Integrating Positive Emotions Into Theory, Research, and Practice: A New Challenge for Psychotherapy

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This article elaborates on the themes and directions that emerged from a dialogue on the potential usefulness of positive emotions in psychotherapy. In defining a positive emotion, the authors propose that there are two intersecting axes of interest. The axes are emotional experience—whether something feels good or bad to the client—and therapeutic value—how helpful the emotion is to the therapeutic process. Three of the four quadrants formed by the intersection of these axes potentially contain positive emotions. Special consideration is given to the quadrant of positive experience/ positive value, which has been relatively neglected until now. In this quadrant, positive emotions generate change either in their facilitating role—often in the therapeutic relationship—or as central agents of the change process. The authors conclude by considering how positive and negative emotions interact and call for careful theorizing and research to clearly understand positive emotions in psychotherapy.

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In the context of an increasing interest in positive psychology, especially in the realm of mental health, this special section was envisioned as a dialogue on the potential usefulness of positive emotions in

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psychotherapy. Because most psychotherapy theories do not have a well-developed set of axioms and assumptions about the role of positive emotions (PE) in psychotherapy, our aim is to both synthesize some commonalities and highlight some distinctions drawn by the contributors to this special section. We hope that harvesting some current theorizing vis-à-vis how PE operate in therapy will enhance theory, research, and practice in psychotherapy.

DEFINING POSITIVE EMOTIONS

One of the important issues raised throughout the section is the question of what makes an emotion positive. The question of what is an emotion has been elusive since pre-Socratic times (Solomon, 2000). Across the different theoretical traditions represented in this special section, the contributors elaborated different ways in which therapists and clients understand and define positive emotions. In synthesizing these different approaches, we noted that there seem to be two dimensions or axes that are particularly relevant to the psychotherapeutic context. We have labeled these the *personal experience* axis and the *therapeutic value* axis.

Personal experience is the way the emotion *feels*, the very basic judgment that human beings make about whether something they experience feels good or feels bad. This judgment cannot be made from just the emotional label; it is highly individual. Because for some people pride may feel bad or anger feel good, Sexton and Shuster (2008) highlight the importance of both the family and the larger cultural context in shaping individuals' experience of the goodness and badness of an emotion. Yet, while emotional experiences are highly individual, they are not necessarily obscure or even private. One of the most important skills that therapists possess is the ability to identify, understand, and empathize with these experiences. Nonetheless, the axis of emotional experience represents the clients' experiential point of view. Along this axis, there are no objective positive emotions but rather subjective perceptions or experiences that echo Eugene Gendlin's construct of "felt meaning" (Gendlin, 1962). The subjective nature of PE, however, renders lists of positive or negative emotions of limited value either in research or in furthering clinical understanding.

The therapeutic value axis, on the other hand, relates to the *helpfulness of* an emotion to the therapeutic process. Throughout this section and across theories, the idea has been underlined that helping individuals to confront and work with unpleasant emotions is a valued therapeutic process. Because people most often come to therapy with painful emotional experiences—an issue highlighted by all the contributors—the awareness

of the therapeutic value of emotions, particularly of those that are negative, initially resides largely with the therapist. Therapists work with whatever emotions clients bring to their sessions to uncover, discover, realize, or develop their therapeutic value.

If we visualize a grid formed by the intersection of the emotional experience and therapeutic value axes, positive emotions could potentially be plotted within three of the four quadrants. Positive emotions might be those emotions that clients find unpleasant but that have therapeutic utility (negative experience/positive value), emotions that the clients experience as positive but that are in need of therapeutic work or transformation (positive experience/negative value), or emotions that clients feel positively and that are therapeutically useful (positive experience/positive value). The theoretical contributors to this section vary in how much emphasis they give to one quadrant or the other. The grid, however, offers the potential for theoretical integration in current understandings of positive emotions that embraces differences in language and emphasis.

The quadrant of negative experience/positive therapeutic value is familiar territory to clinicians who work with emotions. The quadrant of positive experience/negative therapeutic value is present in only certain therapeutic approaches. The third quadrant, the territory in which a positive emotional experience has a real therapeutic value has probably been the most neglected to date (Fitzpatrick & Stalikas, 2008) and may offer the greatest opportunity for theoretical expansion. We will highlight ideas from each of the contributors about how positive emotions operate in therapy, beginning with the familiar, the quadrant of negative experience and positive value.

PAINFUL FEELINGS WITH VALUE

Within this quadrant are some therapeutic processes that have historically been well articulated—some basic change mechanisms of theories that deal with emotion. Clients bring their painful emotions to therapy and the therapist works with those emotions to develop a useful understanding or experience. All of the contributors to this section referred to processes in which negative emotional experiences have therapeutic value. As examples, we have selected a few of the valued processes— developing mastery, increasing experiencing, resolving conflicts, abandoning defensive functioning, freeing emotional resources, and creating new meaning—all of which result when painful emotions are processed in therapy.

Russell and Fosha (2008) articulate how processing intense painful emotions in Accelerated Experiential Dynamic Psychotherapy can lead to

mastery affects, the “I did it!” feeling, in the aftermath of finally facing negative emotions. Similarly, Lambert & Erekson (2008) underline how helping clients experience emotions that are typically avoided and risky to explore and expose is central to Client Centered therapy (CCT). Humanistic therapies that are more experiential than CCT may use more direction in the process, but the goal of deepening of client experiencing (around unfinished business or conflict) is the therapeutic value realized from dealing with painful emotions. In Motivational Interviewing, the painful emotions are aroused when the discrepancy between values and behavior is recognized. Wagner & Ingersoll (2008) elaborate how the process of therapist rolling with or accepting clients’ fears and frustrations helps them to abandon constricted, defensive postures and broaden their outlook. In psychodynamic therapies, deRoten, Drapeau, and Michel (2008) articulate how defensive functioning is addressed in the relationship. When therapists become involved with patients, without repeating past dysfunctional interpersonal patterns, painful emotional experiences can be acknowledged and integrated, freeing adaptive emotional resources. In Functional Family Therapy, negative emotions are used to help transform maladaptive affect and to explicitly challenge maladaptive beliefs. Sexton and Schuster (2008) offer the example of how an adolescent’s anger and acting out can be reframed to take on the meaning of hurt that one person feels in response to the family’s problems.

The few examples presented above represent a multitude of processes that have historically been the focus of psychotherapy theories, the transformation of negative emotional experiences to realize important therapeutic values.

POSITIVE EMOTIONAL EXPERIENCE/NEGATIVE THERAPEUTIC VALUE

While the processing of negative experiences creating therapeutic value is a staple of most theories, selected approaches also conceptualize some experiences that clients characterize as positive as a challenge to the therapeutic process. DeRoten et al. (2008) give the example of clients’ emotional experience of an excess of joy that psychologists understand as mania and that can create havoc in their lives. Similarly, their example of a client’s feeling of interest or fascination that a therapist understands as a reaction formation against feelings of disgust highlights a process in which a positive emotional experience is something that a therapist will work to transform. In therapies that work with defenses, clients are helped to develop awareness of the defensive functions of some positive emotions in

order to widen their emotional repertoire to recognize and deal with negative experiences. Working with defenses can change both clients experience of a positive emotion and its value.

The context or timing of an emotional experience in therapy may be part of the therapist's judgment of its value. Sexton & Shuster (2008) note that the positive emotions that families experience in the final stage of FFT—when they can work together, experience less negativity and blame, and use new skills—can make them feel like their "sickness" is gone. Yet problems can come back in more treatment-resistant forms if the generalization of skills is not completed. In this case, an *excess* of confidence can be countertherapeutic. In each of these examples, the positive emotions require greater elaboration in order to realize their full therapeutic value.

POSITIVE EXPERIENCE AND POSITIVE THERAPEUTIC VALUE

How do positive emotions serve the therapeutic process? Certainly, as clients begin to benefit from therapy, they feel better and experience more positive emotions. But the idea that positive emotions not only indicate that change has happened but also *generate* change (Fitzpatrick & Stalikas, 2008) emerged across several contributions. In fact, the word *cascade* was used in two different approaches—AEDP and MI—to describe the transformations in which positive emotions play a pivotal role. The idea of a positive experience combined with therapeutic utility echoes the broaden-and-build theory of positive emotion of Barbara Fredrickson (1998, 2001). The theory, which was cited extensively by contributors (Lambert & Erekson, 2008; Russell& Fosha, 2008; Sexton & Schuster, 2008; Wagner & Ingersoll, 2008), posits that experiencing a positive emotion allows the individual to access and develop a broadened repertoire of responses. The new responses create further positive emotions forming an upward spiral. Development of more helpful thoughts and behaviors can be instrumental in a change process that contributes to therapeutic gains.

As we reviewed the ways in which positive emotions operate in a psychotherapeutic context, we noticed that sometimes their generative role was conceived as the necessary background to the change process; we called this a *facilitatin*g role. At other times, positive emotions were conceptualized as central to the change process, playing what we refer to as an *agentic* role. The positive emotions that have facilitating roles seem to operate through or support the therapeutic relationship in various ways. The agentic positive emotions derive their power more from the independent role of the client. Below we present a number of the ways that

contributors highlighted for therapists to work with positive emotions to realize their facilitating or agentic possibilities.

POSITIVE EMOTIONS AS FACILITATORS

The therapeutic relationship was highlighted as a source of positive emotions that support therapeutic progress in several ways. The relationship of a strong alliance to therapeutic improvement has been well documented (Martin, Garske, & Davis, 2001), but the mechanisms through which the relationship operates are less well understood. The fact that the relationship may be generated from, and may also be the source of, positive emotions implies that positive emotions may have a key function in the mechanisms that explain how alliance facilitates therapy.

Feeling Loved and Cared for to Support Healing

The experience of being recognized and affirmed creates positive emotions, being moved and feeling love and gratitude toward the other are referred to as healing affects in AEDP. A similar idea is described by deRoten, Drapeau & Michel (2008) as *moments of meeting*, where both therapist and client experience an authentic contact marked by positive emotions that supports therapeutic change.

Pleasure in Contact to Counteract Isolation

In a related vein, when therapy is functioning well, there is *pleasure in the contact* between patient and therapist (deRoten et al., 2008). When therapist and patient connect in a way that has previously been unbearable for the patient, the pleasure in the relationship is a new experience for the patient that bridges the “abyss of aloneness” (Russell & Fosha, 2008).

Belief and Hope to Sustain Difficult Therapeutic Work

While the relationship is a source of positive emotions, Sexton & Shuster (2008) point out that positive emotions can also be the *glue* that holds together what they refer to as the dual-action working alliance. In FFT, family members need to have faith in the ability of the therapist to help and also a belief in the continued goodwill and investment of other

family members. The development of hope creates motivation and supports efforts to take responsibility and work for change.

Safety to Support Exploration

Different theories emphasize different ways of promoting safety, for example, by embracing the client's ambivalence and struggle in MI (Wagner & Ingersoll, 2008). To the extent that the therapist can create conditions of safety the patient will respond by being more open, expressive, relaxed, and insightful (deRoten et al., 2008) and will access a deeper level of their experience (Lambert & Erekson, 2008).

POSITIVE EMOTIONS AS AGENTS

Paying Attention to Positive Emotions as a Focus for Exploration

Russell & Fosha's AEDP theory (2008) embraces the idea that emotions that feel good to the client may also require therapeutic elaboration. By alternating the therapeutic focus between attention to emotional experiences and reflection on those experiences, the positive affective experiences of clients themselves become a focus of therapeutic exploration and the occasion for important therapeutic insights.

Interest and Curiosity to Reinforce the View of a Brighter Future

Wagner and Ingersoll (2008) have suggested that the idea of decisional balance in MI theory can be understood in terms of motivation and inspiration. Interest and curiosity are needed to drive the exploration of how life could be better in the future. When clients become curious, their cognitive focus broadens to include ideas that may have been overlooked or rejected. An increased flexibility can facilitate resolution of ambivalence and openness to engage in activities that lead toward change as well as improving certain skills, relationships, and increase the likelihood of achieving a desired outcome.

Confidence in Successes to Address Problem Areas

Some of the solution-focused approaches referred to by Lambert & Erekson (2008; e.g., Hubble & Miller, 2004) appeal to client strengths and

successes. By orienting individuals to the aspects of their lives that are functioning well, therapists create confidence that supports changes in problem areas. Similarly, Wagner and Ingersoll (2008) have proposed that the positive emotions that arise from initial changes in sessions lead to a cascading of feelings of confidence that support clients in continuing the change process.

Calmness to Consolidate Therapeutic Gains

In AEDP, therapeutic explorations lead to a cascade of transformations culminating in a core state. The core state is a positive affective place of calm in which integration of changes takes place. Positive emotional experiences lead to the consolidation of therapeutic gains. Similarly, in its maintenance stage, FFT practitioners (Sexton & Shuster, 2008) encourage family members to work on newly acquired skills to generalize across different situations over time. Their confidence is a positive emotion that supports continued change.

This introductory list of how particular positive emotional experiences both facilitate and create therapeutic gains indicates the potential role of positive emotions in generating broadened repertoires of helpful responses. We have stated that the most well recognized therapeutic processes are in the quadrant in which clients' negative emotional experiences are transformed to something of value. While we believe that the positive experience/positive therapeutic value quadrant represents a broadened focus for the field of psychotherapy, it is one that comes with some important caveats.

"DON'T WORRY, BE HAPPY" IS NOT PSYCHOTHERAPY

Urging Clients to Be Happy Is Not Therapy

Lambert and Erekson (2008) have forcefully underlined the risks of actively soliciting positive emotions from clients. In particular, they express strong reservations about parachuting the techniques currently associated with positive psychology—ideas developed outside the realm of psychotherapy—into sessions in a way that moves away from the careful following of clients. Russell and Fosha (2007) elaborate that concern, noting that an inappropriate focus on positive emotions may be "nothing but a small band-aid on a gaping wound and a reduction of the complexity of the person and the person's suffering".

Whether or not a focus on the positive will be therapeutic is highly context dependent. One of the specific ways in which a focus on positive emotion can be an impediment is highlighted by Sexton and Schuster's (2008) antibiotics analogy to describe how focusing too early on successes with families that still have important therapeutic work to accomplish can create an illusion of progress that undermines the idea that difficult work remains. Similarly, the research on mutual smiling episodes outlined by deRoten and colleagues (2008) illustrates the importance of the therapeutic context in working with positive affects. Sometimes mutual smiling has salutary effects, but client smiles may also invite the therapist to reduce or circumvent an important conflict. Positive emotions are not a replacement for the careful attention to the distress of the individual client that is a hallmark of good therapy. The forces that have tended to focus us most strongly on the negative (see Stalikas and Fitzpatrick, 2008) continue to be powerful. The interaction of positive and negative emotions and careful attention to how one leads from and to the other may ultimately give psychotherapists a clearer and more nuanced picture of therapeutic change.

POSITIVE AND NEGATIVE EMOTIONS: PARTNERS IN THE THERAPEUTIC DANCE

As clients experience more openness, they are in contact with a more fluid inner experience that contains complicated blends of both positive and negative emotions (Lambert & Erekson, 2008). If therapy can be likened to a dance, then positive and negative emotions are the partners moving to a healing melody: positive emotion steps forward as negative emotion steps back; negative emotion steps forward as positive emotion steps back. This dance is well illustrated in the example of processing of grief elaborated by Russell & Fosha (2008). A client begins crying over a death that was never mourned. The tears lead to breakthrough emotions such as relief, hope, and feeling lighter or stronger. As those positive feelings are processed in the session, the client connects with the sense of loss over what has been denied by others or by her own defensive functioning. This work opens to a mastery experience as the client who realizes that feels joy, or pride, or confidence in their therapeutic work. The client moves back and forth between the previously avoided negative emotions and the newly found positive ones. Positive and negative emotions are *both* necessary to the successful completion of the therapeutic work.

FUTURE DIRECTIONS FOR A THEORY POSITIVE EMOTIONS IN PSYCHOTHERAPY

The difference between the experience of an emotion and its therapeutic value, the intertwining of positive and negative emotions, the importance of context in determining how to use PE, all pose substantial challenges to integrating PE into our therapy theories and to conducting research on their utility. The contributions to this section have begun to elaborate a range of theoretical and clinical perspectives on how positive emotions operate in therapy. Many of these ideas have yet to be empirically tested and represent significant research challenges.

One of the most pressing of these is the definition and measurement of positive emotions. We believe that attention to the differences between client experience of positive emotions and therapeutic value, the two axes that we have proposed, is warranted. As in most therapy research, the two axes of operationalizing contextual variables—the change in positive emotions from person to person, across cultures, and across time—are substantial. If the experience of a positive emotion is momentary and is intertwined with negative emotions, studying how positive emotions create the momentum for change without intruding on that clinical process will be difficult.

These same issues that bedevil researchers also challenge clinicians. Clearly articulating theories of positive emotions will enhance therapists' ability to recognize and utilize their potential and guard against their inappropriate use. Our hope is that this section has contributed to this important work.

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