and sometimes as we fully enter our clients’ world, we will be deeply moved by their stories and experiences (Kottler & Carlson, 2014; Yalom, 2009). A normal human reaction might involve tears that fall as we listen to a client’s painful story, and these tears simply validate the depth of the client’s experience and our shared human connection. Problems occur if the client’s story triggers an area of vulnerability within the counselor, and the feelings that come to the surface for the counselor are not those in resonance with the

PRACTICE EXAMPLE 9.4

SHARING THE FEELINGS IN THE COUNSELING SESSION

Mika worked as a social worker in a reproductive medicine practice. One day, a patient named Farrah came to see her. Farrah described going through years of infertility treatment with her husband because they desperately wanted a family of their own. Finally, Farrah became pregnant and she and her husband were elated. However, when they went for a follow-up ultrasound to see the baby, they were told that there was no heartbeat. The baby had died inside her. Farrah was wracked with grief and pain. Mika handed Farrah a pillow to hold against her body as she sobbed. When Farrah was exhausted from crying, she looked up and saw that there were tears streaming down Mika's face. She then said, "I can see how much you care. Thank you for being here for me and sharing my pain."

client but a personal reaction to the client's material that is based on the needs and unresolved material in the counselor. Counselor's feelings that take the focus of the session away from the client could be damaging to clients, and the counselor could inadvertently use the client to process his or her own unresolved emotional material, which is highly unethical. In Chapter 13, "Caregiver Issues for Grief Counselors," we discuss the role and value of supervision for counselors, which provides a safe place for the counselor to work through personal issues that arise in sessions with clients.

CONCLUSION

In this chapter, we have explored how working with feelings and emotions in the counseling process can be a very important and empowering aspect of counseling bereaved clients. Counselors must have an understanding of their own feelings and experiences, be comfortable working with clients when they enter into deeply intense emotional states, and be able to facilitate the constructive processing of these emotions as part of their work with grieving clients.

GLOSSARY

Emotional intelligence The level of an individual's ability or skill to identify, express, understand, and use emotions.

Feeling vocabulary Ability to accurately identify and name a particular emotion in terms of its intensity and application to a given situation.

"Felt sense" Term identified by Gendlin to describe an unclear, pre-verbal sense of something significant as that "something" is experienced in the body. It is not the same as an emotion, because it is typically *unclear* and vague, and it is always *more* than any attempt to express it verbally.

"Fight-flight" response Also referred to as the acute stress response; a bodily response to a perceived threat or acute stressor with a discharge of the sympathetic nervous system, priming the animal for fighting or fleeing in response to a threat.

QUESTIONS FOR REFLECTION

1. What were you taught about emotions when you were growing up? How has this learning in your formative years influenced how you handle your emotions, and the emotions of others?
2. Think of the four main domains or emotions (sad, mad, glad, and afraid), and look over the feeling vocabulary that was posted in this chapter. Which of these emotions is the most difficult for you personally? Which is most difficult for you to handle from someone else? How might your reactions to emotions affect your interactions with your clients?
3. What do you think is the difference between containing/bracketing emotions and suppressing emotions in the context of counseling?
4. Go to the following web link to access an online test for EI and take the test: testyourself.psychtests.com/testid/2092. What were your thoughts and feelings as you took the online self-test? Can you think of examples in day-to-day functioning where EI would be valuable?

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