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# Transforming Emotion

Conversations in  
counselling and  
psychotherapy

by

GLEND A FREDMAN

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## CHAPTER 5

# Preparing emotional postures

In a supervision session, Maureen, a psychologist, noted her 'need to express my irritation with Ellen', her client who had been 'laughing inappropriately' despite 'facing her death, the end' (Chapter 3). As Maureen spoke of her 'irritation' with Ellen, she frowned, her body appeared stiff and I experienced her voice as harsh and booming.

In Chapter 4, I introduced James Griffith and Melissa Elliot Griffith's (1994) notion of 'emotional postures' that involve our body's readiness to respond and focus our attention towards others and ourselves in different ways. In emotional postures of 'tranquillity' our attention is focused towards ourselves as in daydreaming or musing or towards connecting with another person, as in wondering, reflecting, listening or creating. In a relationship marked with tranquillity, therefore, we are able to enjoy the mutual touching of each other with, for example, words, voices, eyes or hands. In emotional postures of 'mobilization', on the other hand, attention is focused outward and our bodies are primed to predict or control the other as in investigating, justifying, scorning, shaming, controlling, distancing, protesting and defending. Touching with words or bodies in a relationship marked by mobilization might be experienced as threatening or entrapping.

The emotional postures we engage in influence the quality of conversation we can have with each other. Postures of tranquillity are more likely to open possibilities for therapeutic dialogue involving mutual listening, reflecting and creating whereas postures of mobilization are more likely to position the other to defend, control, counter-justify or blame. When Maureen stated her need to express her irritation with Ellen, I assumed that she wanted to use her supervision time to help her move from the posture of 'irritation' she had described to a mutual posture of tranquillity, whereby both she and Ellen might engage in listening, reflecting and creating, marked by a mutual curiosity.

Our beliefs, the stories we tell and the discourses that inform them, position us morally, bodily and hence relationally with one another. I had assumed that Maureen's view of Ellen's laughter as 'inappropriate' was informing her posture of 'irritation' with Ellen. I therefore invited Maureen to explore different perspectives on Ellen's 'laughing in the face of death' with the intention that generating together a range of different beliefs and stories about 'laughter and death' might invite Maureen into alternative possible postures with Ellen, for example, curiosity or compassion.

Although Maureen appeared to engage in this exploration with interest, she also complained she was feeling uncomfortable in our conversation.

*Maureen:* This is making me feel disrespectful – as if I have not been respectful of Ellen. It's not true. I really don't like feeling like this – I respect all my clients ... For me it's important to be real. If I can't speak from the gut in supervision without feeling judged, how can I say what I am really feeling?

## Deconstructing therapists' emotion discourses

Although I had been working with Maureen for almost a year, we had never reflected transparently on the different emotion discourses informing our respective practices. Despite this we were able to achieve a comfortable co-ordination with a sense of mutual respect in our supervision sessions. In this situation, however, Maureen had found my response somewhat 'precious' (her word) and felt I was judging her negatively. I was grateful Maureen had been able to be so frank with me in this conversation since it gave us the opportunity to share details of the emotion discourses informing our conversations in her supervision sessions.

*Glenda:* Help me understand a bit more where you are coming from. I hear you saying that it is important for you to speak from the gut. Can you help me understand how that helps?

*Maureen:* It's like ventilating – you get the feeling out so it doesn't interfere in the next session.

Maureen was coming from an autonomous discourse, believing that if she 'ventilated' her feelings about Ellen she could get rid of them and therefore go on to be with Ellen without irritation.

*Glenda:* Are you saying that you were seeing the irritation as interfering in your relationship with Ellen?

*Maureen:* [nodding]

*Glenda:* So your intention is to express the irritation here so that you can get rid of it so you can move on with Ellen, uninterrupted by irritation, and have a different sort of relationship with Ellen?

*Maureen:* Yes.

*Glenda:* That's interesting because I think we have very similar intentions here – to do something with that irritation so that it does not interfere with your relationship with Ellen.

*Maureen:* I know. I don't want to hold on to the irritation. That's the point.

*Glenda:* How did it affect how you could be with Ellen – the irritation?

*Maureen:* I couldn't think. It was more that I couldn't listen to her. I was preoccupied with feeling I wanted to correct her and knowing that I shouldn't and then thinking about colluding and not what she was saying.

Above Maureen describes how 'irritation' positioned her to correct Ellen, interrupting her listening and thinking and thus interfering in her relationship with Ellen. For Maureen this was an unwanted emotion, therefore she brought the irritation to supervision with the intention of getting it out of her.

*Glenda:* Let me tell you where I was coming from. I have found that simply expressing the feeling rarely gets rid of it. Actually my experience has often been the opposite – I find that when I express the feeling I had in a previous session, I do it with words and with my body, and I find that it often stays with me rather than dissipates. It's like I recreate the feeling and in doing so my body takes on the posture of that feeling. Did you take something of the irritation on with your body as you were expressing it with me?

*Maureen:* I did get worked up going through it all again.

*Glenda:* I like that phrase – 'worked up'. Mmm, my body sort of works up to the feeling again when I am expressing it after the event. So expressing unwanted feelings about clients to others, like in supervision, seems to position me to re-experience these unwanted feelings and then I am at risk of taking the feelings back with me or on me into the next session with the client. Just describing the feeling and why I'm feeling this way – well it doesn't usually transform the feeling and sometimes it actually consolidates the feeling or works me up to the feeling again.

So what I was trying to do with you was to invite you to transform the feeling by taking different perspectives on the issue of 'death and laughter' that I saw as connected to irritation. My intention was not to judge but to generate new perspectives, new meanings that could enable you to take different positions – almost position your body differently as say curious rather than irritated.

*Maureen:* That did work. When I started talking about irritation I did get all worked up and when we started looking at my own ideas about laughing when death is near and whether laughing was useful to Ellen, I became interested, curious and I lost that feeling. It would have helped to know what we were doing though.

*Glenda:* I agree. And now I am wondering whether I should have checked if you had given me enough of a sense of that irritation and also whether the irritation was in any way helpful in your relationship with Ellen?

Our ways of talking can move others and ourselves to action and can change our perceptions, thus morally positioning us in relation to our situations. My conversation with Maureen may have been mirroring something of her conversation with Ellen. Initially when Maureen expressed her irritation with Ellen to me, her emotional posture positioned me in a posture of mobilization. It is likely that I co-ordinated with her frowning, the increased volume of her voice and her stiff posture with my own bodily readiness to control, defend or protest and that my attention was therefore directed to control or change rather than towards reflecting and creating with Maureen. Therefore, when I invited Maureen to take different perspectives on her beliefs about death and laughing it was with the intention of moving her, and myself, from 'irritation' towards 'curiosity' and our mutual co-creating. Although my intended effects were realized in relation to Maureen's posture of irritation with Ellen, Maureen was left feeling bad about herself in our conversation. Maureen went on to suggest that transparency about my intentions could have prevented her from perceiving me as 'precious' and herself as 'disrespectful'.

### **Approaching emotional expression as a moral choice**

Showing an emotion involves adopting a moral stance and taking up a particular relational position (Riikonen and Smith, 1997). Not attending to people's emotional expressions therefore can imply ignoring their moral and relational stances. When Maureen expressed 'irritation' about Ellen in supervision, we might say she was communicating the moral and relational stance she was taking with Ellen. My failure to attend directly to the irritation left her feeling she was not allowed to 'say what I am really feeling' and that I was ignoring her moral and relational positions.

Later in our conversation, above, I approach Maureen's display of the (irritation) emotion with curiosity asking questions about the meaning of her feeling and the effect of expressing this feeling on her relationship with Ellen. In retrospect I recognize that, instead of moving immediately, as I did, to exploring her moral order in relation to 'death and laughing', I could have begun by exploring the moral positions Maureen took in relation to feeling and showing irritation. That is I could have approached her display of the (irritation) emotion as a moral choice, rather than as a ventilation of feelings. Thus I could have explored Maureen's intentions of showing her feeling (of irritation) to me in supervision and her intention to overcome the

irritation in sessions with Ellen. For example, I could have asked questions like, 'Are you experiencing something of the irritation you felt with Ellen in the session? How would you like me to respond to your irritation? Would you want Ellen to notice the irritation? What informs your choice to show the irritation here and not with Ellen?'

Talking about her relationship to irritation opened space for Maureen to become increasingly curious about using her beliefs as a resource with Ellen in future sessions.

### **Using our beliefs about emotion as a resource**

In Chapter 4, I discussed how we can shift our emotional postures by changing the stories or beliefs that inform them. I therefore invited Maureen to consider how she might develop a range of ideas about 'death and laughter' to use with Ellen in their future meetings. We began by exploring her beliefs informed by her personal and professional contexts. She had a theory that 'dying is not a laughing matter', informed by stories from her culture, her religion and her psychology training. She also had a theory that 'death is the end' and believed that it was her responsibility to help Ellen 'get in touch with – facing her death, the end'. From her therapy training she knew how to be with Ellen, in particular that 'pushing' could be 'violent' and that joining Ellen in her laughter would be 'colluding' which, she deemed, was inappropriate professional practice. Maureen explained, 'I don't want to collude that everything is just fine. That she's going to live forever. Then I won't be giving space to talk about her fears of dying. She can't do that with anyone else in her family. She has actually told me she has to put on a brave and happy face for them all because they can't cope.'

I explained that we would be approaching each of Maureen's beliefs or stories as a resource that she might use to guide her conversations with Ellen. That is, we would treat each assumption not as a fact or truth that was right or wrong but as a hypothesis (Cecchin, 1987; Cecchin, Lane and Ray, 1994) on which Ellen too may have her own opinions. Hence we went on to contemplate possible themes or stories (Lang and McAdam, 1995) to connect these hypotheses and we used these themes to generate questions that Maureen might ask Ellen.

For example, having noted her assumption that 'death is not a laughing matter' and the corollary that Ellen had 'nothing to laugh about', Maureen began first to question her own relationship to 'laughing in the face of death' and then grew curious about the meaning of laughter for Ellen. Hence she went on to ask Ellen, a woman in her late 60s, 'Does it feel good to laugh?' 'How would you like me to be with you in your laughter? Would you like me to laugh with you too – or something else?'

Ellen told Maureen, 'Laugh and the whole world laughs with you. Cry and you cry alone.' This created space for Maureen to check if Ellen ever wanted to cry with people, for example, if she thought she might ever like to cry with Maureen – a different kind of crying that would not be alone. Tearfully Ellen said that she much preferred to laugh, that she felt much better with laughing – but 'life is so hard these days'.

Using her own assumptions that 'death is the end' and that Ellen was 'afraid of dying', not as truths or facts but again as themes to inform her questions, Maureen went on to invite Ellen to help her understand Ellen's feelings about her health and her future. Ellen told her she knew she was dying and that this felt 'like an adventure – quite exciting' which came as a surprise to Maureen. She told me Ellen's words had 'shocked' her so that she found herself experiencing her familiar dilemma – 'am I colluding?'. This time, however, Maureen remembered those ideas about joining Ellen in her laughter and so 'decided to join Ellen in her adventure'. Therefore she asked Ellen questions like, 'Who will be with you on your adventure?' and 'Where will your adventure take you?'

In this way Maureen was able to learn that for Ellen, death was not the end and that Ellen had no fears for herself. However, Ellen spoke with tears about her children. She told Maureen she feared for her youngest daughter and for the family after she was gone. She spoke of how she had played a pivotal role in keeping the family together – 'they call me the switchboard' – and she feared they would 'all fall apart' without her. This created the opportunity for Ellen and Maureen to invite her children to talk about how they could 'keep communication lines open' and whether Ellen needed to train some of her family up as 'switchboard operators'.

Initially Maureen began by 'knowing that death is the end', that Ellen would have a 'fear of death' and that Ellen had 'nothing to laugh about since she was dying'. These perspectives informed how she responded to Ellen, positioning her in a posture of 'irritation' when Ellen laughed in the face of death. Informed by the hypotheses and stories we generated in our supervision conversation, Maureen took different positions on her initial assumptions. Thus she explored her ideas about 'death and laughter' from various perspectives and so was able to move from this posture of irritation to one of curiosity in her conversation with Ellen.

Maureen did not reject her initial assumptions or discard them as useless. Instead she approached them as a resource to explore in the conversation with Ellen. Approaching each assumption not as a fact or as a truth, but as a theme to inform her questions, she was able to shift from a posture of irritation to one of curiosity. Thus she was able to move her attention towards understanding and connecting with Ellen through listening, reflecting and wondering and away from justifying her own position or wanting to change

or control Ellen's position. Hence Maureen was able to learn how Ellen wanted her to be with her and how they might approach Ellen's future together. Through the back-and-forth interchange of listening, sharing, checking and thereby reciprocal learning and knowing from each other, Ellen and Maureen participated in co-creating responsive understanding.

Following the above conversation with Maureen, I became increasingly attentive to the ways that we co-ordinate emotional postures with people in therapeutic and supervision conversations. Hence I went on to formalize with my team the approach to 'emotional presupposing' that I describe below.

## Emotional presupposing

I had been asked to meet with the N family by a nurse colleague, Linda, who was involved in the ongoing medical care of 14-year-old Josie N who had a six year history of diabetes. Josie's father had died from diabetes-related complications, three weeks prior to our scheduled meeting. The nurse was pleased to attend the meeting with the family and assured me that Josie, her mother and 17-year-old sister, Louise, were keen to attend this session. The nurse felt strongly that the family 'need to talk about the father's death and to acknowledge that Josie has the same illness – they have been skirting round the problem for years'.

I generally work with a team when I meet with families. We always allow time before we meet with a family to prepare ourselves for the session. Usually the team joins me in the room with the family although there are also times when we meet together only to help each other prepare for the session. Recently we have specifically dedicated a part of our pre-session preparation to 'emotional presupposing', which involves the team and therapist anticipating the likely emotional flow within the forthcoming therapeutic conversation. Our intention is to help the interviewing therapists prepare themselves for the session by reflecting on the emotional postures they might expect to meet and might themselves carry into the session. If appropriate, the team may help the therapist transform unwanted postures towards preferred positions deemed more likely to invite an atmosphere of respect, safety and collaboration for the people attending the session. Therefore we consider possible ways the therapists might position themselves to create postures of tranquillity.

As part of our pre-session preparation ritual for the meeting with the N family and the nurse Linda therefore, my team colleagues and I began by presupposing what postures we might expect to meet in the session.

We wondered whether the family still wanted this meeting. Perhaps they were feeling numbed following the death of their father and husband and

were coming to satisfy the nurse, Linda. Perhaps they were expecting they would have to talk about Mr N or about diabetes when they did not want to. Or perhaps they wanted to share stories about Mr N's death or about his life. Maybe Josie did not want to come at all, worried that she would be blamed for her recent poor diabetic control. Maybe Josie's mother was relieved to be able to have a chat with other adults about how she was going to take care of her daughters or perhaps she was concerned that we would be critical that Josie had not attended her recent hospital appointments.

The team went on to anticipate the possible postures I might hold in the forthcoming conversation with questions like, 'How do you describe your emotional posture now as you are about to meet these people?' They also helped me consider whether these were preferred postures and to contemplate the postures I might wish to create, by exploring the possible implications of the different postures with questions like, 'How might that posture affect your conversation with the people in the room?', 'How might that posture affect the positions you can or can't take in the session with these people?', 'If you adopted a different posture, what might you do?', 'How could you create opportunities for taking alternative positions?'

I reflected that I was curious to meet the N family. From what I had heard about them, I anticipated feeling compassion for them all and wanted to position myself so they felt comfortable and respected in our meeting. Therefore I planned to follow the pace and the agenda they set since I was unsure whether they would want to talk at all and what they would want to talk about. I added that I was more concerned about my emotional posture in relation to the nurse, Linda. I presupposed that Linda might be urging me to press the family to talk about their father in the session. I anticipated that I might therefore adopt a posture of protection towards the family and possibly of control or criticism towards Linda, preventing me from working collaboratively with Linda and the family or at worst positioning the family to feel pulled between allying with either Linda or myself.

As I spoke I was aware that I was growing increasingly antagonistic towards Linda who, I now had come to believe, had coerced the family to attend this appointment. I recognized that entering the conversation with this emotional posture would interfere with creating a useful collaborative dialogue with this family and Linda who was crucial to Josie's care. I therefore asked my team for their help towards transforming my defensive and protective posture.

In situations like these we often use a version of Tom Andersen's (1987) reflecting team approach (Andersen, 1991; Lax, 1995) whereby members of the team have a conversation with each other in front of the interviewing therapist while the therapist is invited to listen. Team members

keep eye contact with one another and talk about the interviewing therapist and consultees in the third person. Separating 'listening' from 'talking' positions in this way is intended to free the interviewing therapists to take what they find useful from this conversation without the obligation to agree or account, thereby inviting them to become observers to their own systems. Mindful that talking about the other can magnify words and experience for the listener, members of the team always try to present their ideas tentatively and speculatively using qualifiers like 'perhaps', 'maybe' and 'possibly'. Comments are presented as positive or logical connotations as opposed to criticisms or negative attributions (Griffith and Elliot Griffith, 1994). Team members offer multiple perspectives on the therapist's dilemma regarding the unwanted emotion, moving away from taking an either/or position towards both/and or neither/nor positions.

In our presupposing sessions we have an understanding that the listening interviewers can stop the team reflections when they have heard sufficient or if the conversation is proving unhelpful. Team members usually begin by reflecting on their understanding of the interviewing therapist's experience of the dilemma and the help they are requesting as my team members do below.

*Member A:* I have heard Glenda say she feels protective towards Josie, her mother and her sister.

*Member B:* Yes, and that she is inclined to protect them from pressure to talk or discuss their feelings in the session. She seems to be saying she feels pressured by Linda.

*Member A:* Yes that connects with what I was going to say. Glenda seems to be describing herself in a posture of mobilization in relation to Linda. She doesn't seem comfortable with this. She wants to move to a posture of tranquillity so that she can work collaboratively with Linda and the family.

*Member B:* I have been thinking about Linda in all this. How she might arrive. I am wondering whether she might be concerned about how Glenda sees her. Maybe she will be feeling that Glenda might be critical of her. I think she would want Glenda to appreciate the work she has been doing.

*Member A:* So maybe she is wanting to impress Glenda.

*Member B:* Yes. So possibly she wants Glenda to notice how hard she has worked to help Josie or what a good relationship she has with Josie's mother ...

*Member A:* Or how deeply she has been affected by Mr N's death and what the family will have to cope with ...

The above conversation helped to shift me to a markedly different position in relation to Linda. I was particularly moved by the team's ideas that Linda

might be anticipating my criticism and that she was probably deeply affected by the family's experience. While remaining curious and compassionate towards the family, I was able to adopt a similar posture in relation to Linda, opening space for me to become curious about the support she was receiving for her work with this family. Was she working on her own with Josie and her family? Whom did she have available to talk to about Mr N's death? I was mindful of ensuring that Linda would feel respected and appreciated by me in the meeting. The team's talk therefore moved me to a different position, replacing my frustration with concern, thereby transforming my posture of defensive antagonism towards curiosity and generosity. Carrying this posture with me into the conversation with Linda and the N family, I was able to hear Linda's suggestion that the family 'needs family therapy' as an expression of her concern about the family and hence to explore with curiosity the concerns of everyone present.

Mrs N told us she was well supported by her late husband's extended family and their church and that she did not see the need to meet with me and my team at that time. She expressed considerable appreciation for the help she was receiving from Linda with Josie's diabetes. Josie said she was able to talk to her older sister about her worries and that she liked seeing Linda for help with her diabetes. After the family had left, I talked with Linda about the support she was receiving with her work with this family, sharing my team's view that working without team support with Josie at this time could be emotionally demanding for any worker. Linda spoke at length about her worries about the family. She said she had been 'taking them home at night' and appreciated our offer of a consultation to her and her senior to discuss support for this work in the future.

Emotional presupposing with a team is intended to help interviewing therapists prepare for co-ordinating emotional postures with people in therapeutic conversations. The task is to consider in which emotional posture one should approach the other and to extend the interviewers' repertoires of positions they might adopt in the conversation. The team invites the interviewing therapists to reflect on the postures they might carry into the conversation, to anticipate how their own postures might fit with those of the people they are meeting and the implications for choosing to adopt one posture or another. Where appropriate, therapists are helped to transform emotional postures deemed unwanted or unhelpful towards postures intended to open space for conversations in which people are most likely to feel safe and respected. In this chapter I have described changing emotional postures through using our beliefs as resources, reflecting on multiple perspectives and shifting emotional postures through deconstructing emotion discourses. Emotional presupposing can also incorporate a range of the other relational practices described throughout this

book such as 'externalizing emotion', 'approaching emotion as an invitation', 'deconstructing emotion words and meanings' and 'weaving stories of emotion' which are reviewed in Chapter 7.

In the next chapter, I approach emotions as forms of action. I emphasize a focus on people in relationship with others and describe attempts to make it possible for everyone involved to collaborate in the transforming of emotions.