

Beneath Bitter Snow: Emotion Focused Psychotherapy in Action

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Emotion Focused psychotherapy involves working with childhood events in order to bring to the surface what clients had experienced in early years and to recover hidden aspects of their self.

Paramount to successful treatment is the therapeutic relationship. Like the songlines from Bette Midler's, "The Rose", "... *lies the seed that with the sun's love ... becomes the rose,*" clients require their therapists' 'love' to become a rose. How can they accept the unconditional regard? What happens when they accept the genuineness, honesty and love of the therapist? What do they need to experience in order to be themselves and to act compassionately on their own behalf?

Aspects of Emotion Focused psychotherapy, as a healing journey from a seed beneath the bitter snow to a rose, will be elaborated and illustrated.

Keywords: *Emotion Focused Therapy, Psychotherapy, Therapeutic Alliance, Childhood Abuse, Emotional Signature.*

Webster, M. (2015) Beneath Bitter Snow: Emotion Focused Psychotherapy in Action. <i>EFT-Online</i> , First edition, Volume 1, No.1, October 2015
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I would like to begin with a story:

Once upon a time, about thirty or so years ago, a little girl was born into a family where there was great physical and emotional violence against her mother and first-born son. The story goes that the mother went along with a speedy courtship to this infant's father, only to confess her pregnancy to another man after the marriage. Great turmoil ensued. The man, embittered by the betrayal, was violently hateful to both the mother and the first-born son, yet a little loving to his infant daughter to the chagrin of the mother who turned away from the baby and her infant needs.

After an episode of severe beating from which the mother was hospitalised, and using trickery and threats of death, the father kidnapped the two children from Australia and flew to the United Kingdom where he left them in the care of his parents. When the little girl was eight he returned and took the brother and sister to America to his home with his new wife and children. The cruelty and violence continued by both the father and the stepmother until the father shipped them back to Australia when the little girl was a teenager of 14 years to a mother she did not remember. She was given every freedom by the mother who didn't care, and who wanted her only to look after her other children from her next marriage.

The girl grew up learning to ignore her feelings and to look after others. She developed a professional career, married and had a daughter. Her successful life all came tumbling down after a near fatal car accident with a Melbourne tram. She had an affair, she separated, and she went overseas. After a while she formed a relationship with a woman and returned to Australia, to her daughter and her career. Four years later she and her partner were referred to me for couple work. This began a journey for both partners that culminated in a separation and referrals to their own therapists.

Generally my involvement would have ended there. It didn't. That little baby, now a bright and professional woman became my client for individual psychotherapy having 120 sessions over the next three years. What made her become my client? What was the therapy that was offered? What occurred in the therapy for it to be successful?

In this article, I will endeavour to answer these questions. I will begin to outline a Emotion Focused psychotherapy that incorporates some of the theoretical principles and clinical practices in Emotion Focused work, as well as from the broader psychotherapeutic field. I will attempt to illustrate some of the key practices and processes from my therapy journey with my client, Diane¹. In order to remember that therapy experience, I began by reading my clinical notes and making a summary of the sessions. As it is my practice to record therapy sessions, I had 40 of the 80 sessions transcribed. I read the transcripts and listened to the tapes of the sessions in order to look for "markers" in the content and processes that were indicative of a psychotherapy journey.

Although Emotion Focused work is known as a short-term evidence-based manualised treatment (Elliott, Watson, Goldman, & Greenberg, 2004; Greenberg, 2002; Elliott, Greenberg & Lietaer, 2004; Greenberg & Paivio, 1997; Greenberg

¹ Diane is a pseudonym as are all other names of people involved in this journey.

& Watson, 2006), some of the theory and recommended clinical practices for working with emotional experience are relevant for a long-term psychotherapy. The major principles relate to the foundational place emotion has in human functioning and the construction of the self (Greenberg, 2004, 2004a, 2006; Greenberg, Elliott & Pos, 2007). The partitioning of emotional experience into exterior and interior experience (Greenberg & Paivio, 1997) followed the initial classification of emotion into primary, secondary, and maladaptive categories (Greenberg & Safran, 1987). Although it has not been elaborated nor integrated in further theorising, classifying experience into exterior and interior experience provides an easy differentiation of emotional experience and the possible intervention pathways (Greenberg & Bolger, 2001; Greenberg & Safran, 1987).

However, what most practitioners know is that secondary experiences, which are defensive emotional responses or strategies (Greenberg & Safran, 1987, p. 176), can operate to protect or defend individuals against perceived or actual threats of rejection, and are not easily by-passed. These protective responses are part of a complex set of responses commonly termed emotion schemes (Greenberg, 2006; Greenberg et al, 2007) that are intricately bound up with the construction of the self (Greenberg & Paivio, 1997; Greenberg, Rice & Elliott, 1993; Greenberg & Watson, 2006) and emotional signature (Webster, 1994, 1999, 2011). Interventions employ emotion-processing strategies for emotional regulation and transformation (Gendlin, 1978; Greenberg, 2002; Webster, 2010; Wiser & Arnow, 2001). However, techniques that facilitate individuals' awareness and then deepening of their authentic emotional experience before finding adaptive action often do not succeed due to the complexity of the individuals' emotion schemes (Greenberg et al., 1997; Greenberg, 2006, 2007; Pos et al., 2003). In other words, something more is needed.

In the early couple sessions I glimpsed an immediate picture of Diane's emotional signature. In her comments and statements I could hear her matter-of-factness, as she needed to make sure that statements were correct and reacted to her partner's comments if she felt they were false. She further demonstrated her signature by her need to 'hose down' Naomi's² insecurity by being straightforward and matter-of-fact. When she began to sense her feelings, she would shake herself or have a small shudder as she mastered the emotion before they took hold. Clearly this interactional style would not be modified using emotional-processing strategies in the short-term.

Further in Emotion Focused work, the respectful and authentic encounter with the therapist is also regarded as a pivotal source of change (Greenberg, 2007; Greenberg & Paivio, 1997; Greenberg et al, 2007; Paivio & Laurent, 2001; Sloan, 2004). It is a new interpersonal experience that, when accepted by clients, allows them to make contact with their fundamental or primary emotional responses. From my experience the most significant phrase here is "when accepted by clients". What practitioners know from clinical experience is that individuals who have experienced childhood neglect and trauma develop unique and complex emotional schemes and signatures, and are not able to, let alone wanting to, allow themselves to be vulnerable to another.

So where are we left? Emotion Focused work is a therapy that integrates a theory of change with a detailed classification of emotions, differential treatment options, and manualised treatment protocols. While we can use these principles and ideas

² Naomi was Diane's partner

for working with the emotional experience, a therapist needs to have understandings and explanations of the origins and development of the emotion schemes and signatures, as well as ideas about what is required to facilitate a healing journey. I looked to psychotherapy research and literature for ideas on attachment theory, regression and holding environments (Webster, 2004). It is my understanding that Emotion Focused psychotherapy, as a long-term therapy, uses the therapeutic relationship as the mainstay of the healing process. The core platform for the healing process consists of emotional experiencing (Greenberg 2006; Gendlin 1978), regression (Balint, 1989; Bowlby, 1969, 1988; Little, 1993; Goldman, 1993; Winnicott, 1945), and a nurturing therapeutic experience (Alexander, 1960; Miller, 1990; Webster, 2004; Winnicott, 1945).

Diane became a client for individual therapy in an unconventional manner. When the couple work was at an impasse and individual work was indicated, I referred her and her partner to their separate individual therapists. However, Diane found this move to another therapist very difficult and became seriously depressed. I understood what had happened. Diane had emotionally connected with me and this was a significant step for her as she was used to attending to others and not having others attend to her. I felt that I understood her emotional signature and had connected with her. After discussions with my supervisor and her new therapist, and with her partner's agreement, she returned to do her individual work with me. It was the right decision. It was a decision that became the cornerstone of her work, strengthening her trust in me and enabling her to begin her healing.

From this account you can see that both Diane, as client, and myself, as therapist, were in an emotional state of relatedness. I knew my decision to work with her was correct when I heard her speak in our second session of how I had been strong, a 'rock' for her.

... what it was about you that made such a big difference for me – that feeling that you might be stronger than me. Like, I have never, ever experienced that feeling in my life before [Laughs].

Diane felt seen by me when I organised for her to return to therapy with me. In pre-empting her anxiety about my abandoning her, I reassured her by saying, "I'm here for the long haul".

It is my understanding that psychotherapy is essentially a healing relationship. Michael Kahn (1991, p.1) succinctly said that "the relationship is the therapy". How do we, as practitioners, understand this statement? What does it mean for our clients? With Diane I was saying to her that I was going to be with her for the whole journey. It was my understanding that we were going on a healing journey. It was about providing a space for her to go back to past childhood and adult experiences, to deal with any unfinished emotional experiences in the presence of a warm, caring, empathetic person who provided a more appropriate emotional response (Alexander 1960; Miller, 1990).

In the third session Diane informed me that she had been having some heart palpitations since our last meeting,

Well, my initial reaction to our last meeting was kind of like, "Uh! Oh, no!" Particularly, that you were going to be there for the whole process. Oh, that just freaks me out! Like, I can't tell you how much that freaks me out!

And on one level, it's fantastic. 'Cause it's, like, I need to hear that, too. But on the other hand, my instant reaction to it was, "Oh, my god! She's

going to find out that there's nothing there!" Or, all that stuff, and it's not worth dragging up – there's nothing, really, of substance there. That feeling of, maybe there's nothing really there, and that maybe I'm just wasting your time.

It was my statement that I would be there for the long haul that invoked her anxiety. She feared that she wasn't worth my support, that she didn't have the 'golden' part of her that everyone had. She spoke about the futility of trying to be good, taking the punishment in her family, and her desire to be seen and praised. Here we witness Diane moving between the therapy relationship, self and her childhood family. The therapy relationship had ignited her anxiety because even though she had wanted to be seen and praised, she feared she was not worthy of it.

In the following sessions the content floated between monitoring the anxiety, talking about her relationship issues with Naomi, and early childhood experience. It was my understanding that due to the physical violence in her childhood Diane learnt not to speak up for herself. In one session we processed her observing my emotional reaction to a difficult situation she was experiencing. I said that I showed my honest reaction so she could work out if she could trust me. Diane cried. She then felt scared because although she realised that I understood her, she feared that I could manipulate her with my knowledge of her.

At times I would draw our discussion back to what was happening between us. When Diane was exploring how she saw the innocence of others in a kernel that was surrounded or repressed by the pain and how she would look after others, I suggested that she didn't like being in her own skin. This interpretation was based on my growing understanding of her as a person who didn't feel safe to be herself, which was visible in her avoidance of feeling and her ability to split-off in difficult situations. When I positively acknowledged her struggle she found it difficult. She said she was looking to see that I didn't disapprove of her, no matter what she said, as well as my being able to stay separate to her.

... I'm looking for you to show me that you don't disapprove of me, that no matter what I say, I'm okay. That you don't think I'm shameful or disgusting - all those sort of things that I sort of think I am...

... I guess behind that even further, is just looking to see ... if you can understand ... and that doesn't change that... you being separate. Like, you being able to maintain you... you not having to come over into me, or me having to come over into you. You can understand me without having to do that. (Session 22)

These discussions led her to think about how she kept herself safe by satisfying others practically, emotionally and sexually. Talking about being safe and physical contact led her to talk about her dislike of dependence. She felt that she wasn't 'soft' or 'cuddly' and instead all she could feel were her defences – a sort of spiky fence – around a dark hole. She talked about her mother telling everyone she was a pretty baby but didn't want to be touched, her father who carried out the Hitler Youth ideology, the sadistic violence of her stepmother, and finally her wonderful grandparents, especially her grandfather with whom she felt safe.

I never thought of it as being "soft and cuddly." Well, I suppose 'cause it's not. It feels ... it feels too scary to be soft and cuddly. I guess it feels like it's a part inside me that's got a lot of defences around it, so none of them have

been soft. Of course they're all elaborate defences, so I think that it's been something a lot more spiky, and hard, and inaccessible.

I can't feel what's in behind the defences, myself. So I have no idea what it's like, except that it's probably ... like, my suspicion is that it's sort of just a black hole – that there's not actually anything there that the fences are around. (Session 25)

While the content of the sessions ranged from her relationship, her childhood to our therapeutic relationship, the focus of the session for me, was 'her'. As we discussed her experiences and what happened, I looked for 'her' in her experiences, how she felt, what she wanted, and endeavoured to understand what stopped her from being her self. I attempted to look specifically for the primary experience (Greenberg, 2006; Greenberg & Paivio, 1997) which reveals the authentic self or the true self (Winnicott, 1955-1956) that had been covered over, the part that she feared was missing.

Something was clearly beginning to happen within her. She took her first steps and asked Naomi for some help over transport difficulties. Diane was furious when Naomi refused as Diane experienced Naomi as 'not choosing' her and began to acknowledge her experience that Naomi did not look after her enough. Diane could not get to her primary feelings around this. It was just too hard. Then she felt betrayed by her friends supporting Naomi and worrying about the notion of fairness in the separation. She felt overwhelmed with feelings and experienced a regressive episode where she experienced herself as a child calling for her grandfather. Slowly Diane was beginning to stay with her emotional responses.

...strong emotions washed over me, and instead of pushing it down, I actually felt myself dealing with it. That is something that has happened to me, I am now able to let myself, and I verbalise it the way it happens, I say 'I just have to feel this.' I'm consciously letting myself feel stuff that I would usually cut out from. (Session 26)

In addition to remembering painful events from her relationship and her childhood, Diane remembered her love of nature. During a recent holiday she experienced safety in a forest setting where she felt open and able to feel her feelings. She felt joyous to remember her personal relationship with the world and experienced the 'bliss' of it on that holiday. I joined with her in her delight and suggested that this was the 'golden' part. She connected this with the many dreams she had where she was anxious about losing that part of herself, "the part that was in touch with what was nurturing for me."

The therapy moved towards a crescendo where I believe we were in concert about what was happening and what had to happen. Dreams were an important part of the therapy. They contained her experiences of fear and pain as well as hope. When she reported them we talked about them and reflected on their significance. After her discovering her kernel of innocence or essence, she reported a dream. It was her seeing a seed in the snow and her realising the possibility, that within the seed, the potential was there. It reminded her of Bette Midler's song, "The Rose" (McBroom, 1977) from the movie of the same name (1979).

When the night has been too lonely
And the road has been too long

And you think that love is only for the lucky and the strong
Just remember in the winter
Far beneath the bitter snow
Lies the seed
That with the sun's love, in the spring
Becomes the rose.

Her drawing on Bette Midler's song touched me as well, both personally and professionally. This was a song that was very special to me, one that I played endlessly in my late twenties – I understood that the lyrics touched a part of me that was endeavouring to be discovered, seen, and loved. Professionally, the symbolism of the seed and its flowering to become a rose with the sun's love was a beautiful metaphor of the therapy. The healing in therapy occurs in an environment of attention, respect, warmth and care from therapists towards all aspects of their clients (Alexander, 1960; Kahn, 1991; Miller, 1990; Webster, 2004; Winnicott, 1945). It is our love and our patience that warms the client into flower and allows them to blossom. A Rose. Many psychotherapists have written about what is required in the therapeutic relationship that is synonymous with the meaning in the 'sun's love' or maternal love in therapy (Alexander, 1960; Dupont, 1988; Miller, 1990; Rogers, 1942, 1951; Winnicott, 1945).

At the end of that session I suggested that the biggest question of Diane's life was 'Why didn't your mother love you?', and I connected this to a seed needing the sun's love. Then at end the session she asked me about my feelings towards her. She was beginning to feel them and wanted to run away. She was feeling my warmth, caring and love towards her. I reassured her that she was experiencing my feelings towards her. She settled.

When things happened in a session such as feeling emotions, talking about our relationship, and anything that was new and different, I would follow this up in the next session. Diane reported feeling "great" after the session because she felt hopeful. The session made her feel optimistic about the future. It grounded her and made her feel more secure. Diane was able to say that she felt looked after by me. She found saying that she felt happier and safe was scary, feeling as if she "can't hope for that". We processed what had happened, what was happening between us and how I was with her. It made her feel grounded, good and settled. Diane responded with,

... fancy having this interaction with someone. Well because I'm just not sure I've ever felt it before, so I guess completely uncharted territory for me ... because it means that, no matter what happens in the outside world that I have got somewhere that's safe. The more I feel taken care of. God, why is it so hard to say it. (Session 30)

Again there is a wonderful movement in our relationship. For the very first time, since her experience with her grandfather, Diane has a safe place and feels taken care of. Diane informed me that my asking for details and not just a story of her history enabled doors to be opened. Doors into the past. Doors into her self. Two doors opened for Diane in a dream. When she opened the first door she found herself as a small child and then as an older child behind the second door. This is a big move. While Diane had looked for and cared for other's smaller parts, she abhorred the idea of having a 'child' within. This time, part of her was acknowledging smaller parts although she was too scared to interpret it.

In the phase of psychotherapy where there is ongoing re-experiencing of earlier experiences, the more psychodynamic ideas and understanding come into play. Notions of regression, inner child, and the crucial nature of the therapist's 'being with' and 'responding' become paramount. My empathetic real responses to her and our shared understanding both invited and enabled Diane to stay with her emotional experiences, explore and experience them and to then find meaning that is in accord with her authentic self. This shared understanding is an example of dialectical constructivism, one of the assumptions in Emotion Focused work (Greenberg & Pascuale-Leone, 1995, 2001; Greenberg, Rice & Elliott, 1993; Hoffman, 1998).

It is my understanding that as clients explore their histories, and experience caring attention and a real response from their therapist, those unintegrated parts of themselves become known. They are the younger aspects of one self. Initially clients can hold the duality of the adult and child but as therapy deepens, the duality goes and clients experience themselves as the younger aspect in the loving presence of the therapist. Stories are told, bad experiences are shared and healing occurs through the real, empathic and loving responses that were lacking in the original situation. The goal of regression is to complete "previously interrupted or blocked emotional expressions" (Nichols & Paolino, 1986, p.99) in order to rebuild positive self-regard and foster authentic relating (Webster, 2004). It is at these times that physical contact and holding may be required when the therapist responds in an age-appropriate manner to the traumatised child aspects (Webster, 2004).

Without my prompting Diane was travelling in this direction. She began to talk about touch and how she was told that she was "a cold and unaffectionate child", "You were hard as a baby and didn't like to be touched." She cried at the possibility of a baby inside of her that needed to be held. She felt she could relate to the idea of a baby but not a little girl. The baby seemed more helpless. She thought babies were wonderful. I inquired as to whether she viewed the baby inside of her positively. She felt it was a big question, and she felt daunted by the task ahead – the task of a baby being held and nurtured. In the next few sessions Diane became pre-occupied with babies, and with stories of babies before having dreams about babies. She then had a dream about a baby seal.

There was a baby seal, and it's eyes were closed, and it had it's nose stretched like that, and it was so beautiful and I started to stroke it and it was soft and felt great and I kind of knew I probably shouldn't be touching them, probably shouldn't be touching it and I was surprised that it was okay. [Laughs]

"I was surprised that it was okay to be touching it and I knew that it was a wild thing and it could bite me, and after I touched it for a little while, I thought best to leave it alone and not stir it up too much right now, because otherwise it might bite me. [Laughs] (Session 36)

Three sessions later, Diane became distressed about how her baby-self could be healed. I talked with her about her baby-self being part of her, and with my encouragement she said that babies needed to be loved, looked into and held a lot. And then she cried. I said to her, "and that's the time we can go back to." She reacted with sarcasm, unable to process my reaction, so I suggested that she interpreted my comment of "babies need to be held a lot" as referring to physical contact. She agreed and said she felt scared. I suggested that she had thought

about it literally and, that while it could happen literally, it could also happen metaphorically. She felt relieved. I added, “Now I’ll tell you a secret; that baby part of you has already attached. What operates in you is the fear about that. You don’t have to make her attach.” She cried. I then told her what I thought the journey was.

...you will be scared for a long time, but if the day comes that you say, ‘I am emotionally connected to another human being, I’m absolutely safe to be who I am’, you will be set free, because you have trusted a human being again. So that’s your journey – to trust a human being. (Session 39)

My comment was an example of a non-experiential response, a strong leading process comment to reassure the client about the direction and outcome of the therapy (Greenberg, 2004; Elliott et al, 2004). I processed her reaction to the comment by asking her if this was okay with her. She said she wanted it but she was scared of it and laughed at herself. I reassured her that it was a good journey. She then asked, “Will you look after me?” “Absolutely,” I replied. A profound moment, as Diane now knew the next part of the journey and my part in it. Of course she was hesitant and scared, but the most crucial part of this process was the attachment. The acknowledgement by us of the attachment and her most poignant question, “Will you look after me?” It had happened and needed to continue to happen so that all the healing could be done to set her free. Here we see the first steps of her trusting me, her anxiety at the risk, and her desire for connection. With these elements Diane may be able to process difficult experiences to find her primary experience and adaptive action within the context of a developing attachment.

Again we explored and unpacked many matters – her baby-self, her separation from Naomi, her own daughter, and then herself as a daughter. The separation with Naomi brought up her fear of being alone and disconnected. She continued to struggle with the idea of a baby-self in her. When we talked about the baby-self, she said she “didn’t want it”. When she looked on to her baby-self, she felt it was burned and charred. Dreams became prolific and revealed her fear, hope, optimism and desire to be touched.

Dealing with Diane’s emotions such as anger, vulnerability, and aloneness in her current life led back to childhood experiences. Staying with and unpacking her emotional experience took us to the time when she was taken abruptly from the United Kingdom to America by her father. As mentioned, Diane had experienced violence against herself by her father and stepmother and witnessed it against her brother. When I connected her experiencing vulnerability and helplessness as a result of the cruelty when she was eight years old, Diane summarily closed the discussion with, “I’m glad that we sorted that out.” On inquiry she didn’t want to go there – to go there meant to go to the pain.

I’ve got a strong compulsion to stay away from that. Stay away from exploring that... Well it [not being vulnerable] is one of the foundations of what I’ve built my entire life on. My entire adult life on, so if I start to chip away at that, I’ll be chipping away at one of the pillars.

In the next session she was very fragile and said she was struggling with being cynical and holding hope. I reassured her in a direct manner. She instantly settled, feeling calmed. To contain and hold the experience she drew her feelings of anger, heaviness and compassion.

We began to explore her panic and discovered it was related to having needs.

It's just such a whole body experience. Well I guess, many, many times I must have lain there and been consumed with need when I was younger, and probably when I was older too, but probably still now. And so I don't understand why that would send me off in such a panic because you think I would learn that if noone's going to come, then no-one's going to come. There's no point in feeling the need anymore.

Well, there's two kinds of panics. There's one that someone will actually come. And that they won't.

She revealed an image that went along with the panicked feeling.

...it is a picture and it is of being like curled up, and not having any clothes on, that's the other thing, like not having any protection when I was, you know, very young. Well, I suppose, around one [-year-old].

"...so me curled up like that and wanting the hand to come and touch me, you know, the big hand (laughs). I saw the hand as well.

The desire for someone to protect her had been accessed; for her to be touched in a caring way, in a way that she must have experienced before with her grandfather or even her father in infancy. About eight sessions later (Session 58), we did some experiential work on the floor to help Diane re-experience and work with the image. While she could not find the person attached to the hand, she cried out for her brother. Again she cried deeply from the emotional pain of noone being there.

Slowly Diane began to feel different internally, feeling good, and feeling as though she was getting somewhere. Her security in her attachment to me alongside her growing positive self-experience and self-compassion seemed to give her the strength to face the biggest aspect of her trauma. She started to realise that her mother was not there for her and felt her mother's revulsion and rejection of her. It was very difficult – she didn't want to be physically touched nor could she allow herself to be symbolically 'held' by the lounge. She didn't want to cry, fearing it would not be finished by the end of the session. However, she felt it was safe enough to leave that distressed part of her with me between sessions. In having her explore what she wanted, she cried deeply and then she admitted,

It's that thing of being curled up ... and I would really desperately be wanting someone to come and take care of me.

It was a very difficult admission. She sobbed deeply and I brought her out of the pain when she began to panic using emotion regulation strategies (Wiser & Arnow, 2001). Diane asked how she could take care of this part of her herself. I reminded her that I was holding that part of her when things were difficult. I encouraged her by reminding her how far she had come with her emotions. Diane then asked herself why she didn't feel empathetic to the child-self. She explored this to realise that she could feel empathy for a 'boy' child. Her revulsion about girls led her back to her father's revulsion and rejection of weakness or vulnerability.

Diane's growing wellness was further indicated by her protesting about sessions where talking about her mother and daughter meant they took centre stage. We did a drawing in which she put herself back in the centre. She felt good. We

reflected on her protesting, and it came down to her feeling safe enough to protest. During this time she began dealing with establishing boundaries, and acknowledging her needs and expectations of her friends.

Finally she experienced the pain of not being special to anyone as a child. She felt her pain at not being special to her mother, and allowed herself to know and speak the unspeakable about her brother in relation to her mother.

If he doesn't belong, I'll be centre, I'd belong, and I'd be special.

Following this we continued to work with her experiences from her adolescence that resulted in feeling bleak, self-hatred, and sexual acting out. At the same time, as she was holding herself well, having her feelings, and maintaining good boundaries, some time was spent talking about a new relationship that she was embarking on. It was during these sessions she set a new and healthy boundary with her mother.

Although I didn't realise it at the time, the ending phase of her therapy, which began around session 97, started when we came full circle and talked about how she came into individual therapy with me. She revisited the referral to the other therapist. Five sessions later we talked of taking a break from therapy. In addition to reviewing the work, what was finished and unfinished, we also talked about what happened between us. She acknowledged the impact of my reaching out to her and bringing her back to work with me,

It changed everything that you could see it. It changed everything. That you could see it without me having to verbalise it changed everything. That was, I think, one of the huge turning points in my life because ... it changed everything.

In the next session we processed what Diane had said and how she felt. Further she felt that she had been chosen by me,

That was such a huge turning point for me. Like it was really the first time that I was properly chosen in my life. That's when I started to like feeling I had an anchor.

I'm almost certain that was like the first real bit of solidity and stability that I felt ... like it did ground me and then it helped me to be able to start to be more patient with myself. And feel safer.

Diane had experienced being seen, being chosen and being special. These are the cornerstones of positive emotional well-being and self-compassion. Being seen and being able to be her self was again re-experienced at the end of the therapy. She reported that during a group music toning session she had a beautiful heart-rending emotional release,

... A part of me stepped out and faced myself. It motioned to my heart. I felt emotions being pulled out of me. Then there was an image of a room. It was not empty. The figure of 'the' mother was there. Incredible waves of compassion and love were emanating from her. She looked at me and invited me to lean into her, to lean into her love and compassion. And that is what cracked me up, I really cried. I leant into it. I let go and cried.

And so my journey with Diane drew to a close. She saw me sporadically over the next 18 months as she moved on in her life.

Her psychotherapy saw Diane trust again, trust another human with herself, which then allowed her to deal with her childhood experiences and grieve for what had occurred and what she had lost. Her psychotherapy enabled her to find self-compassion and positive self-experience. Finally her psychotherapy facilitated her coming into her true self, which then enabled her to feel moment-to-moment, establish healthy boundaries and feel entitled to healthy relationships.

How did this occur? It is my experience that the development and maintenance of a consistent, respectful and deeply caring therapeutic relationship supported Diane in her journey to discover her self. The therapeutic relationship was the foundation upon which explorations, emotional processing, nurturing and looking after, as well as shared meaning-making could happen and be discussed between client and therapist. It is my understanding that the therapeutic relationship is the sun's love that enables a seed to become the rose. It is my hope that sharing some of the events and processes in this psychotherapy allows you to get a real sense of what is required by both client and therapist in any one psychotherapy. To know a little of the pleasure and the pain, and the beauty of working with the emerging self.

Acknowledgments

I wish to thank my client for the greatest honour of being her therapist and being entrusted with the most important task of discovering, loving and supporting her true self. I especially thank my client for giving me permission to write about our work together

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